



NAME: _____
 Last First Middle
 Address: _____ Apt#: _____
 City: _____ State: _____ Zip: _____ Cell _____
 Phone #: (_____) _____ - _____ DOB: ____/____/____
 Social Security #: _____
 Driver's License #: _____ State issued: _____
 Email Address: _____
 Emergency Contact Name: _____
 Cell #: (_____) _____ - _____
 Marital Status: ____Never ____Married ____Divorced ____Widowed
 Do you regularly attend church services? ____YES ____NO If yes, where?

Are there any circumstances or patterns in your life that would make it inappropriate for you to work with minors or would compromise the integrity of the Nazarene Church? ____YES ____NO

If yes, please explain:

Have you ever been arrested, convicted or pleaded guilty or no contest to any crime? ☐ YES ☐ NO
If yes, please explain:

Have you ever been accused, charged, convicted of or committed any act of child abuse, neglect, or molestation?
 ____ YES ____ NO If yes, please explain:

Please provide two (2) references below that include name, address and phone #. 1) PASTOR
2) EMPLOYER/PROFESSIONAL

1. PASTOR: Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Cell #: (_____) _____ - _____
 How long has this pastor been acquainted with you? _____

2. EMPLOYER or PROFESSIONAL if not employed:
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Cell #: () -
How long has this person been acquainted with you?

Attach Small Photo Here If married,

NAME of Spouse:

If you have children, name(s) and age(s) of children:

List name and address of churches you have attended regularly during the past five (5) years:

Please list complete addresses of all counties, states, and countries you have lived in the past five (5) years:

Please give a brief testimony of your walk with Christ and your desire to be a counselor to children in Southern Florida:

Your candidness is necessary and appreciated. All information will be kept confidential. APPLICANT STATEMENT AND CONSENT To the best of my knowledge, the information contained in this application is true and correct. I authorize any references and churches listed in this application, as well as appropriate government agencies, to give to representatives of the Church of the Nazarene any information (including opinions) they may have regarding my suitability and fitness for ministry with children age 17 and under (minors). I hereby release any individual, church, employer, reference, or any other person, organization, or screening company from any and all liability for damages of whatever kind which may at any time occur to me, my family, or heirs, on account of compliance or any attempts to comply, with this authorization (except the communication of knowingly false information). I understand that the information I have provided to obtain a background check will be at a slight monetary cost to either my church or to me. I understand that this application, all reference letters and background reports will be stored in the camp office in a locked cabinet. I have read and agree to follow the policies and procedures set out in the Camp Handbook. This application will be kept on file and may be used at any time during my service to procure further information. *PLEASE NOTE: This consent form/application does NOT take the place of a background check. You must have a background check sent in with this form. If your employer can supply a current copy of a background check for you, we will accept it along with this registration and use it to defray the cost incurred by obtaining another background check.

PRINT NAME:

SIGNATURE:

DATE: / /

Complete and Send to: ROBIN CAMPBELL
FT. PIERCE FIRST CHURCH of the NAZARENE
611 GARDENIA AVE.
FORT PIERCE, FL. 34982
772-333-6502 summitseeker1200@yahoo.com

SOFLO KIDZ' RETREAT 2022 PASTORAL RECOMMENDATION FORM

NAME OF SPONSOR APPLICANT: _____

CHURCH: _____ PASTOR: _____

Please complete the following based on your personal knowledge and perception. When did you first meet the applicant? _____

Is the applicant a member of your church? _____ Since? _____

Do you personally know the applicant's testimony? ____YES ____NO

Has the applicant ever worked for you in a volunteer or other capacity? _____

If yes, please describe: _____

Please describe your observation of the applicant interacting with children or you. _____

What strengths would this applicant bring to the camp? _____

What difficulties might the applicant have in fulfilling his/her duties? _____

Are you willing, without reservation, for your child (or any other child for whom you are responsible) to be under the applicant's sole supervision? _____

Do you consider this applicant a positive role model for children or youth? _____

Is this applicant dependable? _____

Is this applicant truthful? _____

Is this applicant responsible? _____

Do you know of any reason why this person should not be considered for this position? _____

By: _____ Date: _____

Pastor's Signature Complete and send to: Robin Campbell 611 Gardenia Ave. Fort Pierce, FL 34982
(772)333-6502

SOFLO KIDZ' FALL RETREAT 2022 Camp staff Health record

LAST NAME: _____ FIRST NAME: _____

Are you allergic to any foods? ____ YES ____ NO

If yes, please list which ones: _____

List other dietary restrictions: _____

Are you allergic to any medications? ____ YES ____ NO

If yes, please list which ones: _____

Specify any other allergies you have: _____

Date of last tetanus shot: ____/____/____

They are good for seven (7) years. If there has been a deep puncture since the last tetanus shot, a new one should be administered.

Please circle any of the following you have or have had: Diabetes Epilepsy Rheumatic Fever Heart Trouble Asthma

Have you been exposed to any communicable diseases in the past year? ____ YES ____ NO

If yes, which one(s)? _____

List any injuries sustained within the last three (3) months: _____

Medications/Vitamins: If you will be taking ANY medications/vitamins during camp, please list the medication and dosage schedule on a 3x5 index card. All medication and the index card must be turned into the Camp Nurse in a Ziploc bag upon arrival. All medication must be clearly marked and the card detailing the dosage should be enclosed in the bag.

Medication: _____ Reason: _____ Dosage _____ Time _____

Medication: _____ Reason: _____ Dosage _____ Time _____

Medication: _____ Reason: _____ Dosage _____ Time _____

What activities should you avoid? _____

OTHER NOTES:

SOFLO KIDS' CAMP 2022 Employer/professional RECOMMENDATION

NAME OF

SPONSOR/APPLICANT: _____

EMPLOYER/PROFESSIONAL NAME: _____

RELATIONSHIP TO APPLICANT: _____

Please complete the following based on your personal knowledge and perception. When did you first meet the applicant? _____

How long have you known the applicant? _____

Is the applicant a personal friend of yours? ____YES ____NO

Has the applicant ever worked for you in a volunteer or other capacity? _____

If yes, please describe:

Please describe your observation of the applicant interacting with children or you. _____

What strengths would this applicant bring to a children's camp/retreat?

What difficulties do you feel this applicant may have in serving as a kids' retreat counselor?

Would you be willing, without reservation, for your own child(ren) to be under this applicant's sole supervision? ____Yes ____No

Do you consider this applicant a positive role model for children or youth? _____

Is this applicant dependable? _____

Is this applicant truthful? _____

Is this applicant responsible? _____

Do you know of any reason why this person should not be considered for a kids' camp counselor position?

By: _____ Date: _____

Employer/Professional Signature

Complete and send to: Robin Campbell 611 Gardenia Ave. Fort Pierce, FL 34982 (772)333-6502