

CONFIDENTIAL

5. Skills inventory: (gifts, training, education, etc. that have prepared you for work with youth or children)

6. Personal references: (Other than employers or relatives)

Name: _____
Address: _____
Email: _____
Phone: _____

Name: _____
Address: _____
Email: _____
Phone: _____

7. Note: If you prefer, you can discuss your answers to these two questions in confidence with the Kid's Camp Director before answering them on this form.

Have you ever been arrested, convicted or pled guilty to a crime?

YES (if yes, please explain)
 NO

Have you ever been accused or charged with any act of physical, emotional or sexual abuse or neglect with regard to any child or youth (any individual 18 years of age or under)?

YES (if yes, explain include alleged crimes, dates and disposition of charges)
 NO

Have you ever-whether or not you were accused of doing so-engaged in any acts of emotional, physical or sexual abuse or neglect with regard to a child or youth?

YES (if yes, please explain)
 NO

Were you a victim of physical, emotional or sexual abuse or neglect while a child or youth?

YES (If yes, briefly describe these incidents)
 NO

If yes, have you ever discussed this with a pastor or counselor?

YES
 NO

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8. Consent: The information provided is correct to the best of my knowledge. I authorize any references to prior experiences to be verified regarding any character and fitness for work with the youth or children in the consideration. Should my application be accepted, I agree to the discipline and policies of the organization and refrain from unscriptural conduct in the performance of my services for the camp.

I understand and agree to the use of these pages, identified as Confidential, by the camp staff in a screening process and will thereafter be held in the camp director's custody for staff management purposes.

Applicant's Signature: _____ Date: _____

Please send this completed form to your local Wesleyan pastor. He/she is then to complete his/her portion of this form and send to the camp director with the completed registration form attached.

Pastor's Recommendation:

I verify that I am the above named person's pastor. Having a basic understanding of the purpose of our district summer camps with my signature I recommend their service to the camping program and verify that they would be an asset to the camp as a counselor.

Please indicate if your church has done a background check on this individual:

Any reservations I may have about this applicant I have listed below:

Pastor's Signature: _____ Date: _____

PASTOR: Please send this form with the completed registration form to

Kid's Camp
Theresa Jenkins
4701 Floyd Blvd.
Sioux City, IA 51108-1527

An applicant will only be considered if these forms are completed fully. If the completed forms are not postmarked by June 1st, the applicant may be subject to a \$85.00 minimum camp fee.

Authorization For Release of Background Information

In connection with my application for volunteer service with CEDAR SPRINGS CAMP, I authorize CEDAR SPRINGS CAMP to solicit background information relative to my criminal record history. I understand that CEDAR SPRINGS CAMP may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without any reservation, any person, agency, or other entity contacted by CEDAR SPRINGS CAMP or their agent for purposes of obtaining background report information, to furnish the above mentioned information.

Requested By: 422329 **PLEASE PRINT**

Last Name _____ First Name _____ Date of Birth _____

City of Birth _____ County _____ State _____

AKA/ Maiden Name _____ Social Security No. _____

Please note: if your address is a rural route, or Post office box we must have City & County mail was delivered to.

Current

Address _____ City _____ Co. _____ St. _____ Zip. _____

How long at this address? (Months/Years) _____

Previous

Address _____ City _____ Co. _____ St. _____ Zip. _____

How long at this address? (Months/Years) _____

Previous

Address _____ City _____ Co. _____ St. _____ Zip. _____

How long at this address? (Months/Years) _____

Signature: _____ **DATE** _____

Thank you for applying to help in the ministry of CEDAR SPRINGS CAMP