

# CAMP STAFF APPLICATION

(Please check all camps that apply.)

\_\_\_\_\_ **BROWN CITY CAMP** \_\_\_\_\_ **HAPPY TIME CAMP** \_\_\_\_\_ **MANCELONA YOUTH**

## PERSONAL INFORMATION: (PLEASE PRINT)

NAME: \_\_\_\_\_ DRIVERS LIC. #: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_  
(MONTH, DAY, YEAR)

CURRENT ADDRESS: \_\_\_\_\_  
(STREET, CITY, ZIP CODE)

ADDRESS AFTER JUNE 1st (If different than above.): \_\_\_\_\_  
(STREET, CITY, ZIP CODE)

HOME TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ WORK/COLLEGE PHONE (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PERSON TO CONTACT IN EMERGENCY: \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

DO WE HAVE YOUR PERMISSION TO DO A POLICE/CRIMINAL BACKGROUND CHECK? \_\_\_\_\_

WILL YOU AGREE TO COMPLETE ANY NECESSARY TRAINING? \_\_\_\_\_

DO YOU USE ALCOHOL, TOBACCO OR NARCOTICS? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED BY CIVIL AUTHORITIES? (circle) YES, NO - IF YES, EXPLAIN:

LIST ANY PREVIOUS CAMP COUNSELING, INCLUDING DATE(S) AND PLACE(S). LIST TRAINING, EDUCATION AND EXPERIENCE RELATED TO CAMPING AND THE POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

LIST **THREE** REFERENCES: Reference #1 should be your pastor. References #2 & #3 should be responsible adults, other than your immediate family members. When complete, the reference forms should be sent to the District Office.

### REFERENCE #1

\_\_\_\_\_  
(NAME, TELEPHONE NUMBER WITH AREA CODE)

### REFERENCE #2

\_\_\_\_\_  
(NAME, TELEPHONE NUMBER WITH AREA CODE)

### REFERENCE #3

\_\_\_\_\_  
(NAME, TELEPHONE NUMBER WITH AREA CODE)

WRITE A BRIEF TESTIMONY OF YOUR RELATIONSHIP TO CHRIST AND HOW HE IS WORKING THROUGH YOUR LIFE (PLEASE USE OTHER SIDE).

**RETURN TO:** MICHIGAN DISTRICT OF THE MISSIONARY CHURCH ~ 1091 CREEKWOOD TRAIL ~ BURTON, MI 48509  
FAX (810) 742-8102

**EMPLOYEE  
HEALTH HISTORY RECORD  
MICHIGAN DEPARTMENT OF SOCIAL SERVICES**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
(street, city, state and zip code)

Telephone No. (     ) \_\_\_\_\_ Name of Camp: \_\_\_\_\_

**Medication Needed or Used (including psychiatric)**

Kind	Frequency	Dosage	Currently Being Taken
1. _____	/ _____	/ _____	/ _____
2. _____	/ _____	/ _____	/ _____
3. _____	/ _____	/ _____	/ _____

Special conditions to be watched for such as Allergy (Reaction to food, Penicillin or other drugs)

Do you currently have or have you been recently exposed to any infectious disease? \_\_\_\_\_ Yes  
\_\_\_\_\_ No If yes, please explain:

Activity restrictions because of any physical defect or illness? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain degree of restriction:

I certify that this information is true to the best of my knowledge:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_