

# 2011 LYM WINTER CAMP SPONSOR APPLICATION

PLEASE PRINT ALL INFORMATION  
LEGIBLY IN BLACK OR BLUE INK.

PLEASE DO NOT SUBMIT AN APPLICATION  
IF YOU ARE PREGNANT!  
Sponsors *MUST* be age 21 or older, unless married.

- I am the Pastor/Wife    
  I am the Youth Pastor/Wife    
  I help the Youth Pastor    
  I am a Parent

NAME: \_\_\_\_\_  Single  Married AGE: \_\_\_\_\_  MALE  FEMALE  
 STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: ( ) \_\_\_\_\_ SOCIAL SEC.#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_  
 WORK: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_  
 CHURCH NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ My Email: \_\_\_\_\_  
 CHURCH ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 When were you saved? \_\_\_\_\_ Are you Spirit-Filled? \_\_\_\_\_  
 Are you able to lead a person to Jesus Christ?  Yes  No (If no, explain below.)

INFO IN  
GRAY  
AREA  
REQ'D  
FOR BG  
CHECKS

Have you ever been charged with immoral activities, such as child molestation, crimes against nature, obscenity, etc.?  
 Yes  No (If yes, explain on an attached sheet of paper.)

**BACKGROUND CHECK INFORMATION**

This year, in conformance with standard guidelines for adult volunteers working with minors, we are requesting a background check from each adult volunteer age 18 and above. This is from the National Criminal Search and Sex Offender's Database. (Not a credit check.) We will contact you if there is any interference in your acceptance due to the background check. This is in addition to a pastor's recommendation. Please check the appropriate box below that describes your situation:

- I do not have a background check and request LYM to process one for an additional \$10 fee. **MUST include all info in the highlighted grey area above.**  
 We have enclosed proof of my background check (which has been screened in the above mentioned areas) with this application  
 I am CURRENTLY a credentialed minister with the La District A/G.

**MEDICAL HISTORY:**

- Diabetic      Asthmatic      Epileptic  
 Allergies      Insect Sting Reaction      Overheats Easily  
 Heart Problems      High Blood Pressure      Fainting/Dizzy Spells  
 Medical Care/Surgery in the past year      Pre-Existing Conditions
- Handicaps of any nature: \_\_\_\_\_  
 Other Medical Facts we should know: \_\_\_\_\_  
 Date of Most Recent Tetanus Shot: \_\_\_/\_\_\_/\_\_\_

**\* PERSONAL INSURANCE IS PRIMARY!!! CAMP INSURANCE IS SECONDARY. \***

APPLICANT'S Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relation to Staff Applicant: \_\_\_\_\_  
 Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In the event I am unable to respond & my emergency contact cannot be notified of necessary emergency surgery or other medical treatment, I desire to be treated in the manner recommended by the attending doctor.

SIGNATURE OF APPLICANT REQUIRED: \_\_\_\_\_

**REFERENCES: (May not be relatives)**

- (1) NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_  
 (2) NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

As pastor, I have reviewed the information being submitted, and I highly recommend the above-mentioned applicant to be a part of the 2011 LYM Winter Camp Staff. I know of no reason physically, emotionally, legally, morally or spiritually that he/she should not be accepted.

PASTOR'S SIGNATURE: \_\_\_\_\_

PASTOR'S COMMENTS: \_\_\_\_\_



As a camp staff applicant, I realize I may be called upon to serve in a number of areas. I pledge myself in cooperative ministry with the director and will maintain a personal discipline and a spirit that exemplifies Christ at all times.

I realize this camp is for the youth. I also fully understand that my application may not be accepted due to overstaffing, bed spaces, etc...

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

Sponsor's Signature: \_\_\_\_\_