

Brave – NYI Camp 2018

ADULT APPLICATION – Camp Counselor (21 and older)

June 25th – 29th 2018 Camp Fee \$165



Application and payment due to your local church by _____
 Deposits of \$50 & application due by 5-15 Balance due of \$115 by 6-15

Contact Information

Name <i>(you go by)</i>	First _____ Middle _____ Last _____
Street Address	_____
City ST ZIP Code	_____
Cell Phone <i>(at camp)</i>	_____
E-Mail Address	_____
Home Church	_____ (do not put First- add city)
	Age _____ (as of camp) Birthdate ____/____/____
Gender	____ Male ____ Female
T-Shirt Size	____ Small ____ Medium ____ Large ____ X-Large ____ XX-Large ____ XXXL
Preference to minister to:	____ Jr High ____ Sr High (we will try to honor your request)

Person to Notify in Case of Emergency and Medical Information

Emergency Contact	_____
Contact Information	_____
Medical Insurance Company	_____
Policy Number	_____
Allergies	_____

The SC District believes it is a blessing from God to serve, minister and interact with the students in our district. Leaders who serve have a significant impact on the development of our students. Since it is such a big responsibility we believe that all ministry leaders must be willing to submit to a background check.

Leaders affirm that they have professed Christ as their Savior, are an active member of their local church, and regularly work with students in teen ministry. They have not had any civil lawsuits alleging actual or attempted discrimination, harassment, exploitation, physical abuse, child abuse, or moral misconduct. They must never have been terminated from employment or service or volunteer position due to reasons relating to allegations of attempted discrimination, harassment, exploitation, physical abuse or moral misconduct. They must never have been registered in any state as a criminal or sexual offender. They must not ever have used an illegal substance or abused alcohol or other substance. They must also never have been convicted of a criminal offense. By signing below, you affirm that you have read and understand all of the requirements of an adult leader on the SC district.

Signature of Volunteer _____

Senior Pastor Signature _____

(Your signature serves as verification of the above information and is your personal recommendation of the above adult.)