

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 #: _____

*****Attach photocopy of Driver's License to this Application*****

MARITAL STATUS: _____ SPOUSE'S NAME: _____

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

____ CAMP COUNSELOR	____ MEDIC	____ SOUND/COMPUTER
____ ASSISTANT COUNSELOR	____ CONCESSIONS	____ LIFEGUARD
____ DIRECTOR OF INTERNS	____ SECURITY	____ YOUTH INTERN
____ SPORTS DIRECTOR	____ PHOTOGRAPHY	
____ SPORTS ASSISTANT	____ VIDEOGRAPHY	

CHECK WHICH CAMP(S) 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: (____) _____ - _____

***PASTOR'S SIGNATURE: _____ DATE: _____ ***

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 TREATED 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: ___Bishop Randell O. Drake___

PLEASE PRINT FULL LEGAL NAME

_____ Date of Birth: _____

ACTIVITY PARTICIPATION PERMISSION

******Must be provided for underage persons******

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: _____

PARENT NAME (PRINT): _____

DATE: _____