

# Camp Mt. Pleasant Returning Staff Form

Fill this application out only if you served since 2014. If you have not served since 2014, please fill out the complete New Staff application.

Check desired ministry area:    Counselor/ Team Leader    Kitchen    Staff

Please understand that the Director will try to place you in the area you have chosen, but all staff will be placed according to the needs and demands of the camp year.

## Basic Information

Name \_\_\_\_\_  
First MI Last

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Best times to reach me at home \_\_\_\_\_

## Tell Us About Yourself

1. Tell us about your walk with Christ. What things help with your spiritual growth?

2. Do you use illegal drugs, alcoholic beverages or tobacco? \_\_\_\_\_

A criterion to serve at Youth Camp is that our Volunteer Staff abstains from illegal drugs, alcoholic beverages and tobacco. If you use any of those, you will not be allowed to serve as a Camp Volunteer.

3. Have you been faithful to attend Sunday School the last 12 months? \_\_\_\_\_

If not why? \_\_\_\_\_

4. What is your Sunday School's Teacher's name and phone number?

SS Teacher's Name and Phone: \_\_\_\_\_

5. Have you been faithful to attend Church the last 12 months? \_\_\_\_\_

A criterion to serve at Youth Camp is faithfulness to Church. If you are not faithful to Church, you will not be allowed to serve as a Camp Volunteer.

Pastor's Name and Phone \_\_\_\_\_

**As Pastor of the applicant, I recommend the above applicant, for Camp staff. I verify they are an active and faithful part of our church:**

**Pastor's Signature:** \_\_\_\_\_

6. How many years have you served on staff at the Camp Mount Pleasant Camp? \_\_\_\_\_

8. Are you a certified Red Cross Lifeguard? \_\_\_\_\_

9. Circle the event/s you want to serve? Teen Week   Junior Week   Fall Retreat   Winter Retreat

**Medical Information**

Have you had any prior injuries that might be aggravated by working in youth camping ministry? \_\_\_\_\_

Are you currently taking any medication prescribed by a doctor for physical or other conditions that would affect your ministry? \_\_\_\_\_

Do you have any medical conditions that might be hazardous to others? \_\_\_\_\_  
(If you answered yes to any of the questions above, please use the back of this page to explain.)

Your Doctor's named Phone \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group or Policy # \_\_\_\_\_ ID # \_\_\_\_\_

Insurance Company's Phone # (\_\_\_\_\_) \_\_\_\_\_

**CAMP POLICY : PLEASE READ AND SIGN BELOW**

1. We operate the camp on a no visitation and no partial week's policy for Campers and Staff members. This helps in keeping the spirit of camp consistent through the week.
2. The Awards Banquet theme for this year will be announced on Facebook.
3. . Please be aware of Code of Conduct and Dress Code requirements.
4. Be flexible and willing to humbly serve the campers in the Love of Christ.
5. There is no Staff Fee for College students or Adults. Staff and counselors 14 years old thru high school seniors will pay \$35 fee. Make Checks payable to: Camp Mount Pleasant or pay online at Campmtpleasant.com
6. You will receive a Camp T-Shirt if you turned this application in before April 30th please circle your adult size:  
Small - Medium - Large - XLarge - XXLarge - XXXLarge

Should my application be accepted, I agree to be bound by the constitution, statement of faith and policies of Camp Mt. Pleasant , and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Camp. If I violate these guidelines, I understand that my volunteer status will be terminated. By signing this application, I state that all of the information given about myself is true.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staffer's Signature

\_\_\_\_\_  
Parent's Signature if under 18

Please mail COMPLETED pages and check to:  
Allan Austin  
19573 NW SR 73  
Clarksville, FL 32430

STAFF FEE : MAKE CHECK PAYABLE TO : CAMP MOUNT PLEASANT



**NOTICE – BACKGROUND INVESTIGATION**

In connection with your volunteer service with Camp Mount Pleasant, notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com). The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by Camp Mount Pleasant at any time after receipt of this authorization and throughout the course of my volunteer service, if applicable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Last Four Digits of SSN: \_\_\_\_\_



## Information for background check

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_

Please List other Names used: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

SSN: \_\_\_\_\_

Driver License or State ID Number: \_\_\_\_\_ State Issued in: \_\_\_\_\_

Email Address: \_\_\_\_\_

For identification purposes only, please provide full DOB: \_\_\_\_\_