

Camp Joy

Application for Children/Youth Work

Confidential

Personal

Date _____

Name _____

Present Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security # _____

This is for Camp Joy: working with homeless children:

The dates are July 3 – July 6, 2008

Do you have a current driver's license? Yes__ No__

If yes please list your driver's license number: _____

Do you have a current CDL license? Yes__ No__ If yes, please list type: _____

Do you use tobacco? Yes__ No__ Drink alcoholic beverages? Yes__ No__

Use non-illegal drugs? Yes__ No__

If yes, Please explain: _____

Have you ever been convicted of or pleaded guilty to a crime? Yes__ No__

If yes, please explain: _____

Have you ever been accused of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes__ No__

If yes, please explain: _____

Were you a victim of abuse or molestation while a minor? Yes__ No__ (If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence rather than answering it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for children or youth work.)

Church History and Prior Children/Youth Work

Name of church of which you are a member: _____
Church City Church Name

Pastor's Name _____ Number _____

List previous non-church work involving youth (list each organization's name and type of work performed.) _____

List all previous church work involving children/youth (type of work performed at church.

List any Mission trip you have been on.(dates and place.) _____

As a mentor at Camp Joy, your representation doesn't stop after you leave. It continues long after camp. No, use of information of the children can be used outside of camp without written permission from camp staff. This includes pictures of you and camper on "My Space.com"

Request for Criminal Records Check and Authorization

Let it be known that I hereby request the Pinellas County Police Department(s) to release any and all information which pertains to any record of convictions, accusation, and information contained in its files or in any criminal file maintained on me whether local, state or national. I hereby release said Police Department and its agents, officers and employees from any and all liability resulting from such disclosure. All information shall be provided to Camp Joy representatives.

Printed Name

Signature

Print Maiden Name
(if applicable)

Print All Aliases

Address

Birth Date

Social Security Number

Drivers License Number

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 that they may have regarding my character and fitness for children/youth work. In consideration of the receipt and evaluation of this form by Camp Joy of St. Petersburg Florida, I hereby release any such individual, church, business, employer, youth organization, charity, reference, or any other person, entity, corporation or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature,(including, but not limited to, compensatory and/or punitive damages), which may at any time result to me my heirs, or family, on account of compliance or any attempts to comply, with this organization.

Should my application be accepted, I agree to be bound by the bylaws and policies of Camp Joy of St. Petersburg, Florida, and to refrain from unscriptural conduct in the performance of my services on behalf of the Camp. If I am asked by any board member or representative to leave the camp I agree to do so without incident.

Let it be known that I have carefully read the foregoing application and release and understand to contents thereof and I sign this document as my own free act without any duress whatsoever. I understand this document which I have read and signed is legally binding agreement.

Applicant's Signature _____ Date _____

Witness (required) _____ Date _____

(Witness Name Printed)