

Alabama District UPCI

Staff Application (2017)

Crusader CAMP June 20 – June 23 (AGES 8-12)



Staff Application Fee: \$75.00

Personal Information:

Name: _____

Address: _____

Emergency Phone: _____

Church Name: _____

Church City: _____

Employer: _____

Home Telephone: _____

City: _____ State: ____ Zip _____

Cell Phone: _____

Email: _____

Pastor: _____

Pastor Phone: _____

Work Phone: _____

Medical Information:

Are you currently under a Doctor's care? Yes: _____ No: _____ Are you currently taking any medication? Yes: _____ No: _____

If your answer to either of the above questions is yes, please give specific information:

Program Information & Personal Information:

What experience do you have in working with teens/children? _____

What would you like to do at Camp? _____

When were you baptized in Jesus Name? _____ Receive the Holy Ghost? _____

Are you living a life of holiness to the best of your ability? Yes ___ No ___

Other than traffic violations, have you ever been arrested and/or convicted in any matter?

Yes: _____ No: _____ If so, please give specifics: _____

Have you ever been arrested or convicted for child abuse? Yes ___ No ___

Applicant's Statement:

The information contained in this application is truthful. If I am accepted as a member of the camp staff I will cheerfully follow all policy's, procedures and directives of the Camp Administration. I understand that I am to arrive no later than 9:30 a.m. on Tuesday and should be prepared to remain until Saturday morning if necessary.

Signed: _____ Date: _____

Pastoral Recommendation: I unreservedly recommend the person named in this application to serve as a member of the camp staff. In doing so, I am stating that I believe that he/she is a person of high moral character, and that I believe that he/she is qualified to work with children ages eight through twelve I am confident that he/she will work cooperatively with the staff and administration of the camp. "This applicant has been a faithful member of this local assembly for at least one year, a time period that includes the past 12 months from this date of recommendation."

Signed: _____ Date: _____

ALABAMA DISTRICT UNITED PENTECOSTAL CHURCH

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

Having made application for work with minors at functions of the Alabama District United Pentecostal Church, and desiring the organization to be informed concerning my past record and character, I authorize any person, reference, employer, church, or organization with whom I have had contact, to be questioned and to release such information to the Alabama District United Pentecostal Church. At its discretion, I authorize the Alabama District United Pentecostal Church to contact any law enforcement or social agency to determine whether I have ever been charged or convicted of a crime. I also authorize such agencies to release such information to the Alabama District United Pentecostal Church. I release the Alabama District United Pentecostal Church, its agents, and all persons, organizations, and agencies from liability for any damage that may result from exchanging such information, provided that they do so in good faith and without malice. I waive any right that I may have to inspect any such information that is provided on my behalf.

Full Legal Name: _____

Address: _____

Maiden Name: _____ Date of Birth: _____

Social Security No.: _____ Driver's Lic. No: _____

Signature: _____ Date: _____

Witness: _____

Date: _____ (Parent or guardian if applicant is a minor)

Notary: _____ All blanks must be filled out if non-applicable write N/A

Notary Public:

State Of Alabama

County Of _____

Subscribed and sworn before me

On this ____ day of ____ 20__

My commission expires _____

****Camp Staff, Please Return This Form And The \$75.00 Application Fee To:**

Alabama District United Pentecostal Church
C/O Paul Brumett
655 Jennifer Drive Auburn,
AL 36830

Ph. (251) 709-6564 cell

Ph. (334) 745-6926 home