



# ROYAL FAMILY KIDS' CAMP

Chapelstreet Church  
 2300 South Street  
 Geneva, Illinois 60134

For Office Use Only

App. Rec'd \_\_\_\_\_  
 Interview \_\_\_\_\_

Bkgnd Chk: \_\_\_\_\_

## Applicant Information (All information will be kept strictly confidential)

Last Name			First			Middle			
Preferred First Name				E-mail Address					
Street									
City				State			ZIP		
Home Phone				Cell Phone					
Date of Birth		Age		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status	T-Shirt Size: M L XL 2XL 3XL		
Employer & Occupation						Number of Years			
Are you certified or licensed in any of the following?									
CPR <input type="checkbox"/> First Aid <input type="checkbox"/> WSI <input type="checkbox"/> Nurse (RN) <input type="checkbox"/> EMT <input type="checkbox"/> Social Worker <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____									

## EDUCATION

<b>High School</b>				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
<b>College</b>				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
<b>Other Training</b>				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

## REFERENCES

*Please list three personal references that are NOT former employers or relatives, must have address and phone number*

Full Name				Phone	( )
Address					
Full Name				Phone	( )
Address					
Full Name				Phone	( )
Address					

**PERSONAL PROFILE (If you need more space to answer any of these questions, please use additional sheets)**

Do you have any previous experience working with children?

YES  NO

If yes, please indicate your experience

Do you have any experience or training in working with abused, neglected or abandoned children?

YES  NO

If yes, please indicate your experience

Were you abused, neglected or abandoned as a child?

YES  NO

If yes, please clarify

Why do you wish to participate in this ministry?

Do you consider yourself to be a Christian?

YES  NO

Have you committed your life to the Lord Jesus Christ?

YES  NO

If yes, when and where?

Do you presently attend a church?

YES  NO

Name and address?

Do you feel confident enough to lead a 15 minute devotion with two campers each night with materials that we provide?

YES  NO

Please mark by a 1 by those activities below you could organize and teach, a 2 by those you could assist in teaching, and a 3 by those with which you are slightly familiar. (please fill in activities that we may have omitted)

**Chapel**

- Lead Singing
- Play an instrument
- \_\_\_\_\_
- (Instruments)
- Drama
- Puppets
- Bible Storytelling

**Outdoor Activities**

- Lead Recreation
- Swimming
- Team Sports
- Water Sports
- Hiking

**Arts, Crafts & Other**

- General Crafts
- Woodworking
- Cooking / Baking
- Photography
- \_\_\_\_\_
- \_\_\_\_\_

Please check all the words that accurately describe you:

- Timid  Nervous  Mature  Deliberate  Kind  Abrasive  Impulsive  Quiet  Gentle
- Loving  Sarcastic  Congenial  Selfish  Trustworthy  Intelligent  Compassionate
- Impatient  Tactful  Patient  Stubborn  Secure  Motivated  Insecure  Warm
- Modest  Socially awkward  Angry  Studious  Considerate  Verbal  Relaxed

Please list below five strengths and five weaknesses you have in working with children. Please avoid generalities.

**Strengths**

- 1.
- 2.
- 3.
- 4.
- 5.

**Weaknesses**

- 1.
- 2.
- 3.
- 4.
- 5.

Are you an early morning or a late night person?

Age of children you would most prefer to work with at camp? (children are 6-12 years old)

Have you ever been arrested for a criminal offense?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been arrested for sexual molestation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever taken drugs other than prescribed drugs?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If "yes" to any of the above, please explain.	

**MEDICAL HISTORY**

Do you have any medical problems that would limit your ability to participate in this ministry?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain	
Do you take any medications?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please list	
Have you had any serious illnesses or injuries in the last three years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain	

Emergency Contact Person				
Last Name		First		Relationship
Street				
City		State		ZIP
Primary Phone		Secondary Phone		
<p><b>I understand that an interview, a criminal background check, and attendance at training sessions are required in order to attend the Royal Family Kids' Camp. I agree to support and fully abide by all camp policies and rules.</b></p>				
<b>REFERENCES</b>				
<p><b>By signing my name, I hereby signify that all of the foregoing information to be true and correct to the best of my knowledge.</b></p>				
Printed Name				
Signature				Date: