

KENTUCKY DISTRICT UNITED PENTECOSTAL CHURCH CAMP WORKER APPLICATION

This application must be signed by applicant and the applicant's pastor. All applicants must be in good standing with said church for a minimum of six months.

NAME _____ AGE _____ GENDER _____

ADDRESS _____ CITY _____ STATE _____

PHONE _____ EMAIL ADDRESS _____

NAME AND ADDRESS OF CHURCH _____

PASTOR'S NAME _____

INFORMATION

Because there has been a notable increase in cases involving abuse in all types of child care activities, and in as much as more stringent rules are being required of those who participate in youth related activities, it has become necessary for the Kentucky District to implement safe guards with regard to all camps' workers and/or others on the campground during times when children are present. Upon the advice of legal counsel, these safe guards have been incorporated into District Policy and camp worker applications, which includes a background check. Realizing these are very sensitive matters, every attempt will be made to insure the confidentiality of all applicants.

Please answer the following questions:

DO YOU HAVE HOSPITALIZATION/MEDICAL INSURANCE COVERAGE? YES ___ NO

IF SO, PLEASE LIST COMPANY NAME & POLICY # _____

HAS ANYONE IN YOUR IMMEDIATE FAMILY BEEN POSITIVELY TREATED FOR COMMUNICABLE DISEASES IN THE PAST 12 MONTHS? YES ___ NO

IF YES, PLEASE EXPLAIN _____

ARE YOU ALLERGIC TO ANY MEDICATION? DO YOU HAVE ANY DISABILITIES, OR ILLNESSES THAT WILL REQUIRE SPECIAL ATTENTION? YES ___ NO

IF YES, EXPLAIN _____

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, EXPLAIN _____

Applicant's Signature

Pastor's Signature