



P.O. Box 86 • Polkville, North Carolina 28136 • 828/245-6681 or 704/482-3456

**WORKER APPLICATION-VOLUNTEERS & WORKERS**

Name: \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Age Range:    \_\_\_ 18 or younger    \_\_\_ 19-25    \_\_\_ 26 or older

In which children's/youth programs do you want to become involved?

\_\_\_\_\_

What skills would you bring to the children's/youth program?

\_\_\_\_\_

What other children's/youth work experience do you have? (Please list)

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you at any time ever:

\* Been arrested for any reason:            \_\_\_ Yes    \_\_\_ No

\* Been convicted of, or pleaded guilty or no contest to any crime?    \_\_\_ Yes \_\_\_ No

\* Engaged in, or been accused of, any child molestation, exploitation, or abuse? \_\_\_ Yes \_\_\_ No

Are you aware of?

\* Having any traits or tendencies that could pose any threat to children, youth or others?  Yes  No

\* Any reason why you should not work with children, youth, or others?  Yes  No

If the answer to any of these questions is "yes", please explain in detail:

---

---

---

---

### Church Activity

What church or churches have you attended in the past five years?

Church Name	Pastor's Name	Years Attended
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

References (Other than Relatives). Please provide at least two.

Name/Relationship	Address	Telephone
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Children's/Youth Work Verification and Release: Volunteers and Employees

I recognize that Harvest Time Bible Camp is relying on the accuracy of the information I provide on the Children's/Youth Work Application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I voluntarily release the organization and any such person or entity listed on the Children's/Youth Work Application form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I agree to abide by all policies and procedures of the organization to protect the health and safety of the children or youth assigned to my care of supervision at all times.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_