



APPLICATION

Personal Information:

Name: _____ Home Telephone: _____
Address: _____ City: _____ State: ___ Zip _____
Emergency Phone: _____ Cell Phone: _____
Church Name: _____ Pastor: _____
Church City _____ Pastor Phone: _____
Employer: _____ 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 children? _____

What would you like to do at Crusader 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:** _____

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.

Date: _____ **Signed:** _____