JR CAMP WORKER APPLICATION KENTUCKY DISTRICT UPCI

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT AND THE APPLICANTS PASTOR. ALL APLICANTS MUST BE IN GOOD STANDING WITH THEIR LOCAL ASSEMBLY FOR A MINIMUN OF SIX MONTHS.

Name:			Age:	Sex:	
City:		State:	Zir	p:	
Church Information					
Name/Address:					
City:	State:	Pasto	Pastor:		
F					
Emergency Contact Info			Relationship:		
			Relationsh	лр:	
Address:		Chahai	7:.		
Phone Number:					
Medical Information (Pla	ease use back if more spac	re is needed)			
,	ons:	•			
	n Allergies:				
•	llergies require extra care			nlagga avalgin)	
	rgies cause a life threateni			•	
	gies cause a me uneatem	ing situation (severe sw	renning or stop	is breathing) ii	
exposed? Yes No	/f : : : -	ouron oo 2 Voo⊓ No□	1		
• • • • • • • • • • • • • • • • • • • •	personal/family medical in				
Name of insurer:		Policy/Group #:			
Background Information As part of your application	<u>ı</u> on KYCM will run a backgr	ound check per district	t policy.		
Please answer the follow	ving questions (If answerir	ng yes to any of the fol	lowing quest	ions please explain	
further on the back of th					
 Has anyone in your past 12 months? 	our immediate family bee ? Yes□ No□	n positively treated for	communical	ole diseases in the	
2) Have you ever b	een charged with, arreste	d for, convicted of or p	oleaded "no c	contest" for any	
•	law, other than for a mino	•		•	
A note for workers with	non-camper age children.	If you are planning on	bring you no	n-camper age	
children to JR Camp plea	ise make sure to fill out a \	Naiver/Indemnity for (each child yo	u are bringing.	
Pastor's Portion					
	, I have read this complete				
Pastor's Signature:			Date:		
Amuliaant Dantian					
Applicant Portion		Data			
Signature:		Date:			
☐ By checking this box v	you are agreeing to compl	ete the "SAFE CHURCH	I" training for	und on Ministry	
	ATED training for all KYCM				
	ou Do not need to take th		-		
	oletion prior to registration		=	•	