



# KID'S CAMP STAFF APPLICATION

Eastern N. Y./New England District of the Wesleyan Church Kid's Camp 2011

First and Last Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Church: \_\_\_\_\_

Pastor: \_\_\_\_\_ Pastor's Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

What skills do you have that could be useful in a Kid's Camp setting?

We will assign responsibilities for Camp Staff and attempt to match the skills of the staff with the needs of the camp. What position would you like to serve in at camp? (We cannot guarantee the availability of this position but will do our best to consider your suggestion.)

- Dorm Counselor
- Crafts
- Waterfront
- Activity Guide-Hiking
- Wherever needed
- Activity Guide-Gym
- Activity Guide-Games
- Other? \_\_\_\_\_

## Personal Testimony

Do you know Jesus Christ as your Lord and Savior? \_\_\_\_\_

How did you come to know Jesus as your Savior?

Do you attend church at least three Sundays a month? \_\_\_\_\_

Describe how you would lead a child to Christ listing the Bible verses you would use:

Are you a member of a Wesleyan Church? \_\_\_\_\_ If so check one: covenant \_\_\_\_\_ or community \_\_\_\_\_

**Health Concerns**

Are your immunization shots up to date? \_\_\_\_\_ Year of last tetanus shot: \_\_\_\_\_

Do you have or have you been exposed to any communicable diseases? \_\_\_\_\_

Do you have any restrictions from physical activity? \_\_\_\_\_

Please list any medications you are taking below:

**Safety Concerns** *(The following questions address issues concerning the criminal record of those working with children.)*

Social Security Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State issued: \_\_\_\_\_

Other names used (maiden, alias, nickname): \_\_\_\_\_

Former Mailing Address: \_\_\_\_\_

Have you ever been accused of child abuse or of actual or attempted sexual misconduct with a minor? \_\_\_\_\_  
If yes, please explain on an attached sheet of paper.

Have you ever been accused of a crime (other than a minor traffic offence) or are there any charges pending against you? \_\_\_\_\_ If yes, please explain on an attached sheet of paper.

**List Two Personal references** (not including your pastor or spouse)

Name and phone number: \_\_\_\_\_

Name and phone number: \_\_\_\_\_

*I, the undersigned applicant authorize the Wesleyan Kid's Camp through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.*

*I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my written request to the Kid's Camp Counselor Coordinator for the ENY/New England District of the Wesleyan Church at the address below, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

There is no cost for approved staff to attend camp. We want you to know we appreciate your willingness to serve and help. Please mail completed application no later than July 25<sup>th</sup> to:

Pam Barna  
75 Grace St  
Waterford, NY 12188

Questions? Email: [pam\\_barna@yahoo.com](mailto:pam_barna@yahoo.com)