

NCO District Church of the Nazarene
Counselor/Staff Application

This application is to be completed by those desiring to work in any position with NCO camps. It is our desire to provide a safe and secure environment for those children and youth who participate in our programs. Counselors must be at least 18 years of age and a high school graduate. Prior to camp, you will be contacted by the director.

- Primary Camp (completed 1st/2nd/3rd) Send Application to: 168 East Olentangy St., Powell, Ohio 43065**
- Preteen Camp (completed 4th/5th/6th) Send Application to: 8600 State Rd., North Royalton, OH, 44133**

Name _____ Local Church: _____

E-Mail Address _____

Birthdate ____/____/____ Social Security Number ____-____-____ Gender: Male or Female

Address _____ City _____ ST _____ Zip ____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Name of spouse _____ Work # (____) _____ Cell # (____) _____

Emergency Contact (in the event spouse cannot be reached):

Name _____ Relationship _____

Home # (____) _____ Cell # (____) _____

Scholarship Information Do you have a child attending camp? YES NO If yes:

- Primary**
- Preteen**

Child's name : _____ (one scholarship per counselor)

If you and your child attend the same camp, do you want him/her in your cabin? YES or NO

ALL COUNSELORS/STAFF MUST COMPLETE AND PASS A BACKGROUND CHECK BEFORE CONSIDERATION WILL BE MADE FOR YOU TO SERVE AT ANY NCO DISTRICT CAMP.

Permission to Obtain a Background Check

This form authorizes the church/district to obtain background information and must be completed by the applicant. ALL COUNSELORS/STAFF MUST COMPLETE AND PASS A BACKGROUND CHECK BEFORE CONSIDERATION WILL BE MADE FOR YOU TO SERVE AT ANY NCO DISTRICT CAMP.

I, the undersigned applicant (also known as "consumer"), authorize NCO District Church of the Nazarene through an independent contractor to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to NCO District Church of the Nazarene, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Personal/Spiritual Information

As a camp counselor, what do you feel you can offer the children/youth? _____

List any gifts, callings, training, education, or other factors that have prepared you for children's/youth work:

List a personal reference (not former employers, relatives, or pastoral staff members) who would know you and your desire to volunteer in this capacity:

Name _____ Phone # (____) _____

Pastor's Name _____ Phone # (____) _____

List church activities _____

Give a brief testimony of your salvation experience. (Please include when you were saved and your spiritual growth since that time) _____

Medical Information

Name _____

Insurance Carrier _____

Group and/or Policy # _____

Allergies: _____

Medications being brought to camp: _____

I hereby authorize medical treatment for myself by a licensed nurse and/or doctor for illness or injury while serving as a NCO Children's camp staff member.

With my signature, I hereby validate this registration form and do expressly waive any and all claims against the NCO District Church of the Nazarene and/or any of its Boards and/or any of its representatives, because of any illness, injury, or damage to the person or property of the above named applicant in connection with, or incident to, the NCO Children's Camp program.

Signature _____ Date _____