



**MEDICAL INSURANCE INFORMATION**

*Note: The Camp Insurance Policy is secondary coverage to your primary insurance coverage.*

Do you carry any personal medical insurance? \_\_\_\_\_ What Company? \_\_\_\_\_  
Policy# \_\_\_\_\_ Pre-Authorization required? \_\_\_\_\_  
Doctor's Name/Phone Number \_\_\_\_\_

**IF YOU ARE UNDER THE AGE OF 18, PLEASE HAVE YOUR PARENTS SIGN THIS MEDICAL RELEASE BELOW:**

In the event my child \_\_\_\_\_ needs emergency medical attention; I hereby give my consent for the officials of the camp to seek medical assistance. I further understand that the camp will make every attempt to notify me of such action as is possible.

**PRINT - Parent/Guardian Name** *(required)* \_\_\_\_\_

**SIGNATURE - Parent/Guardian** *(required)* \_\_\_\_\_

**PHONE** *(required)* \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CHURCH HISTORY AND PRIOR YOUTH WORK**

Name the church of which you are a member or regularly attend \_\_\_\_\_

Name of Pastor \_\_\_\_\_

List any gifts, training, education, or other factors, which have prepared you for work in youth camp \_\_\_\_\_

**PERSONAL REFERENCES** *(not former employers/relatives)*

Name \_\_\_\_\_

Email or Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Email or Address \_\_\_\_\_

Telephone \_\_\_\_\_

**RELEASE FOR CRIMINAL RECORDS CHECK**

I hereby consent for the State Youth Director's office to seek from local law enforcement any information which pertains to any record of conviction contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release the Police Department from any and all liability resulting from such disclosure.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for youth camp work. In consideration of the receipt and evaluation of this application by the Church of God, I hereby release to any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at this time result to me, my heirs or family, on account of compliance or any attempt to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should my application be accepted, I agree to be bound by laws and policies of the Church of God and to refrain from any unscriptural conduct in the performance of my services on behalf of the church. I also agree to participate in the training and enhancement programs provided by the State Director's office in preparation of my participation this summer. (This meeting will be on the first day of camp at 9:00am and is MANDATORY for all workers!)

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

\_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PRINT NAME** of Pastor or Church Staff Member Endorsing \_\_\_\_\_

\_\_\_\_\_ **SIGNATURE** of Pastor or Church Staff Member \_\_\_\_\_ **Date** \_\_\_\_\_