

2017 Texas District UPC WORKER Background Check/Medical Consent & Pastor's Signature Form for ALL Camps

Check ALL Camps you are applying for:

- Crusader Camp, June 12-16
- Junior High Camp, June 19-24
- Senior High Camp, June 26-July 1

Postmark Deadline for ALL Camps: May 31, 2017

Mail to: Mrs. Laura Grindle, PO Box 37, Alto, TX 75925

Or Scan completed form and E-Mail to: registration@texasyouth.net

To be filled out by
Online Applicants only!

Online Child Abuse Prevention

www.texasdistrictupci.org and

www.texasyouth.net

All workers must complete this training and test yearly.

Worker's Last Name _____ First Name _____ MI _____

Current Address _____ City _____ State _____ Zip Code _____

(No PO Box Address due to required Background Check information)

Male Female Date of Birth ___/___/___ Married: Yes No Worker's Phone Number _____

Background Check Information

Social Security Number (required) _____

Maiden Name (if applicable) _____ Driver's License # _____

If at current address less than five (5) years: _____ State where Driver's License Issued _____

Previous Address _____

City _____ State _____ Zip Code _____

Medical Information

Yes No ANY injury/sickness preventing you from participating in Camp activities or which the Executive Staff should be aware?
If yes, explain _____

Yes No Have you ever required any psychiatric treatment, counseling and/or hospitalization?
If yes, explain _____

Yes No Are your immunizations up-to-date?

List all OTC and prescription medications: _____

List ANY allergies or food modifications: _____

Emergency Contact's Name _____

Emergency Contact's Best Phone Number (_____) _____

Relationship of Emergency Contact to Worker _____

Family Physician's Name _____

Family Physician's Phone Number (_____) _____

Insurance Carrier's Name _____

Insurance Policy or Group # _____ Phone Number (_____) _____

I, the undersigned, affirm the information contained in this application is complete and correct to the best of my knowledge. I authorize the Texas District United Pentecostal Church (TXDUPC) and/or its agents to make a thorough, independent investigation of my background, references, character, fitness for work, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming information contained on my application and/or obtaining other information which may be relevant to my qualifications for Camp work. I release the TXDUPC and/or its agents and any person or entity (named or unnamed in this document) which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits from me, my heirs or family in regards to the information obtained from any and all of the above referenced sources excepting only in the communication of knowingly false information. Furthermore, I authorize the Camp Nurse and/or Executive Staff to make emergency medical decisions on my behalf as required by law. I understand the TXDUPC will not be responsible for medical expenses incurred solely on the basis of this authorization. Should my application be accepted, I agree to be bound by all Bylaws and Camp Guidelines/Policies of the TXDUPC, fulfill my job description given by the Executive Staff, and refrain from unscriptural conduct in the performance of my services on behalf of the TXDUPC. This is a legally binding release I have carefully read and know the contents thereof, and I sign this release as my own free act.

★★★ Required Signature of Worker:

★★★ Date:

Pastor's PRINTED Name _____ Phone Number (_____) _____

Church Name _____ City _____ State _____

Pastor, please verify this application is complete and the applicant has read and agreed to comply with the Worker and Camp Policies.

- Yes No Applicant has attended your church for at least six (6) months? If yes, how long? _____
- I am personally acquainted with the Applicant, and I recommend he/she be accepted as a Camp Worker. To my knowledge, there has been no record of criminal activity and/or physical or sexual child abuse in the Applicant's history, and he/she is qualified to work with minors of any age.
- I prefer to discuss my response to this Application by phone. Please call (_____) _____

★★★ Required Signature of UPCI Licensed Pastor:

★★★ Date: