

# APPLICATION FOR CAMP WORKER

APPLICATION MUST BE SIGNED BY YOUR PASTOR. ALL APPLICANTS MUST BE IN GOOD  
STANDING WITH SAID CHURCH FOR SIX MONTHS OR LONGER.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE \_\_\_\_\_

NAME AND ADDRESS OF CHURCH \_\_\_\_\_

PASTOR'S NAME AND PHONE \_\_\_\_\_

## INFORMATION

Because there has been a notable increase in cases involving abuse in all types of child care activities, and in as much as more stringent rules are being required of those who participate in youth related activities, it has become necessary for the Kentucky District to implement safe guards with regard to all camps' workers and/or others on the campground during times when children are present. Upon the advice of legal counsel, these safe guards have been incorporated into District Policy and workers' applications. Realizing these are very sensitive matters, every attempt will be made to insure the confidentiality of all applicants.

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

DO YOU HAVE HOSPITALIZATION INSURANCE COVERAGE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO, PLEASE LIST COMPANY NAME & POLICY # \_\_\_\_\_

HAS ANYONE IN YOUR IMMEDIATE FAMILY BEEN POSITIVELY TREATED FOR COMMUNICABLE  
DISEASES IN PAST 12 MONTHS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

ARE YOU ALLERGIC TO ANY MEDICATION, HAVE ANY DISABILITIES, OR ILLNESSES THAT WILL  
REQUIRE SPECIAL ATTENTION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED WITH, ARRESTED FOR, CONVICTED OF, OR PLEADED NO  
CONTEST FOR ANY VIOLATION OF LAW, OTHER THAN FOR A MINOR TRAFFIC VIOLATION?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN ACCUSED OF OR CHARGED WITH FRAUD, DECEIT, ASSAULT, OR BATTERY IN ANY LEGAL PROCEEDINGS? YES\_\_\_\_\_ NO\_\_\_\_\_ IF YES, EXPLAIN\_\_\_\_\_

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HAVE YOU EVER BEEN TREATED FOR USE OF ANY CONTROLLED SUBSTANCE, ADDICTION TO DRUGS, OR ALCOHOL? YES\_\_\_\_\_ NO\_\_\_\_\_ IF YES, EXPLAIN\_\_\_\_\_

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ARE YOU PRESENTLY TAKING ANY MEDICATION? YES\_\_\_\_\_ NO\_\_\_\_\_ IF YES, STATE THE NAME OF THE MEDICATION AND THE REASON FOR TAKING IT, EXPLAIN\_\_\_\_\_

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HAVE YOU EVER:  
BEEN DECLARED A WARD OF THE COURT? YES\_\_\_\_\_ NO\_\_\_\_\_  
BEEN DECLARED INCOMPETENT OR INSANE? YES\_\_\_\_\_ NO\_\_\_\_\_  
SUFFERED FROM OR TREATED FOR MENTAL ILLNESS YES\_\_\_\_\_ NO\_\_\_\_\_

HAVE YOU EVER BEEN ACCUSED OF OR OTHERWISE INVOLVED IN ANY INVESTIGATION OR EXAMINATION BY THE KENTUCKY DEPARTMENT OF HUMAN SERVICES OF ANY OTHER SOCIAL SERVICES AGENCY? YES\_\_\_\_\_ NO\_\_\_\_\_ IF YES, EXPLAIN\_\_\_\_\_

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FOR APPLICANT: I UNDERSTAND THAT, BY MY SIGNATURE ON THIS APPLICATION, I AGREE TO OBEY ALL CAMP RULES AND REGULATIONS FOR THE SAFETY OF THE CAMPERS AND THAT I WILL BE AVAILABLE FOR THE ENTIRE TERM OF THE CAMP, ABSENT ONLY IN THE CASE OF AN EMERGENCY. I ALSO UNDERSTAND THAT MY SIGNATURE ON THIS APPLICATION AUTHORIZES THE CAMP COORDINATOR OR THOSE ACTING UNDER HIM TO MAKE INQUIRY OF AND RECEIVE INFORMATION FROM ANY AVAILABLE SOURCE CONCERNING MY BACKGROUND AND HISTORY, INCLUDING BUT NOT LIMITED TO LAW ENFORCEMENT AGENCIES AND SOCIAL SERVICE AGENCIES.

APPLICANTS SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_

FOR PASTOR: AS PASTOR FOR THE WORKER, I VERIFY THAT I HAVE REVIEWED THIS APPLICATION AND WILL WHOLEHEARTEDLY RECOMMEND THAT THE PERSON NOTED ON THIS APPLICATION BE CONSIDERED FOR A CAMP WORKER POSITION.

PASTOR SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_

No worker will be allowed to work without authorization, approval and signature of their United Pentecostal Church Pastor.

**MAIL WORKER APPLICATIONS TO:**

**JUNIOR CAMP**  
REV. GENE EASTERLING  
2620 STATE ROUTE 650  
IRONTON, OH 45638

**PENTECOSTAL CONQUERORS**  
REV. JAMES MARONEY  
136 HANLON ACRES  
BEDFORD, KY 40006

**CONCESSION STAND**  
MELISSA CONLEY  
608 CROCKETT COURT  
RICHMOND, KY 40475

ALL WORKER APPLICATIONS MUST BE IN BY MAY 31<sup>ST</sup>

CAMP WORKER APPLICATION  
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IF YOU HAVE WORKED A CAMP BEFORE, PLEASE LIST:

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WHICH AREAS MIGHT YOU BE INTERESTED IN WORKING?

- DORM SUPERVISION
- CONCESSION STAND
- KITCHEN COOK - help with food preparation
- DISHWASHER, cleanup of dining area
- NIGHT WATCHMAN - 12 AM TO 7 AM
- NURSE/MEDIC - with training in medical or emergency field
- ANY OF THE ABOVE OR AS NEEDED

WHICH CAMP ARE YOU APPLYING FOR AS A WORKER?

JUNIOR  TEEN  SENIOR  FAMILY

NOTE TO PARENTS - IF YOU MUST BRING CHILDREN, PLEASE LIST NAMES, SEX AND AGES. CAMP INSURANCE DOES NOT INCLUDE THE CHILDREN OF WORKERS. YOU MUST SIGN A WAIVER AND INDEMNITY AGREEMENT.

NO CHILDREN ALLOWED UNLESS REGISTERED IN THIS MANNER

CAMP DISMISSAL - AFTER FRIDAY EVENING or AFTERNOON SERVICE