

How long have you been attending this church? _____ Are You a Member? ____ Yes ____ No

What is your ministry in this church? _____

Have you ever been charged with or convicted of child abuse or neglect, the use or sale of illegal drugs, or any other crime or charge of immorality or sexual misconduct? ____ Yes ____ No

If "Yes" please explain. A criminal record does not necessarily exclude you from serving as a volunteer at camp depending on the crime, circumstance and disposition of your case. Please answer honestly and completely and we will give your application careful consideration.

Do you use tobacco, alcohol or drugs? ____ Yes ____ No

If "Yes" please explain. _____

Our highest purpose is to provide an opportunity for children to receive Jesus Christ as their Savior and to grow in their faith. This means that each staff member must be saved and clear in his or her commitment to Christ and to the teachings and standards of the Church of the Nazarene.

Briefly give your personal testimony of how you came to except Jesus Christ as your personal Savior:

Indicate the age group you prefer to work with: Children _____ Pre-teen _____

Please mail this completed application along with the medical and emergency information form and \$30 payment to:

Camp Coordinator:

Rev. DeVona L. Cordell 2899 Anthony Highway Chambersburg PA. 17201

(Please make out the checks to: MAD Kids' Camp.)

If we need to talk for any reason before camp, please call and leave a message at the church office 717-334-3209 or call me in the evenings at home 717-352-8490. Please remember to make a copy of the reference questionnaire for your pastor and another person. Applications deadline is: Friday July 21st, 2017. Thank You and See You at Camp!

(Your signature)

(Date)

(Guardian's Signature if Applicant under 18)

(Date)

REFERENCE QUESTIONNAIRE

Mid- Atlantic District Church of the Nazarene Children's & Pre-teen Camp -Confidential-

The individual named as applicant is volunteering to serve as a staff person for the MAD Kids' Camp. Please complete the following questions and return this form to the name and address provided below.

Applicant's Name _____

1. In what capacity do you know this applicant? _____ Pastor _____ Friend _____ Work Associate _____ Other (if "Other", please explain) _____
2. How long have you known this applicant? _____ less than one year _____ 1-5 years _____ more than 5 years
3. When was the most recent contact with the applicant? _____ last 30 days _____ last year _____ longer than a year
4. How well do you know this person? _____ not well _____ fairly well _____ very well
5. Is the applicant a member of your church? _____ Yes _____ No
6. Is the applicant involved in children's ministries of your church? _____ Yes _____ No
7. If you answered "YES" to question 6, how is the applicant involved? _____

8. If involved in children's ministries, how effective is he/she? _____ not _____ somewhat _____ very
9. To your knowledge does this applicant use tobacco, alcohol or illegal drugs? _____ Yes _____ No
10. If "Yes" to question 9, please explain. _____

11. To your knowledge has this applicant ever been convicted of child abuse or neglect or convicted for the use or sale of illegal drugs? _____ Yes _____ No
12. If "Yes" to question 11, please explain: _____

13. Do you have any concerns regarding how this person relates to children? _____ Yes _____ No
14. If "Yes" to questions 13, please explain _____
15. Would you place your child in this person's care for a week at camp? _____ Yes _____ No
16. Other Comments _____

Name of person completing questionnaire _____

Street Address, City, State, Zip Code

Signature of person providing reference _____ Date _____

Please return this form to: Rev. DeVona L. Cordell
2899 Anthony Highway Chambersburg, PA. 17201 Phone: 717-352-8490 (Home)

Staff Medical & Emergency Treatment Information Form
MAD Kids' Camp
July 31st - August 4th, 2017

Staff Name _____ Male _____ Female _____ Birthday ____/____/____
(Last) (First)

Home Address _____
(Street, box, apt, etc.) (City) (State) (Zip)

Home Phone _____ Cell _____
(Area code& no.) (Area code& no.)

Emergency Contact Persons _____ Phone _____
(Name) (Relation) (Area code& no.)

_____ Phone _____
(Name) (Relation) (Area code& no.)

Is there any medical information that we should know to make your week at camp a safe one?

Will you be bringing any medications (of your own) to camp? _____

If YES, please list medications: _____

(PLEASE ATTACH A COPY OF YOUR CARD)

Medical Insurance Company _____

Policy Holder's Name _____ Policy# _____

Group # _____ Effective Date _____

If staff member is under the age of 18, please have parent/guardian complete:

I give permission for _____ (my son/ daughter) to be given over-the-counter medications (such as):

_____ Acetaminophen (Tylenol) _____ Ibuprofen (Motrin) _____ Antacid (Tums, Pepto-Bismol)
_____ Benadryl _____ Neo-sporin ointment

(Guardian's Signature if applicant is under 18)

(Date)