



YC OFFICE USE ONLY # _____
 M ___ F ___ Rg ___ Md ___ \$ ___ Clr ___

ADULT REGISTRATION FORM

(for participants age 19 and older)

___VOL ___COUNS ___STF/DIR

Church _____ Pastor _____

Name _____ Sex: Male Female Shirt Size _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Hm Phn () _____ Cell Phn () _____

Social Security Number * _____ Birthdate _____

Have you ever had problems with the government or police? ___ Yes ___ No

Have you ever been convicted of a criminal offense involving sexual abuse? ___ Yes ___ No

Are you currently under church discipline or receiving any ongoing counseling? ___ Yes ___ No

If you have answered yes to any of the above questions, please explain: _____

List areas of study, specialized training, and skills (medical, food service, certifications, etc.):

Please select the areas in which you would like to participate:

(Positions will be filled on an as needed basis. We try to honor placement requests, however volunteers are assigned by the volunterr directors)

Counselor *	Volunteer	Appointed Staff / Director
<input type="checkbox"/> Male Counselor	<input type="checkbox"/> Food Service	<input type="checkbox"/> Director
<input type="checkbox"/> Female Counselor	<input type="checkbox"/> Concessions	<input type="checkbox"/> Kitchen Staff
	<input type="checkbox"/> Security	<input type="checkbox"/> Nurse
	<input type="checkbox"/> Sports	<input type="checkbox"/> Maintenance
	<input type="checkbox"/> Activities	<input type="checkbox"/> Sports
	<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Security
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Concessions

** Counselors must be age 21 or older, or have Director approval*

(Camper to Counselor Ratio is 10:1)

I have read, completely understand, and hereby agree to obey the rules and regulations of participation in Barbourville Pentecostal Youth Camp 2020 activities and hereby assert that I have accepted Jesus Christ as my personal Lord and Savior and will exemplify a Christ-like character while participating in BPYC 2020. I hereby agree to follow the leadership of the BPYC/ACH Directors and Staff.

* By signing below, I also consent to have a background report made as to my criminal history and other pertinent information for participation in BPYC 2020 activities.

X _____
Participant's Signature

Date