

# Character Camp

## Adult Application for Youth and Children Workers

Name \_\_\_\_\_  
Last First M.I.

Current address: \_\_\_\_\_  
\_\_\_\_\_

How long lived there? \_\_\_\_\_

Telephone: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Do you have previous experience or expertise in youth work? Yes No

Do you have any 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 been accused of sexual misconduct? Yes No

Have you ever been accused of any misconduct of any nature with a minor? Yes No

What are your views on the use of alcohol as a beverage? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your views on the use of pornography? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your views on homosexuality? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initial \_\_\_\_\_

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 excluding 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 \_\_\_\_\_

Have you ever used any other spellings of your name? Yes No

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 you 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 received probation or deferred adjudication for a felony offense involving capital murder; murder; voluntary or involuntary manslaughter; any felony theft offense; indecency with a child; injury to a child, elderly, or disabled individual; kidnapping; aggravated kidnapping; aggravated sexual assault; aggravated assault causing serious bodily injury; sexual assault of a child; aggravated robbery; any felony where a deadly weapon was used or exhibited; any felony related to the manufacture, delivery, or possession of marijuana, a controlled substance, or a dangerous drug, or any felony related to pornography, or obscenity, will not be allowed to work in a position involving minors where unsupervised activities may occur.

I hereby authorize Character Camp to have my personal background investigated for the protection of minors with which I will be involved. Yes No

Your signature below authorizes Character Camp to obtain information from any law enforcement agency and/or investigative agency regarding your criminal history.

\_\_\_\_\_  
Signature Authorizing Background Check

\_\_\_\_\_  
Date