**Application due April 1**

2017 KABIN LEADER -

 KABIN LEADER ASSISTANT APPLICATION

Application \_\_\_\_\_

Background Form \_\_\_\_\_

Pastoral Approval \_\_\_\_\_

Camp Fee $100 \_\_\_\_\_

Send to: Harmony Baptist Association, P. O. Box 1810,

Sedalia, MO 65301 or email hbaoffice@iland.net

Office Hours: Tuesday through Thursday (9:00 am to 4:30 pm)

PERSONAL INFORMATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_

Street Address/City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INFORMATION

|  |  |
| --- | --- |
| InsuranceCarrier | GroupNumber |
| Policy Number | Insured’sSSN |
| Insured’s Name(First/Last) | Insurance Co.Phone Number |
| Doctor: | Phone:  |

What information should we know regarding your welfare (handicaps, restrictions on activities, diets, allergies, extreme depression, destructive temper, etc)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications you are taking (name/reason/instructions)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do hereby authorize any camp director, camp nurse, or other responsible person to administrate any emergency treatment that may be necessary, and agree to pay for all such treatment. I give permission to administer over the counter, non-prescription medication or application. Yes No

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

BACKGROUND INFORMATION Have you previously served at HBA “Kids’ Kamp”? If so, when and what position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been involved or convicted of child abuse or a crime involving sexual molestation of a minor? If yes, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A National Background Check is required for all applicants 18 yrs or older.**

SPIRITUAL STATUS

I have been born again Yes No

I attend church faithfully Yes No

I fully and completely agree with, and adhere to the tenets of faith in “The Baptist Faith and Message.” Yes No

Give a brief account of your Christian experience:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**T-shirt Order**

(circle one)

Adult: S M L XL 2XL 3XL

PASTORAL APPROVAL (Please answer each question and sign)

|  |
| --- |
| *Please complete this application to this point, then give this application to your Pastor to complete. The Pastor should then mail to the HBA office without returning it to the applicant.* 1. How long have you known this applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does this applicant attend church services faithfully? Yes No
3. Can you vouch for their moral integrity? Yes No
4. Does the applicant have adequate spiritual maturity to pray with children for salvation? Yes No
5. Is this applicant qualified to serve as a cabin leader? Yes No
6. What additional information should we know about this applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Do you recommend this individual to work at our camp? Yes No

**Pastor’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |