## Singing Hills Youth Camp Worker Application page 1 of 4

\*Please note: Senior Camp and Junior Workers must be at least 21 years of age, (under the age of 21 may be considered for Jr. & Sr. Camp if the application is in by May 15th . It is up to the Camp Director's discretion). All must have a Pastor's Recommendation.

S M L XL XX	<u>I can help in</u> : Senior Camp or Junior Camp (Please circle) <u>I can help as a</u> : Counselor, Kitchen or wherever I am needed at Camp.  Name:Age:					
						Address
	Preferred contact: email/ phone/text:  Name of Church you attend:					
		Are you faithful in attendance? Pastor's Name:				
	List various ministries that you are involved in at your church and in what way you are involved:					
	How long have you been a born-again Christian?					
	What area would you like to work in at camp?					
	What qualifications do you have that would be good for this specific position, (including any certifications such as CPR or Food Handler).					
	WORKER MEDICAL INFORMATION					
Birth dat	te:Hospital Preference:					
Doctor's name:Doctor's phone number:						
Insurance Company:Insurance card information:						
Current	medical conditions or medications:					
Please li	ist any physical restrictions or allergies due to medical reasons:					

\*The above information is true and correct to the best of my knowledge. I also agree to abide by the Camp rules and be a mature and Godly example while I am at Camp. (Signature) X

Please sign this application by the above X and give this application to your Pastor to fill out the back and send it to: Singing Hills Youth Camp, P.O. Box 73, Rockport, WV 26169 Please complete this form and return it on or before: May 15th. THANK YOU!



### Singing Hills Youth Camp Worker application

## Pastor recommendation: Please answer all questions

Does the person named on the first page of	f this form attend your church regularly?
TO YOUR KNOWLEDGE HAS THIS PERSO SAVIOR?	ON ACCEPTED JESUS CHRIST AS THEIR PERSONAL
	JLD BE SOMEONE THAT SHOULD BE ACCEPTED FOR IE FRONT SIDE OF THIS FORM AS THE POSITION THEY or why not?
DO YOU FEEL THAT THIS PERSON WOU TEENS THAT WILL BE ATTENDING SINC	ILD BE A MATURE, GODLY EXAMPLE TO CHILDREN AND GING HILLS YOUTH CAMP?
DOES THE APPLICANT HAVE ANY CURRINTERFERE WITH THEM WORKING IN Y	ENT or PAST HISTORY THAT YOU FEEL WOULD OUTH CAMP?
ADDITIONAL COMMENTS	
Signature of Pastor: X	Telephone #

Please send this application on or before **May 15th** to: Singing Hills Youth Camp, P.O. Box 73, Rockport, WV 26169

For more Information: Mark Rivers (304) 483-8064

#### **Singing Hills Youth Camp**

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#### **Criminal / Sexual Misconduct / Child Abuse Statement**

#### Confidential

To properly protect the campers and our Youth Camp program, all those serving in staff capacities must provide the following information and complete a Background Screening Consent Form. Please sign and date your response.

During your lifetime, have you ever been charged or found guilty of, child neglect, child molestation, child abuse, sex offenses of any nature, assault and / or battery?
Yes No
If yes, please explain nature of accusation, charge or conviction, date and place:
Have you ever been convicted of a crime, misdemeanor or felony?
Yes No If yes, give date, place and nature of conviction.
All camp staff are required to sign the Sexual Misconduct / Child Abuse Statement.
All responses will be kept strictly confidential.
Signature: Date:

# Permission to Obtain a Background Check

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(This form authorizes the youth camp to obtain background information and must be completed by the applicant. The youth camp must keep this completed form on file for at least five years after requesting a background check.)

(, the undersign	ed applicant (also know	n as "consumer"),	authorize <b>Singi</b>	ng Hills Youth Camp throug	h an independen
contractor, to pr	ocure background inforr	mation (also know	n as a "consume	er report and/or investigative o	consumer report"
about me. This	report may include my	driving history, inc	luding any traffic	citations; a social security nu	ımber verification
oresent and forr	mer addresses; criminal a	and civil history/red	cords; and the st	ate sex offender records.	
understand tha	at I am entitled to a comp	lete copy of any ba	ackground inform	ation report of which I am the	subject upon my
request to <b>Singi</b>	ing Hills Youth Camp, i	f such is made wit	nin a reasonable	time from the date it was prod	duced.
also understan	d that I may receive a w	ritten summary of	my rights under t	the Fair Credit Reporting Act.	
ldentifyi	ng Information for I	_	formation Ag	ency (also known as "C	Consumer
Print Name:			.97.900, 7		
	First	M	iddle	Last	
Other Names Us	sed (alias, maiden, nickn	ame):			
Current Address	S:				
	Street /P. O. Box	City	State	Zip Code County	Dates
Former Address	»:				
	Street /P. O. Box	City	State	Zip Code County	Dates
Social Security Number:			Daytime Telephone Number:		

Driver's License Number: \_\_\_\_ State of Issuance: \_\_\_ Date of Birth: \_\_\_\_\_

Gender\_\_\_\_