

Complete each section of this application.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ SSN: _____

Date of Birth: _____ Gender: ___ F ___ M

Email Address: _____

Home Church: _____ Pastor: _____

Do You Hold A Valid Driver's License? ___ Y ___ N

If Yes List State/Number/Expiration Date: _____

Does your license have any restrictions? ___ Y ___ N

If Yes List the Restrictions: _____

Have you had prior camp experience? ___ Y ___ N

If Yes, Please list:

Prior Camp Experience: _____

Have you ever been arrested? ___ Y ___ N If 'Yes', give details (include dates, places, charges, & disposition)

Have you ever been accused (even if not legally charged) of an offense involving a minor? ___ Y ___ N

If 'Yes' give details (include dates, places, charges, & disposition)

Have you ever been accused (even if not legally charged) of a sexual offense? ___ Y ___ N

If 'Yes' give details (include dates, places, charges, & disposition)

EDUCATION:

School	City/State	Dates	Major/Degrees

Work Experience (Paid or Volunteer) List the most recent position first; attach an extra sheet if necessary. (List at least the past 3 employers, including employer name, supervisor name, dates employed (from/to), and daytime phone of supervisor. Include any periods of non-employment).

Please list relevant certificates (Include expiration dates. Examples: First Aid, CPR, Swimming, Lifeguard, and Water Safety Instructor)

Training & Leadership (Please list all training courses you have taken that are applicable to the position for which you are applying. Also list any leadership of youth that you have done)

PHOTO RELEASE

I hereby grant permission to the Maine District Church of the Nazarene, and Camp Wakonda in particular, to photograph, tape, film, or make an audio recording of my participation in the Camp Wakonda Camp Program. I grant the Maine District Church of the Nazarene, and Camp Wakonda in particular, an irrevocable license to reproduce, copy, display, perform, or otherwise use these materials. I understand that these materials may be used for the purpose of public information and/or education and may appear in newspapers, magazines, exhibits, television, Maine District/General Church of the Nazarene publications, and/or the Maine District Church of the Nazarene website. I agree that I may be identified as a participant in the event being recorded. I release the Maine District Church of the Nazarene, and Camp Wakonda in particular; its employees, directors, and agents from any liability connected with the publication, reproduction, release, or other use of these materials, and agree not to bring any claims against them growing out of such publication, release, reproduction, or other use of these materials.

GENERAL WAIVER

My signature on this waiver indicates that I am capable of participating in all of the activities at Camp Wakonda Children's Camp, and that I release the MAINE DISTRICT CHURCH OF THE NAZARENE (including its Boards, Councils, Auxiliaries, Officers, and Representatives), and CAMP WAKONDA CHILDREN'S CAMP (including all staff, paid or unpaid) in particular, from liability related to my participation in such activities. I understand that all campers & staff must have their own medical coverage. No insurance is provided. My signature indicates that I will be responsible for all costs related to my medical care.

By submitting this application, I indicate agreement with the above releases & waiver.

Please read carefully before signing this application

I authorize the Maine District Church of the Nazarene/Camp Wakonda to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I hereby release all of those employers, references, academic institutions and the Maine District Church of the Nazarene from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment/volunteer service with Camp Wakonda Children's Camp.

I understand that my offer of employment/volunteer service is contingent upon a satisfactory report concerning my academic credentials, references and background check. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if Camp Wakonda has not employed me, and for immediate dismissal if Camp Wakonda has already placed me on staff.

I understand that nothing in this employment application, in the Maine District Church of the Nazarene/Camp Wakonda policy statements or personnel guidelines, or in my communication with the Maine District Church of the Nazarene/Camp Wakonda officials is intended to create an employment/volunteer service contract with me. No promise regarding employment/volunteer service has been made to me, and I understand that no such promise or guarantee is binding upon the Maine District Church of the Nazarene/Camp Wakonda unless it is made in writing and signed by the Camp Director.

In the event of my employment/volunteer service with the Maine District Church of the Nazarene/Camp Wakonda, I will comply with all rules, regulations and policies set forth in the Maine District Church of the Nazarene/Camp Wakonda policy manual or other communications distributed by the Maine District Church of the Nazarene/Camp Wakonda. I also understand that the Maine District Church of the Nazarene/Camp Wakonda has the right to modify its policies without giving me any notice of the changes. I understand that if an employee/volunteer service relationship is established, I have the right to terminate my employment/volunteer service at any time for any reason. I also understand that the Maine District Church of the Nazarene/Camp Wakonda retains the right to terminate my employment/volunteer service at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statement.

Signature of Applicant

Date

Printed Name of Applicant

REFERENCES

#1: Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

#2: Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

#3: Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____