## 2022 GREENE COUNTY BAPTIST GIRLS' CAMP NON-CAMPER REGISTRATION/SCREENING FORM

Approval and placement of all Cabin Leaders and Staff will be at the Camp Leadership Team's discretion. This screening is requested to help provide a safe, secure environment for camp.

Camp Dates: July 25 Camp Fees: \$100 Sta							Please complete in ink
\$50: Kids Campers, D		Service					
Adult T-Shirt Size: (P	Please circle one)	S	М	L	XL	XXL	
Legal Name:					Position	Desired:	
If under 18, your Par	ent's names:						
Address:							
Stre	eet		City			State	Zip
Age:	Birthdate:						
Phone #		Email:_					
Emergency Contacts: 1							
Name 2	Address	City		Phone		Relationship	)
ZName	Address	City		Phone		Relationship	)
Are you a Christian?		Yes		No	If so how	long?	
Member of a Southern	Baptist Church	Yes		No	If so how	long?	
Church Name:							
Pastor's Name:							
Present and past positi	·				ating to child	dren:	
What experience have	you had at Baptist Hill	and/or othe	er church	camps?			
Briefly describe your re	elationship with Jesus (	Christ:					
_							
Leading a ca	ith: o lead someone to Chr bin devotion? o keep discipline in the		Yes_ Yes_ o? Yes_	_	No No No	- - -	
Please list abilities or g	ifts you have that migh	nt be benefic	cial to ca	mp includin	g CDL or ce	rtified lifeg	uard:
Grade of children with	which I work best: (circ	le all that a	pply)	4	5	6	7 All
CABIN LEADER ONLY O I will be re	(Mark either the first e				serve with m	e.	

Please complete the back side of this form.

O I will serve with a Teen Cabin Leader or Assistant Cabin Leader if one is available.

STAFF ONLY (Check only one): O I am bringing an R'		ı in		
O I will not be staying		y III.		
O I need camp housi	ng. $ ightarrow$ I wou	ald be willing to sleep on a	top bunk if necessary.	Yes No
Personal References - Req	uired if this is	s vour first vear at Gr	eene County Girls Ca	mp:
Provide three personal reference	es <b>not</b> related t	o you - Must have known	you for at least one year	<u></u> - I <b>r</b> .
Minors may not be used as a r	eference.			
Name & Relationship to You				
Email & Phone				
Name & Relationship to You				
Email & Phone				
Name & Relationship to You				
Email & Phone				
homosexuality. Can you represe Have you ever been arrested for Please list below any childrer Daughters-in-Service (daught age 15) that I will be bringing Name	, prosecuted or that you will ers older than to camp: (Spa Birth date	convicted for any form o be bringing to camp: Ki 7th grade through age	f child abuse or molestati d's Camp children (age 15), and Sons-in-Service ntact Camp Director for contract	a 3 through 3 <sup>rd</sup> grade), e (sons in 4 <sup>th</sup> grade through confirmation.)  Health Form Attached
PLEASE READ THE FOLLO I realize that if I am accepted Girls' Camp rules, attend any out to the very best of my ab I hereby give permission for completed the enclosed requ Baptist Girls' Camp OR if las	to work at Gr staff/cabin le ilities. I will no Greene Count lest. (Form en	reene County Baptist Header training sessions, otify the Camp Leaders ty Baptist Girls' Camp to toologed only if age 18 o	ill Girls' Camp, I will co know my specific resp hip Team if unable to s o conduct a criminal re r older and a new appli	cord check and have
Signed			Da	ate:
				_
DI EASE RETURN THIS FORM	TO:			

Greene County Baptist Association 834 W Battlefield, Springfield, MO, 65807

Many churches pay the fee for cabin leaders and staff. They may include your fee in the check with the campers' fees or you may write a personal check to Greene County Baptist Association and mail it with your registration form. Please return forms as soon as possible, but not later than June 9, 2022.