

Iowa District UPCI SUNDAY SCHOOL CAMP STAFF APPLICATION

JUNE 26-30, 2017

All applicants must be 18 years or older.

DORM SUPERVISION COST IS \$180

NO CHILDREN below camp age to be brought with Dorm Supervisor.

(Scholarships may be available, please contact Camp Director.)

Mandatory All Staff Meeting at 11 AM on Monday, June 26 - 1st Meal at 5 PM

Be in dorm at 1PM - Camper Registration 2 PM - Opening Service begins at 3 PM

Your Camp responsibilities conclude Friday morning when your last camper has signed out.

PLEASE PRINT:

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male or Female T-Shirt Size: \_\_\_\_\_

Current Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Church Name: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

IMPORTANT INFORMATION

Because there has been a notable increase in cases involving abuses in all types of child care activities, and as much as more stringent rules are being required of those who participate in youth related activities, it has become necessary for Iowa District to implement safeguards with regard to all camp workers and/or others on the campground during times when children are present. Upon the advice of legal counsel, these safeguards have been incorporated in the Sunday School Staff workers application. Realizing these are very sensitive matters, every attempt will be made to insure the confidentiality of all applicants.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you been a member of a UPC church at least 6 months? YES NO

Have you previously worked in camps? YES NO

PREVIOUS ADDRESS:

Do you have the Holy Ghost? YES NO

Do you use tobacco? YES NO

Do you drink alcohol? YES NO

Do you agree to work by the rules of the camp? YES NO

Are you the parent of a registered camper? YES NO

Do you have hospitalization insurance coverage? YES NO

If yes, please list company name and policy number(s): \_\_\_\_\_

Has anyone in your immediate family been treated for communicable diseases in the past 12 months?

YES NO

If yes, please explain: \_\_\_\_\_

Are you allergic to any medication, have any handicaps, allergies or illnesses that will require special attention?

YES NO

If yes, please explain: \_\_\_\_\_

Do you have any physical conditions that would limit your ability to supervise children at any indoor or outdoor activity at camp?

YES NO

If yes, please explain: \_\_\_\_\_

Are you presently taking any medication? YES NO

If yes, please state the name(s) of medication and reason for taking it: \_\_\_\_\_

HAVE YOU EVER BEEN:

- charged with, arrested for, convicted of or pleaded no contest for any violation of law other than for a minor traffic violation?

YES NO

If yes, please explain: \_\_\_\_\_

- accused of or charged with fraud, deceit, assault or battery in any legal proceedings?

- YES NO

If yes, please explain: \_\_\_\_\_

- treated for the use of any controlled substance, addiction to drugs, or alcohol?

YES NO

If yes, please explain: \_\_\_\_\_

- declared a ward of the court? YES NO

- declared incompetent or insane? YES NO

- suffered from or treated for mental illness? YES NO

- accused of or otherwise involved in an incident of child abuse?

YES NO

If yes, please explain: \_\_\_\_\_

- the subject of, or involved in any investigation or examination by the Iowa Department of Human Services or any other social services agency?

YES NO

If yes, please explain: \_\_\_\_\_

**FOR APPLICANT:** I understand that by my signature on this application, I agree to obey all camp rules and regulations for the safety of the campers and that **I will be available the entire term of the camp**. I also understand that my signature on this application authorizes the camp director or those acting on his behalf to make inquiry of and receive information from any available source concerning my background and history, including but not limited to law enforcement agencies and social service agencies. My signature signifies that I have not misrepresented any facts in this application and that I will cooperate with Iowa District Sunday School Department in all aspects of this camp. I pledge my support, prayer and efforts to the furtherance of God's Kingdom during Sunday School Camp.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 21) \_\_\_\_\_

**FOR PASTOR:** As pastor of the applicant, I verify that I have reviewed this application and wholeheartedly recommend that he/she be considered for a camp staff position. I ensure that there are no facts or allegations that would prohibit the applicant's suitability for working with participants of Sunday School Camp.

**PASTOR, PLEASE CHECK ONE**

I am personally acquainted with the applicant. In my opinion, he/she is competent and qualified to work with minors. I know of no facts or allegations that raise any question concerning his/her suitability for working at Sunday School Camp.

I prefer to discuss my response by telephone.

Pastor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_.

The camp director will notify the applicant of acceptance or denial on or before Monday June 12.

Mail to: Rev. Brad Wallace  
 Sunday School Director  
 1625 370<sup>th</sup> Street  
 Spencer IA 51301