

# WORKER APPLICATION

**THIS APPLICATION IS TO BE COMPLETED IN FULL BY ALL STAFF FOR ANY POSITION INVOLVING THE SUPERVISION, TEACHING, OR CUSTODY OF MINORS. INFORMATION WILL BE TREATED AS CONFIDENTIAL AND IS NEEDED TO HELP US PROVIDE A SAFE ENVIRONMENT FOR CHILDREN AND YOUTH WHO PARTICIPATE IN OUR PROGRAMS AND USE OUR FACILITIES.**

**(RETURNING COUNSELORS OR INTERNS NEED ONLY TO FILL OUT THE FIRST TWO PAGES)**

NAME (FIRST, MIDDLE, LAST): \_\_\_\_\_ DATE: \_\_\_\_\_

(LIST ANY OTHER NAMES THAT YOU HAVE USED, INCLUDING MAIDEN OR PREVIOUS MARRIED NAMES)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ WORK PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE'S NAMES: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

NUMBER OF CHILDREN: \_\_\_\_\_ AGES: \_\_\_\_\_

DO YOU HAVE ANY MEDICAL TRAINING AND/OR CPR CERTIFICATION: \_\_\_\_\_

(PLEASE ATTACH COPY OF FIRST AID AND/OR CPR CERTIFICATE OR CARD)

## POSITIONS

CHECK AREAS YOU WOULD LIKE TO SERVE

<input type="checkbox"/> CAMP COUNSELOR	<input type="checkbox"/> MEDIC	<input type="checkbox"/> SOUND/COMPUTER
<input type="checkbox"/> ASSISTANT COUNSELOR	<input type="checkbox"/> CONCESSIONS	<input type="checkbox"/> LIFEGUARD
<input type="checkbox"/> DIRECTOR OF INTERNS	<input type="checkbox"/> SECURITY	<input type="checkbox"/> YOUTH INTERN
<input type="checkbox"/> SPORTS DIRECTOR	<input type="checkbox"/> PHOTOGRAPHY	
<input type="checkbox"/> SPORTS ASSISTANT	<input type="checkbox"/> VIDEOGRAPHY	

CHECK WHICH CAMP YOU WOULD LIKE TO WORK/VOLUNTEER: \_\_\_ TEEN CAMP \_\_\_ JUNIOR CAMP

## T-SHIRT SIZE

\_\_\_ SM \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL

**(CONTINUED ON NEXT PAGE)**

# WORKER APPLICATION

## BACKGROUND

HOW LONG HAVE YOU BEEN ATTENDING YOUR LOCAL CHURCH? \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

NAME OF CHURCH: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ARE YOU A MEMBER OF THIS CHURCH: \_\_\_\_\_ YES (YEAR \_\_\_\_\_) \_\_\_\_\_ NO \_\_\_\_\_ IN THE PROCESS

ARE YOU A CHRISTIAN: \_\_\_\_\_ YES \_\_\_\_\_ NO

WHAT DOES IT MEAN TO BE A CHRISTIAN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU WORKED WITH CHILDREN AND YOUTH BEFORE? IS SO, IN WHAT CAPACITY?

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

\_\_\_\_\_

DO YOU HAVE ANY PHYSICAL HANDICAPS OR CONDITIONS PREVENTING YOU FROM PERFORMING CERTAIN ACTIVITIES? IF YES, PLEASE EXPLAIN.

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

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF SO, EXPLAIN.

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

\_\_\_\_\_

HAVE YOU EVER BEEN ACCUSED, ARRESTED, OR CONVICTED OF CHILD ABUSE, NEGLECT, OR A CRIMINAL INVOLVING ACTUAL OR ATTEMPTED SEXUAL MOLESTATION OF A MINOR OR OTHER SEXUALLY RELATED CRIME? IF SO, EXPLAIN.

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

\_\_\_\_\_

HAVE YOU EVER BEEN TEATED OR HOSPITALIZED FOR ALCOHOL OR SUBSTANCE ABUSE? IF SO, EXPLAIN.

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

\_\_\_\_\_

ARE THERE ANY CIRCUMSTANCES INVOLVING YOUR LIFESTYLE OR YOUR BACKGROUND THAT WOULD CALL INTO QUESTION YOUR ABILITY TO WORK WITH YOUTH OR CHILDREN? IF SO, EXPLAIN.

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

\_\_\_\_\_

# WORKER APPLICATION

## VOLUNTEER AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION

IN CONNECTION WITH ANY APPLICATION FOR VOLUNTEER SERVICE WITH TMCC & NHM, I AUTHORIZE NHM OR THEIR AGENT, TO SOLICIT BACKGROUND INFORMATION RELATIVE TO MY CRIMINAL RECORD HISTORY. I UNDERSTAND THAT NHM MAY CONDUCT INQUIRIES INTO MY BACKGROUND THAT MAY INCLUDE CRIMINAL RECORDS, PERSONAL REFERENCES, AND OTHER PUBLIC RECORDS REPORTS PERTAINING TO ME.

I AUTHORIZE ANY PERSON, AGENCY, OR OTHER ENTITY CONTACTED BY NHM OR THEIR AGENT FOR PURPOSES OF OBTAINING BACKGROUND REPORT INFORMATION, TO FURNISH THE ABOVE MENTIONED INFORMATION.

I RELEASE NHM, TMCC, OR THEIR AGENT AND EMPLOYEES AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF FURNISHING ANY SUCH INFORMATION OR REPORTS.

Requested by: \_\_\_Taylor Drake\_\_\_

## PLEASE PRINT FULL LEGAL NAME

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

## ACTIVITY PARTICIPATION PERMISSION

The undersigned hereby forever releases and discharges TMCC and New Horizons Ministries of any and all liability of any nature which may arise while \_\_\_\_\_ is a camper as set forth above. Undersigned further agrees to never sue or file a claim against aforesaid TMCC or New Horizons Ministries Conference for any injury which may occur to undersigned while undersigned is involved with any activities of or related to TMCC or New Horizons Ministries Conference.

PARENT SIGNATURE REQUIRED: \_\_\_\_\_ DATE: \_\_\_\_\_