



Do you have hospital insurance? \_\_\_\_\_ Insurance Company \_\_\_\_\_

List any allergies and/or drug allergies, if any: \_\_\_\_\_

Please list any prescription drugs you are currently taking and the reason for taking. \_\_\_\_\_

Have you ever been tested positive for HIV virus? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

In case of emergency please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Consent: In the case of a medical emergency, I understand that reasonable effort will be made to contact person(s) designated above. In the event they cannot be reached, I give permission to camp administration and physician selected to secure any and all proper medical treatment.

I understand that there is no remuneration for any work provided; therefore, all assistance considered volunteer labor. My application is carefully completed. I understand it will be prayerfully considered by Directors, State Coordinator, and State Bishop. If selected, I will read and abide by rules outlined in the Policies and Procedures Manual, Camp Boothe Code of Conduct, and attend any staff training sessions when made available. I will work in a spirit of unity with leadership and staff. I pledge my complete support and prayers to Camp Boothe Ministries.

I, undersigned applicant (also known as "consumer"), authorize the Church of God of Prophecy through its independent contractor, First Advantage Corporation, to procure background information (also known as a "consumer report and/or investigative consumer report" about me. This report may include but is not limited to my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and state, county and nations sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to the Church of God of Prophecy, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Former Address \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

Social Security Number (will only be used for background check purposes) \_\_\_\_\_

I certify that all information provided as part of this application is true and correct to the best of my knowledge.

Signature of Application \_\_\_\_\_ Date \_\_\_\_\_

### PASTORS ONLY

Thank you, Pastor, for your local church support of Camp Boothe Ministries. Please prayerfully consider applicant's staff application for approval. Our commitment is to provide an evangelistic endeavor that will begin a spiritual relationship. In return the local church will provide Biblical discipleship for spiritual maturity. Please consider and approve any spiritual leadership for our evangelistic teams. We need good qualified staff. This application will not be considered without your endorsement. Pastors, upon your signature of approval please mail all staff applications to Camp Boothe Please call State Coordinator if you should have any questions or helpful information.

Pastor Signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor Comments: \_\_\_\_\_