

Singing Hills Youth Camp

Worker Application

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*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.

I can help in: *Senior Camp or Junior Camp* *(Please circle)*

I can help as a: Counselor, Kitchen or wherever I am needed at Camp.

Name: _____ Age: _____

Address _____

City: _____ State: _____ Zip: _____

Phone numbers: (Home) _____ (Cell) _____

Email 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 date: _____ Hospital Preference: _____

Doctor's name: _____ Doctor's phone number: _____

Insurance Company: _____ Insurance card information: _____

Current medical conditions or medications:

Please list 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!

Adult T-Shirt Size

S M L XL XXL XXXL



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Pastor recommendation: Please answer all questions

Does the person named on the first page of this form attend your church regularly? _____

TO YOUR KNOWLEDGE HAS THIS PERSON ACCEPTED JESUS CHRIST AS THEIR PERSONAL SAVIOR? _____

DO YOU FEEL THAT THIS PERSON WOULD BE SOMEONE THAT SHOULD BE ACCEPTED FOR THE POSITION THEY DESCRIBED ON THE FRONT SIDE OF THIS FORM AS THE POSITION THEY WOULD LIKE TO HAVE AT CAMP? Why or why not?

DO YOU FEEL THAT THIS PERSON WOULD BE A MATURE, GODLY EXAMPLE TO CHILDREN AND TEENS THAT WILL BE ATTENDING SINGING HILLS YOUTH CAMP?

DOES THE APPLICANT HAVE ANY CURRENT or PAST HISTORY THAT YOU FEEL WOULD INTERFERE WITH THEM WORKING IN YOUTH 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

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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: _____

