

HAPPY TIME CAMP STAFF APPLICATION

NAME: DRIVERS LIC#:

CURRENT ADDRESS:

ADDRESS AFTER JUNE 1ST (IF DIFFERENT THAN ABOVE)

HOME PHONE: WORK / COLLEGE PHONE:

CELL: E-MAIL:

EMERGENCY CONTACT PERSON:

YOUR AGE: DO WE HAVE YOUR PERMISSOIN TO DO A POLICE CHECK? Yes No

WILL YOU AGREE TO COMPLETE ANY NECESSARY TRAINING? Yes No

DO YOU USE ALCOHOL, TOBACCO OR NARCOTICS? Yes No

HAVE YOU EVER BEEN CONVICTED BY CIVIAL AUTHORITIES? Yes No

If yes, please explain:

PLEASE LIST ANY PREVIOUS CAMP COUNSELING EXPERICE YOU MAY HAVE:

LIST THREE REFERENCES: (NO IMMEDIATE FAMILY MEMBERS) If this is your first time as a counselor please have your three references complete a reference form for you and send it them to the camp director. (contact information below)

(reference name and a contact phone # and or e-mail address)

REFERNECE #1

REFERENCE #2

REFERNECE #3

IF THIS IS YOUR FIRST TIME APPLYING AS A HAPPY TIME CAMP COUCELOR PLEASE SHARE A BRIEF TESTIMONY OF YOUR WALK WITH CHRIST:

HEALTH HISTORY RECORD

MICHIGAN DEPARTMENT OF SOCIAL SERVICES

NAME: MALE FEMALE BIRTHDATE

ADDRESS:

TELEPHONE #:

MEDICATIONS NEEDED OR USED (INCLUDING PSYCHIATRIC)

MEDICATION	FREQUENCY	DOSAGE
1.		
2.		
3.		
4.		

Special conditions to be watched for such as Allergy (Reaction to food, Penicillin or other drugs)

Do you currently have or have you been recently exposed to any infectious disease? Yes No

If yes, please explain:

Do you have any activity restrictions because of any physical defect or illness? Yes No

If yes, please explain:

I certify that this information is true to the best of my knowledge:

Signature:

Please e-mail your completed form to the camp director at: adamsblsh@aol.com (Please write **HTC form** in the subject box)

If you are unable to send e-mail, please send your completed form to the camp director at:

Pastor Bart Adams

Lighthouse Missionary Church

7824 Rogers Rd

East Jordan, MI 49727