

Camp Copass
Counselor Screening Application

Name _____ **Date** _____

Last First Middle

Address _____

Street or Mailing Address City State Zip Code

Phone _____ **Driver's License #** _____ **S.S.#** _____

Date of Birth _____ **Place of Birth** _____

Email address _____

1. List all cities and states in which you have lived and any denominations or churches of which you have been a member, including addresses, and all previous church service, volunteer or paid, you have provided since you were 17 years of age. Include approximate dates. Attach a separate page if necessary.

City	State	Church	Address	Service

2. List all your previous non-church work; volunteer or paid. Include approximate dates, the organization's name and address, what type of work you performed, and name of supervisor and phone number, if known. Attach a separate page if necessary.

Dates	Organizations	Type of Work	Supervisor's Name	Phone

charity, employer, reference, or any other person or organization, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of Camp Copass, and to refrain from unscriptural conduct in the performance of my services on behalf of the camp.

I understand that Camp Copass desires to protect those who use their facilities and therefore give my permission for the Camp Administrator to conduct a criminal background check on me.

I further state that I have carefully read the foregoing release and know the contents thereof; and sign this release as my own free act.

Applicant's Name

Date