



Thank you for registering for Missouri Youth Camp!

Workers, please postmark this packet by May 21 and mail to the address specified.

Incomplete forms or applications without deposits will not be considered.
Workers are required to stay on the campgrounds.

Once completed, send this entire packet to:

Youth Camp Registration; c/o Nathan & Kim Zimmerman, 3806 Iguana Dr., Columbia, MO 65202

Pastoral Reference Forms can be mailed separately

IMPORTANT REMINDERS

ALL campers & workers must arrive onsite at Pinecrest Campground on the Monday of the week of Youth Camp **BEFORE** 2pm. Registration will be open from 12noon to 3pm only.

There will be a **REQUIRED** worker orientation for **ALL** workers at 3pm
There will be a **REQUIRED** camper orientation for **ALL** campers at 4pm

Dinner will be served Monday at 4:30pm.

All campers and workers need to bring their own towels and bedding.

Any worker arriving to Youth Camp without having completed their entire registration, including pastoral approval and background check, will be denied admission to Youth Camp regardless of monies paid.

Space is Limited

No refunds, exchanges or transfers on all registrations.

Questions? Contact Youth Secretary Anthony Trimble at atrimble@moyouth.com

Youth Camp Workers Signature Form

I hereby give my permission to be given emergency treatment by a staff member of Missouri District Youth or Pinecrest Campground and/or other certified medical personnel. I give permission to be transported for medical treatment by medical personnel in case of an emergency or serious illness. I agree to hold Missouri District Youth, Pinecrest Campground, and any staff/medical personnel harmless. I further agree to assume full responsibility for any & all expenses which may incur for any needed medical treatment. **Initial** _____

Are you willing to abide by the dress and conduct codes of our camp and follow the instructions of camp leaders? Yes No

If you have worked a camp before, please list: _____

Photography and videos will be taken during camp, and due to this fact, I understand that I may be included in these photos and/or videos. My initials below allows these photos/videos to be used in the camp promotional video and/or used for any camp promotional purposes. **Initial** _____

I signify that I have received a copy of the camp rules and have agreed to adhere to such rules. I understand that if I am sent home due to lack of compliance to the camp rules, no refund will be provided.

X _____
Applicant's Signature

I have reviewed and I agree to abide by all camp rules and show a spirit of obedience and cooperation. I understand that my failure to do so will result in my immediate dismissal from the camp.

X _____
Applicant's Signature

I certify the above information is true and wish to be considered for this year's Missouri District Youth Camp.

X _____ / ____ / ____
Applicant's Signature

Missouri District United Pentecostal Church

Youth Camp Workers Application

Page 1 – Pastoral Reference Form

Please PRINT clearly. This application is incomplete without the Pastoral Reference Form & the MO State Child Abuse or Neglect Form. You **MUST** be 23 or older to be a camp worker unless approved otherwise by MO Youth Leadership. Incomplete worker applications will not be considered.

PASTORAL REFERENCE (CONFIDENTIAL)

Name of Applicant: _____

Pastor's Name: _____ Church City: _____

Dear Pastor,

The individual for whom you are completing this reference will be considered for serving at Missouri District Youth Camp this year. It is important to remember that this person will need patience and competence in working with young people in the camp environment. Your reference is necessary to complete the worker's application so please mail this form along with the first part of the application (completed by applicant) to:

Youth Camp Worker Registration
 Youth Camp Registration; c/o Nathan & Kim Zimmerman, 3806 Iguana Dr., Columbia, MO 65202

Please evaluate the applicant in the following areas:

	<i>Poor</i>		<i>Fair</i>		<i>Average</i>		<i>Good</i>		<i>Excellent</i>		Score
	1	2	3	4	5	6	7	8	9	10	
Emotional Stability	1	2	3	4	5	6	7	8	9	10	
Personal Appearance	1	2	3	4	5	6	7	8	9	10	
Moral Character	1	2	3	4	5	6	7	8	9	10	
Personal Initiative	1	2	3	4	5	6	7	8	9	10	
Cooperation	1	2	3	4	5	6	7	8	9	10	
Respect for Authority	1	2	3	4	5	6	7	8	9	10	
Personal Motivation	1	2	3	4	5	6	7	8	9	10	
Leadership Ability	1	2	3	4	5	6	7	8	9	10	
Consideration for Others	1	2	3	4	5	6	7	8	9	10	
Personal Responsibility	1	2	3	4	5	6	7	8	9	10	
Spiritual Development	1	2	3	4	5	6	7	8	9	10	
Trusted with Children	1	2	3	4	5	6	7	8	9	10	

Missouri District United Pentecostal Church

Youth Camp Workers Application

Page 2 – Pastoral Reference Form

Please PRINT clearly. This application is incomplete without the Pastoral Reference Form & the MO State Child Abuse or Neglect Form. You **MUST** be 23 or older to be a camp worker unless approved otherwise by MO Youth Leadership. Incomplete worker applications will not be considered.

PASTORAL REFERENCE (CONFIDENTIAL)

How long have you known this person? _____

Is this person involved in your church's activities? Yes No

If yes, please explain: _____

Do you know of any health (physical and/or emotional) of which we should be aware in considering this person as a Youth Camp Worker? Yes No

If yes, please explain: _____

Missouri State Highway Patrol/Missouri Department of Social Services
REQUEST FOR CHILD ABUSE OR NEGLECT/CRIMINAL RECORD

TYPE OF SERVICE (Check only one) See reverse side for further instructions					
<input type="checkbox"/> (1) Name Search - \$5.00 (Criminal Record and Child Abuse Search) <input type="checkbox"/> (2) Fingerprint Search - \$14.00 (Criminal Record and Child Abuse Search) <input type="checkbox"/> (3) DFS Central Registry Child Abuse Search Only – No Charge					
IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.					
APPLICANT'S NAME (Last, First, MI, Jr., Sr., II)					
MAIDEN NAME		DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE /	
ADDRESSES FOR PAST 5 YEARS					
STREET	CITY	STATE	STREET	CITY	STATE
Have you ever been charged / pled guilty to or been convicted or any criminal act in this state or any state?					
<input type="checkbox"/> YES (Complete section below)		<input type="checkbox"/> NO, I have not been charged / pled guilty to or been convicted or any criminal offense in this state or any state.			
DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)	
Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in this state or any state?					
<input type="checkbox"/> YES (Complete section below)		<input type="checkbox"/> NO, I have not been substantiated as a perpetrator in any child abuse or neglect report..			
DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)	
The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.					
SIGNATURE OF APPLICANT (REQUIRED IN INK)			DATE		
SIGNATURE OF CHILD CARE PROVIDER (Required in ink)			DATE		
TITLE OF CHILD CARE PROVIDER			TELEPHONE		
STATE AGENCY			STATE VENDOR OR CONTRACT NO. (If applicable)		
CHECK APPROPRIATE BOX		<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU <input type="checkbox"/> DMH / DMH VENDOR <input type="checkbox"/> HEALTH CARE		<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE <input type="checkbox"/> DYS <input type="checkbox"/> OTHER _____	
<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT					
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER					
<input type="checkbox"/> DFS LICENSURE					

RETURN ADDRESS (REQUIRED ON EACH APPLICATION)
 Complete your mailing label below
 Confidential Mail

AGENCY NAME	Missouri Youth UPCI
ATTENTION	Nathan & Kim Zimmerman
ADDRESS	3806 Iguana Dr.
CITY, STATE, ZIP CODE	Columbia, MO 65202