

Mount Moriah Youth Camp 2010  
Primary Screening Form and Application for Youth Camp Workers

NAME: \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME# \_\_\_\_\_ CELL \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

HAVE YOU WORKED CAMP BEFORE? \_\_\_\_\_ IF SO WHEN \_\_\_\_\_  
PREVIOUS POSITIONS \_\_\_\_\_

ARE YOU A CHRISTIAN? \_\_\_\_\_ YEAR SAVED? \_\_\_\_\_  
HOME CHURCH NAME \_\_\_\_\_  
PASTOR'S NAME AND #: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY TO A CRIME? \_\_\_\_\_  
HAVE YOU EVER BEEN INVESTIGATED FOR NEGLET OR CHILD ABUSE? \_\_\_\_\_  
DO WE HAVE PERMISSION TO OBTAIN A BACKGROUND CHECK? \_\_\_\_\_  
DO YOU HAVE A CURRENT DRIVER'S LICENSE? \_\_\_\_\_ YES (PROVIDE COPY)  
\_\_\_\_\_ NO (PROVIDE PIC ID)

PLEASE LIST THE NAMES & CONTACT #S OF TWO NON-RELATIVE PERSONAL REFERENCES:

\_\_\_\_\_  
\_\_\_\_\_

Choose as many as interest you indicating your primary preference as 1, 2, 3, etc.  
\_\_\_\_\_ Counselor      \_\_\_\_\_ Kitchen      \_\_\_\_\_ Snack Shack  
\_\_\_\_\_ Maintenance      \_\_\_\_\_ Recreation      \_\_\_\_\_ Whatever needed  
\_\_\_\_\_ OTHER(PLEASE LIST) \_\_\_\_\_

MEDICAL INSURANCE INFORMATION

DO YOU CARRY INSURANCE? \_\_\_\_\_ COMPANY \_\_\_\_\_  
POLICY# \_\_\_\_\_ GROUP# \_\_\_\_\_  
DOCTOR'S NAME/# \_\_\_\_\_

If you are under 18 years of age please have your parents sign this medical release:

In the event my child \_\_\_\_\_ needs emergency medical attention, I hereby give my consent for the officials of the camp to seek medical assistance. I further understand that the camp will make every attempt to notify me of such action as is possible.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Statement

The information contained in the application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information that they may have regarding my character and fitness for youth camp work. In consideration of the receipt and evaluation of this application by the leaders of Mt Moriah Youth Camp, I hereby release to any individual, organization, charity, employer, reference or any other person, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at this time result to me, my heirs, or family, on account of compliance or any attempt to comply with this person or organization identified by me in this application. Should my application be accepted, I agree to be bound by the laws and policies of Mt Moriah and to refrain from any unscriptural conduct in the performance of my services on behalf of the church. I also agree to participate in the training and enhancement programs provided by the leaders of Mt Moriah in preparation of my participation this summer. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Pastor's Signature

\_\_\_\_\_  
Date

