

Character Camp

Adult Application for Youth and Children WorkersMail Completed Form To: P.O. Box 841605 Pearland, Texas 77584

Name		
Last	First	M.I.
Current address: _		-
How long lived the	ere?	-
Telephone: #1	#2	
Date of Birth:	E-Mail:	
Current Occupatio	n:	
Do you have previ	ious experience or expertise in youth work? Yes No	
Do you have any p	present or past mental or emotional impairment? Yes	No
If yes, what?		
Are you involved	in any misconduct or undesirable habit(s)? Yes No	
If yes, what?		
Have you ever bee	en accused of sexual misconduct? Yes No	
Have you ever bee	en accused of any misconduct of any nature with a minor?	Yes No
What are your view	ws on the use of alcohol as a beverage?	
What are your view	ws on the use of pornography?	
What are your view	ws on homosexuality?	

What are your views on minors having romantic relationships with adults?
Have you ever been arrested or convicted of any crime? Yes No
Do you have any medical or health limitations that would prevent you from being involved with minors? Yes No
Have you had any painful experiences in your life that have better equipped you or may hinder you from a productive ministry with minors? Yes No
Have you ever been convicted for the use or sale of drugs? Yes No
Have you ever been hospitalized or treated for alcohol or substance abuse? Yes No
Have you ever been arrested for a criminal offense <u>excluding</u> minor traffic violations? Yes No
Have you ever been accused, arrested, or convicted for any sexually-related crimes? Yes No
Have you ever been accused, arrested, or convicted of any abuse-related crimes? Yes No
Are there any circumstances related to your lifestyle or your background that would call into questions your ability to work with minors? Yes No
Were you a victim of sexual or physical abuse or molestation while a minor? (If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the volunteer coordinator rather than answering on this form. Answering yes or leaving the question blank will not automatically disqualify an applicant from working with minors.) Yes No
If you answered yes to any of the above questions, please explain:
Fill Out This Section Only If You Are Willing To Undergo A Background Check
Social Security Number:
Texas Driver's License Number:
Have you ever used any other names or been known by any other names? Yes No
If yes, what?

Initial _____

Page 2 of 3

Have you ever used any other spellings of your na			
If yes, what?			
Closest next of kin not living with you:			
Address:			
Telephone: #1	#2		
Current employer?			
How long worked there?			
Last former employer:			
How long worked there?			
Last former address:			
How long lived there?			
Are you a U.S. citizen? Yes No Do y	ou own a passport?	Yes	No
Have you ever been finger printed? Yes No	If yes, when?		
State in which you were born:		_	
County in which you were born:			
Mother's full maiden name:			
Father's full name:			
Any person who has ever been convicted or receive felony offense involving capital murder; murder; verification felony theft offense; indecency with a child; injury kidnapping; aggravated kidnapping; aggravated sexual bodily injury; sexual assault of a child; aggravated rewas used or exhibited; any felony related to the marijuana, a controlled substance, or a dangerous dru obscenity, will not be allowed to work in a positivactivities may occur.	oluntary or involuntary of to a child, elderly, or di assault; aggravated assa obbery; any felony where manufacture, delivery, g, or any felony related to	manslaudisabled is abled is a dead or possoo porno	ghter; any ndividual; ng serious ly weapon session of graphy, or
I hereby authorize Character Camp to have my pe protection of minors with which I will be involved	-	estigated	l for the
Your signature below authorizes Character Camp enforcement agency and/or investigative agency r		•	
Signature Authorizing Background Check	Date		