



**BROWN CITY CAMP
CAMP STAFF APPLICATION**

Check all Camps that Apply:
Brown City Youth Kidz Camp

Brown City Camp
8700 Wilcox Rd.
Brown City, MI 48416
Phone: 810-346-2480
webinfo@browncitycamp.org

APPLICANT INFORMATION – PLEASE PRINT

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Cell Phone				E-mail Address						
Birth Date				Drivers License #				Home Phone		
Emergency Contact							Phone			
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do we have your permission to do a criminal background check?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Will you agree to complete any necessary training?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you use alcohol?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you use narcotics? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever been convicted by civil authorities?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			Attach a clear photocopy of your driver's license for Central Registry check purposes.			

PREVIOUS CAMP COUNSELING EXPERIENCE & TRAINING OR EDUCATION RELATED TO POSITION APPLIED FOR:

Camp Name				Address					
From	To	Position Served							
Camp Name				Address					
From	To	Position Served							

REFERENCES

Please list three references. #1 should be your pastor. #'s 2 & 3 should be responsible adults other than family members.

# 1 - Pastor's Name				Pastor's Email					
Church Name				Phone					
Address									
# 2 Reference Name				Relationship					
Company				Phone					
Address				Email					
# 3 Reference Name				Relationship					
Company				Phone					
Address				Email					

CENTRAL REGISTRY CLEARANCE REQUEST – Must be complete by all applicants who will be 21 years old by camp time.

Last Name, First, Middle	Also Known As	Date of Birth	Social Security #	Signature

TESTIMONY - WRITE A BRIEF TESTIMONY OF YOUR RELATIONSHIP TO CHRIST AND HOW HE IS WORKING THROUGH YOUR LIFE. (PLEASE USE OTHER SIDE OR ATTACH A PAGE.) RETURN COMPLETED FORMS TO ADDRESS IN UPPER LEFT CORNER.