

**APPLICATION FOR CAMP WORKER**  
**KENTUCKY DISTRICT UNITED PENTECOSTAL CHURCH**

*(All applications must be signed by your pastor. All applicants must be in good standing with said church for SIX (6) months or longer.)*

<b>Select Camp Attending:</b>		
Family Camp _____	Junior Camp _____	Youth Camp _____

**BASIC INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Church Name & Address: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

*NOTICE: 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.*

**MEDICAL INFORMATION**

Are you covered by personal/family medical insurance? Yes  No

Name of Insurer: \_\_\_\_\_ Policy or Group Number: \_\_\_\_\_

Has anyone in your immediate family been positively treated for communicable diseases in the past twelve (12) months? Yes  No

If yes, please explain: \_\_\_\_\_

Are you allergic to any medication, have any disabilities, or any illnesses that will require special attention?

Yes  No

If yes, please explain: \_\_\_\_\_

Are you presently taking any medication? Yes  No

If yes, state the name and reason for taking it: \_\_\_\_\_

**BACKGROUND INFORMATION**

Have you ever been charged with, arrested for, convicted of, or pleaded no contest to any violation of the law, other than for a minor traffic violation? Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been accused of or charged with fraud, deceit, assault, or battery in any legal proceedings?

Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been treated for use of any controlled substance, addiction to drugs, or alcohol?

Yes  No

If yes, please explain: \_\_\_\_\_

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 Dept. of Human Services or any other social services agency? Yes  No

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.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

**YOUTH CAMP**

Rev. Jerry West  
126 Wilhelm Road  
Russellville, KY 42276

**CONCESSION STAND**

Melissa Conley  
608 Crockett Court  
Richmond, KY 40475

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-WORKER PLACEMENT FORM-

<b>Select Camp Attending:</b>		
Family Camp _____	Junior Camp _____	Youth Camp _____

**BASIC INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Church Name & Address: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have worked a camp before, please list it and the job duties held:

\_\_\_\_\_

\_\_\_\_\_

Which areas would 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

*NOTE TO PARENTS - IF YOU MUST BRING CHILDREN, PLEASE LIST NAMES, SEX. & 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.*