



ascend

## Staff Application

Name (Mr./Mrs./Miss) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home number (\_\_\_\_) \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_

With what age group do you work best? 12-15 15 - 18 Either

### EDUCATION

High School Graduate? Yes No  
Still Attending College? Yes No (If yes, what year completed? \_\_\_\_)  
College Graduate? Yes No (If yes, list degree \_\_\_\_\_)  
Present Occupation \_\_\_\_\_

### SPIRITUAL BACKGROUND

Church \_\_\_\_\_  
Pastor \_\_\_\_\_  
Major Church Activities/Areas of Service \_\_\_\_\_  
Have you experienced Salvation? Please give a short personal testimony: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CAMP EXPERIENCE

As a Camper (year & place) \_\_\_\_\_  
As Staff (year & place) \_\_\_\_\_

### REFERENCES

*Names and addresses of two people (including current pastor) who have known you during the past two years.*

1. Pastor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_



High School Camp  
Middle School Camp

June 29-July 3  
July 5-July 8

Cost: \$200 before 6/12  
Cost: \$180 before 6/12

SPACE IS LIMITED



### HEALTH INFORMATION

Allergies:

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Hay Fever     | <input type="checkbox"/> Penicillin  | <input type="checkbox"/> Ear Infections  |
| <input type="checkbox"/> Ivy Poisoning | <input type="checkbox"/> Asthma      | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Communicable  | <input type="checkbox"/> Diseases    | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Other           |

Date of last Tetanus Shot: \_\_\_\_\_

### MEDICAL & WATER SAFETY CLASSIFICATION

(Please check the current certifications you now hold and send along a photo copy of your cards or certificates along with this application.) (American Red Cross or equivalent certificate accepted.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Non Swimmer          | <input type="checkbox"/> Advanced Lifesaving     | <input type="checkbox"/> CPR Certified |
| <input type="checkbox"/> Beginning Swimmer    | <input type="checkbox"/> Lifeguard Training      | <input type="checkbox"/> LPN/RN/EMT    |
| <input type="checkbox"/> Intermediate Swimmer | <input type="checkbox"/> Water Safety Instructor | <input type="checkbox"/> First Aid     |
| <input type="checkbox"/> Advance Swimmer      | <input type="checkbox"/> Canoe Certification     |  |
| <input type="checkbox"/> Other: _____         |  |  |

### EMERGENCY CONTACT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (    ) \_\_\_\_\_

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



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## Adult Participant Affidavit

Legal First Name: \_\_\_\_\_

Legal Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ (mm/dd/yyyy)

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ state \_\_\_\_\_

Have you every been arrested? \_\_\_\_\_

If Yes please explain: \_\_\_\_\_

Have you ever been arrested for or convicted of sexual abuse, physical abuse or exploitation of a minor?  Yes  No

Are you now using illegal drugs?  Yes  No

Are you subject to any civil restraining order or any type of civil action relating to child or domestic abuse or violence?  Yes  No

If you answered yes to any of the above questions, please provide detailed information as to the nature of the offense, the number of separate offenses in question, the date of the offenses, the relationship between the offense and the position for which you are applying and any mitigating factors that should be taken into account.

Comments: \_\_\_\_\_

\_\_\_\_\_

I have never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor. By signing below I attest that it is true.

**Adult participant's signature (in ink)**

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



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