2024 CABIN LEADER/ASSISTANT-SUPPORT STAFF APPLICATION

Application due April 19
Send to: Harmony Baptist Association, 1950 Highway TT, Sedalia, MO 65301 or email   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	
Policy Number	Group Number
Doctor:	Phone:

Please list any medications and/or medical concerns or restraints you may have that the nurse may need to know in case of an emergency.

_____

_____

_____

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_____

T-shirt Order
(Circle one)

Adult: S   M   L   XL   2XL   3XL

BACKGROUND INFORMATION

Have you previously served at HBA "Kids Camp"? If so, when and what position?

_____

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

_____

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

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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** _____

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