

2008 KNYI Sr. High Camp
June 2-6, 2008

Adult Volunteer Registration Form

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female Name of Church: _____

List talents, abilities, or any medical training that might be helpful during camp:

Please list your previous experience in working with teenagers:

Have you ever been convicted of anything other than a minor traffic violation? Yes/No (circle one)

I certify that the above information is true to the best of my knowledge and that I will abide by the boundaries and expectations as set forth by Golden Bell and the Kansas NYI. For my own protection and the protection of the Kansas District Church of the Nazarene and its teenagers, I, the undersigned, give authorization to the Kansas NYI to contact my Senior Pastor, look up information regarding my experiences in working with minors, and to request a police report. I understand that the personal information contained in this application will be held confidential.

Signature

Printed Name

Date

PASTOR'S RECOMMENDATION:

I recommend the above person to be a counselor for KNYI Sr High Camp June 2 – 6, 2008.

Signature

Printed Name

Date