

Returning Camp Counselor Application

Abbreviated form for counselors who have been approved and served within the past 3 years

Applicant information (please print)

Date:

Name:

Last

First

Middle Maiden

Address:

Street

City

State

Zip

Sex: Male -or- Female

Date of Birth

Social Security Number*:

Contact phone number:

Email Address:

Church Name:

Pastor's Name:

Previous years you have served as a Camp Counselor for KY Ministries of the Church of God?

List year and Camp:

Which Camp are you applying for?

KIDZ

MIDDLEL

JR

SR

Signature*

Date

Witness

Date

(* Required for Background check)

REQUEST FOR BACKGROUND CHECK/MINORS

Pursuant to KRS 17.160, a request is made for any record of conviction of a crime in KRS Chapter 531, 510, 218A, and 189A by the person identified herein.

This information shall be released to:

Kentucky Church of God Ministries, 3201 Summit Square Place #175, Lexington, Kentucky 40509

(Agency Name and Address)

Acknowledgement By Applicant

I have applied for employment or as a volunteer in a position involving supervisory or disciplinary power over a minor. I know that the Kentucky State Police (KSP) will provide the employer with any record I may have for conviction of a crime. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the KSP and any KSP employee from any damages arising from the dissemination of inaccurate information.

Have you had an address or job change in the last 3 years? _____ YES _____ NO

If yes, Please list previous job or address:

Have you had any altercations with the law in the last 3 years that you were convicted of? _____ YES _____ NO

(*Including traffic tickets)

If yes, please explain: _____

Return this completed form to:
Applications DUE BY May 15th

Camp Counselor Application
Kentucky Church of God Ministries
3201 Summit Square Place #175
Lexington, Kentucky 40509