

**South Carolina District Children's Camp
Counselor Application**

It is very important to complete this form and the background request form and send them to Brandon Watts by June 4, 2018.

Confidential

This application is to help us provide a safe and secure environment for the children who participate in our camps.

Personal

Date _____ Date of Birth _____
Name _____ Phone Number _____
Address _____ Current Driver's License # _____
City _____ State _____ Zip _____

Please specify the camp in which you desire to work: Pre Teen (July 18-21)
 Junior (July 22-25)

T-Shirt Size: _____

Have you ever been arrested? _____ If so, please explain _____

Have you ever been the victim of abuse or molestation? YES NO

If you prefer not to answer the above questions, you may discuss them in confidence with the camp director. A "yes" or a blank will not necessarily disqualify you to work in the camp.

Local Church Membership _____

Pastor's Name _____

How long have you attended this church? _____

Please list positions and churches where you have worked with children.

Please list positions and locations of non-church related work with children.

Please list three references of persons unrelated to you, with their address and phone number.

What specific interests/skills do you have that could be used during camp? _____

Applicant's Statement: The information above is true to the best of my knowledge. I give permission for references or churches to provide information about my character, history, and experience. I release any person or organization from liability for compliance with the requests of this application. I give permission for a full background check. I sign this statement freely with full knowledge of the procedures.

Signed _____ Date _____

Please mail to Brandon Watts • 52 Smokewood Dr • Camden, SC • 29045

Permission to Obtain a Background Check

*This form authorizes the church to obtain background information and must be completed by the applicant.
The church must keep this completed form on file for at least five years after requesting a background check.*

I, the undersigned applicant (also known as “consumer”), authorize the **Church of the Nazarene** through its independent contractor, LexisNexis, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Pastor Brandon Watts, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____

Date: _____

Identifying Information for Background Information Agency (also known as “Consumer Reporting Agency”)

Print Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street /P. O. Box City State Zip Code

County Dates

Former Address: _____
Street /P. O. Box City State Zip Code

County Dates

Social Security Number: _____

Daytime Telephone Number: _____

Driver’s License Number: _____ State of Issuance: _____

Date of Birth: _____ Gender _____