

Trinity Pines Camp & Conference Center

Church of the Nazarene



P.O. Box 1269
(349 Cabarton Rd.)
Cascade ID 83611
208-382-6200 ♦ fax 208-382-6010

Executive Office
55 SW 5th Ave., Suite 100
Meridian ID 83642
208-888-0988 ♦ fax 208-888-4586

COUNSELOR REGISTRATION

Intermountain District Camps

Trinity Pines, Cascade Idaho

Please Print

Date: _____

Name: _____ / _____ / _____
Last Name First Name MI

Address _____ / _____ / _____ / _____
Street Address City State Zip

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____ Date of Birth: ____ / ____ / ____
Month Day Year

Gender: Male Female

Church currently attending: _____

Medical Conditions:

Medications:

Emergency Notification:

Name Phone: (_____) _____

Name Phone: (_____) _____

Church of the Nazarene
Background Check for Children/Youth Workers

DISCLOSURE NOTICE

The Church of the Nazarene is sensitive to the needs of families and strives to be protective and responsible in all areas of ministry. This responsibility is especially felt in the Church's care of their children and youth entrusted to us. In order to fulfill this trust, as well as to comply with state law and requirements of our insurance carrier, it is essential that the church screen ALL adults and youth workers who come in contact with children and youth. This questionnaire is an essential part of that process.

The church will exercise prudent control over the release of disclosure of the content of this document. However, confidentiality **cannot be guaranteed**, and the church specifically reserves the right to disseminate any material contained herein when the church, in its sole discretion, deems it necessary or advisable.

NOTE: Upon your signature of this questionnaire, you understand that a nationwide criminal and sex offender background check will be conducted.

QUESTIONNAIRE

Full Name: _____ Soc. Sec.#: _____

Address: _____

City/State/Zip: _____

Previous Address: _____

Date of Birth: _____ Driver's Lic.#: _____ State: _____

Church you attend: _____ Member? YES NO

Ministry Position Applying for: _____ Contact: _____

Please list all states you have lived in over the past ten (10) years: _____

Have you ever abused, endangered, abandoned, or neglected a child under the age of 18 years or been accused of any such action by anyone? YES NO

If YES, please explain fully: _____

Have you ever been convicted of child abuse, endangerment, abandonment, neglect, injury, or any crime involving actual or attempted molestation of a minor (a child under 18 years of age) YES NO

If YES, please explain fully: _____

You may use additional sheets if desired. Have you attached additional sheets? YES NO

PERSONAL REFERENCES
(No Relatives or Former Employers)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (Home) _____ (Work) _____

Years Known: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (Home) _____ (Work) _____

Years Known: _____



APPLICANT'S CERTIFICATION and AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned applicant, hereby certify that the information contained in this application is complete and correct to the best of my knowledge. I hereby authorize any references or law enforcement agencies to release any information requested pursuant to this application. I hereby release all such references or law enforcement agencies from any and all liability which may result from releasing any requested information, and I waive any rights that I may have to review records or references provided on my behalf.

Applicant's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____
(if applicant is under 18 years of age)

Signature of Witness: _____ Date: _____

For District Office Use Only:

Questionnaire Received: _____ / _____ / _____ By: _____

Date of Background Check: _____ / _____ / _____ By: _____

Results: **ACCEPTABLE** **UNACCEPTABLE**

Reported to: _____ Phone: _____

Comments: _____
