WE WILL CONTACT YOU IF YOUR APPLICATION HAS BEEN SELECTED FOR A POSITION

Camp Position(s) Assigned
High School_____
Jr. Teen_____
Kids 1_____
Kids 2_____

Worker Application for Camp Cherokee Youth and Children Associational Camps

We will contact you if your application has been selected for a position.

A ministry of the McMinn-Meigs Association of Baptists

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision of minors. It is being used to help the camp provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. Any person who may pose any threat to minors will be prohibited from working with them. Your application is confidential. Thank you.

(Please print clearly) Name_____ Social Security No._____
(Last, First, Middle Initial)

Address_____Sex: M F
(Mailing address) (City) (State) (Zip)

Cell Phone_____ Home Phone_____ Age____ Date of Birth_____

Your church & City _____ Pastor's Name _____

Email _____

CAMP(S) YOU DESIRE TO VOLUNTEER FOR: Please circle your choice(s).

Overnight Camp - Week 1– Younger Youth *(finished the 6th, 7th, 8th or 9th grade)* ♦ June 22-26, 2026

Day Camp - Week 2– Boys & Girls Ages 6 thru 11 ♦ June 29– July 3, 2026

Day Camp - Week 3– Boys & Girls Ages 6 thru 11 ♦ July 6-10, 2026

POSTION YOU ARE INTERESTED IN:

___Counselor ___Grounds Worker ___Kitchen ___Canteen ___Lifeguard

(If you are applying for a Lifeguard position, please attach a copy of certification – must be current)

Have you ever been convicted of a criminal offense (excluding minor traffic violations) or had a prior guilty/'no contest' plea to a criminal offense? Yes No If yes, please attach separate detailed information.

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor or had a prior guilty/'no contest' plea to such improper conduct? Yes No If yes, please attach separate detailed information.

Do you have any traits or tendencies you possess that could pose any threat to minors? Yes No If yes, please attach separate detailed information.

Do you voluntarily consent to a background check? Yes No

Give a brief summary of your salvation experience. _____

_____

List previous church work and any gifts, callings, training, education or other factors that have prepared you for children and/or youth work. _____

APPLICANT'S STATEMENT: The information contained in this application is correct to the best of my knowledge. I authorize references and churches listed in this application to give you any information they may have regarding my character and fitness for children/youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you. Should my application be accepted, I agree to be bound by the Constitution and Bylaws and policies of the McMinn-Meigs Association of Baptists. I will refrain from unscriptural conduct in the performance of my services on behalf of my church. I understand, agree with, and am willing to abide by the B ble teachings of Christian character and conduct in my service at Camp Cherokee.

Applicant's Signature _____ Date _____

**Camp worker applicants who are under the age of 18 must have parent sign below.*

Parent or Guardian Signature_____ Date _____

WORKER HEALTH RECORD

Do you or have you had: Epilepsy Diabetes Asthma Heart Trouble Thyroid Trouble Other_____

Any other medical conditions we should know about _____

Have you been exposed to a contagious disease recently? Yes No If yes, what? _____

Allergies: _____

Food Allergies: _____

If Allergic to anything, how is it treated?_____

_____

Medication you are taking: _____

Date of Last Tetanus Shot: _____

Special Diet: _____Yes_____No If yes, please explain_____

_____

Within the last year, have you had problems with nervous breakdown, extreme depression, extreme anxiety, attempted suicide, or destructive temper? Yes No If yes, please explain._____

_____

Do you have any physical limitations that would prevent you from participating in camp activities? Yes No If yes, please explain. _____

In case of accident/sickness, whom should we notify? _____
(name and phone)

Do you have a hospitalization or accident policy in force? No Yes _____
(company name, policy number)

MEDICAL RELEASE

I, _____, being an adult, do further give my consent for the director or properly appointed staff member of Camp Cherokee, to secure the administration of medical treatment or medication for myself in case of emergency, and I do further agree to the performance of such treatment, anesthetics and operations, as in the opinion of the attending physician, is deemed necessary for myself.

Applicant's signature_____ Date_____

(Under 18 years)

I/We _____, being the parent or legal guardian of _____ do further give my/our consent for the director or properly appointed staff member of Camp Cherokee, to secure the administration of medical treatment or medication for the above named child, and I/we do further agree to the performance of such treatment, anesthetics and operations, as in the opinion of the attending physician, is deemed necessary for our child.

PASTOR'S REFERENCE
(Please print clearly)

APPLICANT NAME _____

Dear Pastor:
The above individual has applied to work at our camps this summer. We would appreciate your confidential comments on the applicant's maturity, stability, temperament, ability to work with youth/children, and any other traits or qualities which might be assets or liabilities. It is impossible for us to become personally acquainted with all the applicants. Therefore, we rely heavily on your recommendation. Please complete the form and return it to us as soon as possible. The camp worker's application cannot be processed until your evaluation is received. Thanks for your help!

PLEASE RETURN TO: Austin Davis, 350 Congress Parkway N Athens, Tn 37303

1. How long have you been acquainted? _____
2. State briefly your opinion of the applicant's dedication to Christ.
   _____
3. What leadership abilities has the applicant evidenced?
   _____
4. Does the applicant interact in a kind and loving manner with children/youth? Yes No
5. Does the applicant have any emotional, mental, or physical handicaps? Yes No If yes, please explain
   _____
6. To your knowledge, does the applicant smoke or use tobacco? Yes No
7. To your knowledge, has the applicant ever been convicted of a criminal offense? Yes No If yes, please explain _____
8. Would you allow this person to serve around young people in your church? Yes No If no, why?
   _____
9. Would you recommend the applicant, without reservation, to be part of our camp staff? Yes No
10. Is there any other information that would better enable us to evaluate this person?
    _____
11. The church has done a background check on this person Yes No Results _____
12. Please answer the following questions by circling one.

Ability to get along with others:	Excellent	Good	Fair	Poor
Attitude:	Excellent	Good	Fair	Poor
Conduct with the opposite sex:	Excellent	Good	Fair	Poor
Conduct with the same sex:	Excellent	Good	Fair	Poor
Cooperation:	Excellent	Good	Fair	Poor
Faithfulness to church:	Excellent	Good	Fair	Poor
Flexibility in stressful situations:	Excellent	Good	Fair	Poor
Follows through on instructions:	Excellent	Good	Fair	Poor
General appearance:	Excellent	Good	Fair	Poor
Respect for authority:	Excellent	Good	Fair	Poor
Spiritual depth and maturity:	Excellent	Good	Fair	Poor
Teachability:	Excellent	Good	Fair	Poor

13. What position would you recommend they have at camp? (Examples—Counselor, kitchen, grounds worker, etc.) _____

Pastor's Name (please print) _____

Signature _____

Church/City _____

Daytime phone _____