



Staff Application

Name (Mr./Mrs./Miss) _____
 Address _____
 City _____ State _____ Zip _____ Birth date ____/____/____
 Home number (_____) _____ Work Number (_____) _____
 E-mail _____

EDUCATION

High School Graduate? Yes No
 Still Attending College? Yes No (If yes, what year completed? _____)
 College Graduate? Yes No (If yes, list degree _____)
 Present Occupation _____

SPIRITUAL BACKGROUND

Church _____
 Pastor _____
 Have you experienced Salvation? Please give a short personal testimony: _____

REFERENCES

Names and addresses of two people (including current pastor) who have known you during the past two years.

1. Pastor _____
 Address _____
 City _____ State _____ Zip _____ Phone (_____) _____
 2. Name _____
 Address _____
 City _____ State _____ Zip _____ Phone (_____) _____

HEALTH INFORMATION

Allergies:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Ivy Poisoning | <input type="checkbox"/> Asthma | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Communicable | <input type="checkbox"/> Diseases | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Other |

Date of last Tetanus Shot: _____

MEDICAL & WATER SAFETY CLASSIFICATION

(Please check the current certifications you now hold and send along a photo copy of your cards or certificates along with this application.) (American Red Cross or equivalent certificate accepted.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Non-Swimmer | <input type="checkbox"/> Advanced Lifesaving | <input type="checkbox"/> CPR Certified |
| <input type="checkbox"/> Beginning Swimmer | <input type="checkbox"/> Lifeguard Training | <input type="checkbox"/> EMT/LPN/RN |
| <input type="checkbox"/> Intermediate Swimmer | <input type="checkbox"/> Water Safety Instructor | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Advance Swimmer | <input type="checkbox"/> Canoe Certification | |
| <input type="checkbox"/> Other: | | |

EMERGENCY CONTACT

Name _____
 Address _____
 City _____ State _____ Zip _____ Phone (_____) _____



Adult Participant Affidavit

Legal First Name: _____

Legal Middle Name: _____

Legal Last Name: _____

Birthdate: _____ (mm/dd/yyyy)

Social Security Number: _____

Driver's License Number: _____ state _____

Have you ever been arrested? Yes No

If Yes, please explain:

Have you ever been arrested for or convicted of sexual abuse, physical abuse or exploitation of a minor?

Yes No

Are you now using illegal drugs?

Yes No

Are you subject to any civil restraining order or any type of civil action relating to child or domestic abuse or violence?

Yes No

If you answered yes to any of the above questions, please provide detailed information as to the nature of the offense, the number of separate offenses in question, the date of the offenses, the relationship between the offense and the position for which you are applying and any mitigating factors that should be taken into account.

Comments: _____

Have you been background checked by your current church?

Yes No

If yes, please attach copy of background check.

I have never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor. By signing below, I attest that it is true. Adult participant's signature (in ink)

Signature: _____ Date: _____

This application must be completed in full to be considered for 2018 camp staff at VA Nazarene Camps. Please email this application and copy of background check to mmckenzie@lynchburgnaz.com or mail to:

Attn: Pastor Mike McKenzie
1737 Wards Ferry Rd.
Lynchburg, VA 24502