

2021 RMMN Youth Camp Leader Application

Leader Registration: \$100
Registrations due by May 20, 2021

Circle Preferred Camp

Youth Camp #1 - June 7-10

Youth Camp #2 - June 14-17

Youth Camp #3 - June 21-24

Leader Contact Information:(Please Print Clearly)

First: _____ Last: _____

DOB: ____/____/____. Gender: M F Age: _____ Marital Status: Married. Single

Phone: _____ Email: _____

Church with City: _____

Have you served as a Camp Leader before? _____

Have you asked Jesus to be your Savior? Yes No

Pastor's Name: _____ Youth Leader/Pastor _____

Medical Information

Physician: _____

Phone: _____

Insurance Co.: _____

Policy #: _____

Do you have allergies? ____ Yes ____ No If yes, please explain: _____

Are you up to date with your Tetanus Toxoid Immunization: Yes No

Do you have: _____ Heart Trouble _____ Ear Trouble _____ Asthma

_____ Hernia _____ Pregnancy

_____ Seizures

_____ Other: _____

In one word, describe your health: _____

Please list any additional medical/health/dietary/special needs you may have arise during your time at Camp:

In case of Emergency, please contact: _____

Emergency Contact Phone: _____ Relationship: _____

Last Name: _____

First Name: _____

Church Name: _____

Background Information

Have you ever been convicted of a felony or any other crime, other than traffic violations?

Yes

No

If yes, please explain: _____

Have you ever been convicted of a drug related charge or had charges reduced in a plea?

Yes

No

If yes, please explain: _____

Have you ever physically, sexually, or emotionally abused a child?

Yes

No

If yes, please explain: _____

Have you ever been dismissed from employment or a volunteer position in a child supervisory capacity?

Yes

No

If yes, please explain: _____

Do you have a current background check on file at your local church? Yes No

Camp Staff Consent and Agreement Form

I affirm that the information submitted in this form is true and accurate to the best of my knowledge.

I understand that I am required to have a current background check on file with my local church PRIOR to arrival at the campground.

If accepted to serve at Youth Camp, I pledge myself to a week of cooperative ministry with the camp directors and will maintain a personal discipline and spirit that exemplifies Christ at all times. I also grant my permission to the Rocky Mountain Ministry Network to use photography (individual or group) and/or multimedia images and recording in the best interest of the RMMN.

I authorize the nurse or Camp Director to consent to medical treatment for me when either I am unable to respond or my emergency contact cannot be contacted. I also understand that I will be held responsible for any medical expenses incurred.

Applicant Signature _____ **Date:** _____

Last Name: _____

First Name: _____

Church Name: _____

Pastoral Reference: A Pastor MUST complete and sign this portion

Please read this paragraph of instructions carefully. The above named person has applied for a staff position at RMMN Youth Camp this coming summer. We would appreciate your CONFIDENTIAL comments on this applicant.

Since it is impossible for us to become personally acquainted with all the applicants, we must rely heavily on your recommendation. Please complete this evaluation and return it to us, as soon as possible. The candidates application cannot be processed without this reference form. Thank you for your assistance.

Please return this form with Camp Registration Forms or mail to:

Youth Camp
Rocky Mountain Ministry Network
6296 Lehman Dr. Suite 202
Colorado Springs, CO 80918

Do you believe the applicant to be a well-grounded Christian? Yes No

Does the applicant attend your church? Yes No How Long? _____

Describe the applicants involvement in local ministry?

According to the applicants background check and your personal knowledge, has the applicant been charged with or convicted of a felony? Yes No

The applicant will be in direct contact with children. To the best of your knowledge, is there anything in the applicants past or character that would cause you to question their ability to be used in this capacity? Yes No

Have you completed a criminal background search on this applicant? Yes No Date: _____

Does he/she have any emotional, mental, or physical handicaps?

Would you recommend him/her to work with children, without reservation? Yes No

Pastor's Signature: _____ Date: _____

Pastor's Name Printed: _____ Church: _____

Email: _____

This is an endorsement from your church. Your application will not be accepted without your Pastor, Youth Pastor, or Kids Pastor's Signature.