

NOTE: The items of personal information requested below are needed to process your criminal records check and will not be used for any other purpose. This information will be kept strictly confidential and will be maintained in a locked file. For the protection of our campers, all information is mandatory in order to work at our weeks of camp.

Last Name _____ First Name _____ Middle _____

Maiden Name Or Other Names Used _____

List your residential addresses for the past 15 years, starting with your present address:

Street Address	City, State, County	ZIP	From: Month/Year	To: Month/Year

Phone (_____) _____ 2nd Phone (_____) _____

Email _____ Social Security # _____

[] Male [] Female Date Of Birth _____ Home Church _____

Volunteer Position _____ Have You Volunteered Here Before? [] Yes [] No

Camp Week You Desire To Work _____ Dean _____

1. Will your children be accompanying you? (if so you must pay for their meals at camp) [] Yes [] No

2. Have you been exposed to any contagious diseases in the last month? [] Yes [] No

3. Are you taking any medication or have any known allergies? If yes, explain _____

4. Do you have any chronic or recurrent illnesses? If yes, explain _____

5. Have you ever been convicted of a crime (Other than minor traffic offenses)? [] Yes [] No

What State, What County and What Year did these convictions occur? _____

If Yes, Please Explain Charges: (Use an additional sheet of paper if necessary) _____

6. Is there any reason, past or present, why you should not be allowed to work with children? [] Yes [] No

If yes, explain _____

7. **References:** Home Church Minister _____ Phone # (_____) _____

Second Reference _____ Phone # (_____) _____

Authorization to Conduct Criminal Records Check. (Please Read Carefully Before Signing)

I authorize the Howell's Mill Christian Assembly and it's agents to conduct a criminal records check on myself as part of my application for employment, appointment or a volunteer position. This may include information contained in criminal files at the county, state and federal jurisdictions. I hereby release and hold harmless all persons, organizations, companies or corporations furnishing such information from liability and responsibility. A copy of this document can be substituted for the original. This document shall be valid for a period of one (1) year from the date of my signature. A photocopy may be substituted for the original. The questions regarding your medical history are maintained with state and county health requirements for organized camps in West Virginia.

Your Signature _____ Date _____

Complete, sign, seal, and send to: HMCA Rt. 2 Box 118, Ona, WV 25545

Must be postmarked to us four (4) weeks before your camp

Questions? Call us @ 304-743-4332