



# Something New This Year

For the protection of the children attending Kid 's Camp, a criminal background check will be conducted on each camp counselor applicant. Only individuals who have successfully completed this background check and have been deemed suitable will be placed as camp counselors. Be sure to complete the enclosed background check forms and return with your counselor application and medical forms. There will be no cost to you for this check. Once your criminal record check has been conducted, you will be contacted about placement as a Camp Counselor. Should you have any questions, please contact Angie Young, Greater Ohio District Camp Coordinator, at 614-878-8192 ext. 245.

## COUNSELOR APPLICATION / REGISTRATION FORM

Counselor's Name \_\_\_\_\_ Gender: (please circle) Male Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you made a personal commitment to Jesus Christ: \_\_\_\_\_ If yes, briefly describe your relationship with Jesus: \_\_\_\_\_

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

List any work you have done with children: \_\_\_\_\_

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

### PERSONAL & PASTORAL REFERENCES (please do not include family members)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Have you ever been indicted, convicted or plead guilty to a crime: \_\_\_\_\_ If yes, please explain:

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

Please be aware that all information obtained through this application will be kept in a confidential file with Camp Director. Please return both forms by **Friday, June 20, 2008**. We will let you know as soon as possible if your application is accepted.

Please return your application to:

Angie Young

P.O. Box 360

Galloway, OH 43119

angiey@cypressonline.net