

**SOUTH CAROLINA FREE WILL BAPTIST
YOUTH MINISTRIES
CAMP COUNSELOR/WORKER
SCREENING FORM**

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE: _____

DATE OF BIRTH: _____

MARITAL STATUS: _____

CHURCH: _____

PASTOR'S NAME: _____ PHONE: _____

AGE GROUP YOU WOULD LIKE TO WORK WITH:

 TEENS JUNIORS WHERE NEEDED

HAVE YOU EVER BEEN CRIMINALLY CHARGED WITH A CRIME AGAINST A CHILD/MINOR?

 YES NO

I attest that all information given above is accurate and complete. I also give my consent to the South Carolina Free Will Baptist Youth Ministries Board to conduct a Criminal Background Check on me should they deem necessary.

Applicant's Name _____

DATE _____

PASTOR'S RECOMMENDATION

I can recommend without reservation the above mentioned individual to work in the South Carolina Youth Camp and feel that they possess the physical, emotional, and spiritual qualifications to make a good Camp Worker.

Pastor's Name _____

DATE _____

PLEASE COMPLETE AND MAIL TO:

**REV. CYRUS SHOFFNER
1237 VANCE DRIVE, DARLINGTON, SC 29540**