



Personnel Record

Church: _____

Name: _____ Birthdate: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Other Phone: _____

Position at Church: _____

Position at Camp (i.e. volunteer adult helper, certified counselor, jr counselor)

Please Identify Training (i.e. Advanced Life Saving, CPR, Lifeguard, Basic Water Safety, Water Safety Instructor, First Aid, other) and certifications received and the organization that developed the course (i.e. Red Cross, YMCA, BSA: (attach copies))

Training	Expiration date	Length of Course	Organization
_____	_____	_____	_____
_____	_____	_____	_____

Please list number of previous camp experiences:

Experience as an adult leader at a summer camp? ___ Weekends ___ Weeks ___ Years ___ Seasons

Experience as a camper at camp? ___ Weekends ___ Weeks ___ Years ___ Seasons

Have you ever been convicted of anything other than a minor traffic violation? ___ Yes ___ No

Please explain: _____

References: (Must have reference signature to use)

Name: _____ Phone: _____

Address: _____

Reference Signature: _____

Name: _____ Phone: _____

Address: _____

Reference Signature: _____

Name: _____ Phone: _____

Address: _____

Reference Signature: _____

I have reviewed a copy of and understand the policies checked below:

____ Fort Faith Camp Manual _____ Other _____

____ Child Protection Laws (MI Act 238, 1975, amended & Act 280, 1939, amended)

Adherence to Policies:

I have reviewed and read the above stated policies and understand them fully and agree to adhere to the policy as stated. I also state that the information above is correct to the best of my knowledge.

Signed: _____ Date: _____