



## MEDICAL HISTORY

Do you have any medical conditions?  No  Yes (describe) \_\_\_\_\_

Do you take any medications?  No  Yes (list medications, reason and possible side effects)

Do you have any physical handicaps or conditions preventing you from performing any type of activity?

No  Yes (describe) \_\_\_\_\_

## EDUCATION

High School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_

College Name \_\_\_\_\_ Graduation Date \_\_\_\_\_

Other \_\_\_\_\_ Graduation Date \_\_\_\_\_

## PERSONAL REFERENCES

1. \_\_\_\_\_  
NAME EMAIL ADDRESS PRIMARY PHONE

2. \_\_\_\_\_  
NAME EMAIL ADDRESS PRIMARY PHONE

3. \_\_\_\_\_  
NAME EMAIL ADDRESS PRIMARY PHONE

## PERSONAL PROFILE

Have you made a personal commitment to Jesus?  Yes  No When? \_\_\_\_\_

What church do you currently attend? \_\_\_\_\_

Pastor's full name \_\_\_\_\_

Do you have experience working with children and/or teenagers?  No  Yes (describe)

Do you have experience working with abused children and/or teenagers?  No  Yes (describe)

Could you lead a 15-minute devotion with your campers with material we provide?  No  Yes

Can you hike over 2 miles?  No  Yes

Circle ALL the words that accurately describe you.

TIMID GENTLE IMPATIENT MODEST NERVOUS LOVING MATURE SARCASTIC  
PATIENT ANGRY DELIBERATE CONGENIAL STUBBORN KIND STUDIOUS SELFISH  
SECURE CONSIDERATE ABRASIVE TRUSTWORTHY MOTIVED VERBAL ORGANIZED  
IMPULSIVE INTELLIGENT INSECURE RELAXED TACTFUL COMPASSIONATE

List your top 5 strengths in working with children and/or teenagers (be specific):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List your top 5 weaknesses in working with children and/or teenagers (be specific):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Have you ever been arrested for a criminal offense?  No  Yes

Have you ever been convicted of or plead guilty to a crime?  No  Yes

Have you ever been arrested for sexual misconduct?  No  Yes

Have you ever been convicted of or plead guilty to sexual misconduct?  No  Yes

Have you ever taken drugs other than prescription drugs?  No  Yes

If you answered "yes" to any of the above, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **APPLICANT'S STATEMENT**

*The information contained on this application is correct to the best of my knowledge. I authorize you to contact my listed references and pastor (if applicable) listed on this application.*

*Please be advised that a criminal history check will be requested as authorized by state law.*

Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_