



Name	Home Phone	Work Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Because Camp Copass cares for children and young people and desires to protect them, we ask you to please answer the following questions. We understand that the following questions are personal, and we will protect your privacy.

a. Is there any reason, including those that are physical or mental health related, that might keep you from effectively working with children or youth, or that might cause a child potential harm?  
Yes No

b. Have you ever been charged with, indicted for, or pled guilty to a crime? Yes No

c. Have you ever been charged with, indicted for, or pled guilty to an action prohibited by the Texas Family Cod, or a similar code in any state? Yes No

d. Have you ever been known by any other name? Yes No

If yes, please list all other names, including maiden name: \_\_\_\_\_

e. Would you be willing to be fingerprinted? Yes No

If you were personally a victim of child abuse, we require that you make it know to the Camp Administrator. Admitting you were a victim will not automatically disqualify you from service. Your confidence will be respected and appreciated.

*The information contained in this application is correct to the best of my knowledge. I authorize Camp Copass to obtain information from references and churches listed herein. I also authorize any references or churches listed in this application to give you any information, including opinions that they may have regarding my character and fitness for Christian camp work. In consideration of the receipt and evaluation of this application by Camp Copass, I hereby release any individual, church, children's organization, charity, employer, reference, or any other person or organization, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.*

*Should my application be accepted, I agree to be bound by the Bylaws and Policies of Camp Copass, and to refrain from unscriptural conduct in the performance of my services on behalf of the camp.*

*I understand that Camp Copass desires to protect those who use their facilities and therefore give my permission for the Camp Administrator to conduct a criminal background check on me.*

*I further state that I have carefully read the foregoing release and know the contents thereof; and sign this release as my own free act.*

\_\_\_\_\_  
**Applicant's Name**

\_\_\_\_\_  
**Date**