

List all previous non-church work involving children: _____

List any training, education, calling, spiritual gifts, or other factors that have prepared you for children's ministry work

How did you come to know Christ as your Savior? _____

**For the safety of our children and our workers, we will be running
a criminal record and child abuse check on all of our staff.**

Have you ever been convicted or pleaded guilty to child abuse or a crime involving actual or attempted sexual molestation of a minor? _____ If yes, please explain: _____

Have you ever been convicted of or pleaded guilty to a crime (other than a minor traffic offense) or are any felony charges pending against you? _____ If yes, please explain: _____

Personal References (not former employers or relatives)

Name _____

Address _____

Phone # _____

Name _____

Address _____

Phone # _____

Is there any information we should know? (I.e. - physical limitations, illnesses, etc.) _____

What are your greatest concerns in your area of ministry? _____

Applicant's Statement: The information contained in this form is correct to the best of my knowledge. I authorize any references or churches listed to give any information that they may have regarding my character and fitness for working with children. In consideration of the receipt and evaluation of this form by the East Michigan District of the Wesleyan church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually from any and all liability for damages of whatever kind or nature which may at any time result to me, heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this form. I further state the I HAVE CAREFULLY READ THE FORE-GOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding pliance or any attempts to comply, with this authorization. I also hearby give permission for the children's committee to a background check.

APPLICANT'S SIGNATURE: _____ Date: _____

Medical Information

Primary Care Doctor: Phone: Address:	Family Dentist: Phone: Address:
Are immunization shots up to date? _____ Yes _____ No If not, which ones are needed? Date of last Tetanus Shot: Month _____ Year _____	
Are there any restrictions for physical activity?	
Problems the Camp Staff should know about (Allergies, sleep-walking, bed-wetting, emotional or other problems)	
Are you taking any medications? _____ Yes _____ No If yes, please list: NOTE: All Counselors/Jr. Counselors MUST turn in meds to the nurse!!!!	
Are you allergic to any food or drug? _____ Yes _____ No If yes, please list:	
Contagious Disease Information: Have you been exposed to any contagious diseases in the last month? _____ Yes _____ No What disease? _____ When exposed? _____ What action taken? _____ Has the doctor given a release? _____ Signature _____ Date _____	

Permission to Treat:

I hereby give my permission to the East Michigan District Children's Committee to treat my Child for any non-emergency treatment while on the campgrounds (Ex: first-aid) and also to secure emergency and/or surgical treatment for:

(Your Full Name)

(if under 18, you must have parents/guadian signature)

Signature: _____

Date: _____

Health Insurance Co. & ID Numbers _____



What to bring to Camp:

- | | |
|--|---|
| _____ Swimwear (no 2-piece suits) | _____ extra cloths such as |
| _____ toothbrush/toothpaste | _____ socks, underwear, etc. |
| _____ toiletries (soap, shampoo, deodorant) | _____ tennis shoes (for daily activites). |
| _____ towels (for swimming & showers) & washcloths | _____ flip flops if desired (for showers) |
| _____ sleeping bag or sheets | _____ Bible |
| _____ pillow | _____ pen or pencil for devotions |
| _____ Flashlights | _____ plastic bag for wet/dirty clothes |
| _____ pajamas | _____ sunscreen |
| _____ comb/brush | _____ bug spray |
| _____ modest clothing only!! | _____ Water Shoes (if desired) |
| | _____ Fishing Gear (to share with dorms). |

No Bodily cracks; top or bottom

No Short-shorts

