

Children's Ministry		Youth	
<input type="checkbox"/> 8-9 Camp	<input type="checkbox"/> 10-11 Camp	<input type="checkbox"/> Junior High Camp (12-14)	<input type="checkbox"/> Senior High Camp (15-18)

Revised 2023

Must be Postmarked 1 Month Before Camp
Section 1 – Camp Staff Applicant

<input type="checkbox"/> Kitchen Help	<input type="checkbox"/> Dorm Supervisor	<input type="checkbox"/> Rec Staff	
Name:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Date Of Birth:
Address:		Phone:	
City:	State:	Zip:	

Please answer the following questions:

Have you been baptized in the name of Jesus:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Have you received the Holy Ghost?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
What is your spiritual status? (Check One)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please explain:			

Do you have any known mental, emotional or physical impairments, allergies or medical restrictions that would limit your normal group activities? If so, please explain:

I, _____ (name), hereby authorize the duly authorized officials of the Indiana District UPCI to request the police/sheriff's department to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request. I will abide by the camp rules and dress code, and will fully cooperate with the Camp Director.

Applicant's Social Security Number: - - **Date Of Birth:** / /

Staff Applicant's Signature: **Date:**
Please give the name, address and phone number of two references other than your pastor, or a relative.

1.	Phone:
2.	Phone:
Pastor's Name (Print):	Home Church:
Pastor's Signature:	Date:

Recommendation of your UPCI pastor or the camp Director (with your pastor's permission) is mandatory.
Section 2 – For Office Use Only

Background check filed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Background Check Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy Sent to Dean	<input type="checkbox"/> Yes <input type="checkbox"/> No	Director Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mail Completed Forms to Deans or Camp Directors For The Camp You Wish To Work.	Children's Ministry Director Adam Faulkner 147 Presbyterian Ave. Hanover, IN 47243 adamf@cmmbuilt.com (574) 532-7033	Youth Camp Director Austin Gilliland 2027 Jonathan St Kendallville IN 46755 youthpresident@inupci.org (260) 585-9629	