



Youth Camp Counselor Application

This application must be fully completed by all who desire to be involved in working with youth during summer camp; this includes Youth Pastors and Youth Workers. This form is being used to help the Oregon Pacific District's Youth Camp provide a safe and secure environment for the youth who participate in our summer camp program.

At which camp do you wish to minister: Senior High Camp at Camp Davidson, June 19-23
 Junior High Camp at Camp Davidson, August 7-11

Have you ever been a camp counselor before? Yes No

If yes, where and when _____

Which Nazarene Church are you representing?

_____ Church Phone _____

Senior Pastor or Youth Pastor's name _____

Personal Information

Name _____ Age _____ M F

Address _____ City _____ Zip _____

Home Ph # _____ How long at this address _____

Work Ph # _____ Driver's License # _____ State of License _____

E-mail address _____ Birthday _____

Are you using illegal drugs? Yes No

Have you ever gone through treatment for alcohol or drug abuse? Yes No

If yes, please explain: _____

Have you ever had sexual relations with any minor after you became an adult? Yes No

Have you ever been convicted of any form of child abuse? Yes No

If yes, please explain: _____

Have you ever been a victim of any form of child abuse? Yes No

Are you a member of a Church of the Nazarene? Yes No

List what experience you have in working with teens _____

References: (no family members, please)

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

By signing this application, I give the Oregon Pacific District N.Y.I., through its agents, permission to contact any and all persons including any public or private social agency, employers and any participants in my past activities and associations in order to verify or clarify my statements. My signature further constitutes my permission for the OR-PAC District N.Y.I. to read, copy or retain any police records, public or private, social service agency records, past school or employment records.

I release the OR-PAC District N.Y.I. from any and all liability in claims which may be made due to actions taken because of inquiries made and decisions rendered as to my suitability as a counselor at your camp. OR-PAC District N.Y.I. has the absolute and final right to make this decision.

In the event that I am selected to be a counselor and I am unable to fulfill this commitment, I will contact the director of the camp that I am scheduled to work. I will do this as soon as possible to allow adequate time to find a replacement.

I also am willing to be fingerprinted for State Criminal Conviction Clearing and give the OR-PAC District N.Y.I. permission to do a Police Department Background Check on me if they so choose.

Applicant's Signature

Date

Pastor's Recommendation

I have read this person's application to be a counselor at one of the OR-PAC District Youth Camps. I recommend this person to be a counselor. This person will pose no problems for the camp and/or staff. I know this applicant and feel they have an up-to-date relationship with Jesus Christ. They also have a desire to see youth saved and to help them grow in their relationship with Jesus Christ.

Signature of Pastor

Date

Send this form one month prior to the start date of the camp you wish to minister to:

Sr. High Camp

Eric Fritz
Newport Nazarene
PO Box 1068
Newport, OR 97365

Jr. High Camp

Jeremy Culbertson
Portland Central
9715 SE Powell Blvd.
Portland, OR 97266-1805
