

# 2023 CABIN LEADER/ASSISTANT-SUPPORT STAFF APPLICATION

## Application due April 18

Send to: Harmony Baptist Association, 1950 Highway TT,  
Sedalia, MO 65301 or email [hbaoffice@iland.net](mailto:hbaoffice@iland.net)  
Office Hours: Tuesday - Thursday (9:00 am to 4:00 pm)

Application	_____
Background Form	_____
Pastoral Approval	_____
Camp Fee \$100	_____

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street Address/City/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_

Church Home: \_\_\_\_\_ Pastor: \_\_\_\_\_

## MEDICAL INFORMATION

Insurance Carrier	Group Number
Policy Number	Insured's SSN
Insured's Name (First/Last)	Insurance Co. Phone Number
Doctor:	Phone:

What information should we know regarding your welfare (handicaps, restrictions on activities, diets, allergies, extreme depression, destructive temper, etc.)?


List any medications you are taking (name/reason/instructions)


I do hereby authorize any camp director, camp nurse, or other responsible person to administrate any emergency treatment that may be necessary, and agree to pay for all such treatment. I give permission to administer over the counter, non-prescription medication or application.                      Yes                      No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**BACKGROUND INFORMATION** Have you previously served at HBA “Kids’ Camp”? If so, when and what position?

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Have you ever been involved or convicted of child abuse or a crime involving sexual molestation of a minor? If yes, please explain.

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A National Background Check is required for all applicants 18 yrs or older.

**SPIRITUAL STATUS**

I have been born again                      Yes    No

I attend church faithfully                      Yes    No

I fully and completely agree with, and adhere to the tenets of faith in “The Baptist Faith and Message.”                      Yes    No

Give a brief account of your Christian experience:

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**T-shirt Order**  
(Circle one)

Adult: S   M   L   XL   2XL   3XL

**PASTORAL APPROVAL** (Please answer each question and sign)

*Please complete this application to this point, then give this application to your Pastor to complete. The Pastor should then mail to the HBA office without returning it to the applicant.*

1. How long have you known this applicant? \_\_\_\_\_
2. Does this applicant attend church services faithfully?    Yes    No
3. Can you vouch for their moral integrity?    Yes    No
4. Does the applicant have adequate spiritual maturity to pray with children for salvation?  
Yes    No
5. Is this applicant qualified to serve as a cabin leader?    Yes    No
6. What additional information should we know about this applicant?  
\_\_\_\_\_
7. Do you recommend this individual to work at our camp?    Yes    No

**Pastor’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please write out your Testimony

(How is God working in your life?)