HEALTH

Your present health: Excellent _____ Good _____ Fair _____ Poor _____

Describe your personal physical fitness program _____

_____

Last injury or operation: _____ When? _____

What allergies do you have? _____

Do you have any physical or mental conditions which would limit your work at camp? _____
If yes, explain. _____

Who should be contacted in case of emergency? _____ Phone _____

RECOMMENDATIONS

Please list the individuals who will be sending in your recommendation forms:

1 Name _____ Phone _____
Address _____ Position _____

2 Name _____ Phone _____
Address _____ Position _____

3 Name _____ Phone _____
Address _____ Position _____

CONDUCT CLEARANCE INFORMATION

Note: Conference and state regulations now require the following information be obtained from applicants for child and youth related positions.

Have you ever been (formally or informally) accused, charged, or disciplined for any child abuse and / or sexual abuse?_____

Please give the name of a non-family member that has known you for more than five years that can verify the above statement.

Name _____
Address _____
_____

* * * PLEASE NOTE * * *
This application is not complete without your signature.

I hereby attest by my signature that all information in this application is true to the best of my knowledge. In case of my employment at MiVoden I give my permission for pictures and video of me to be used in camp promotional material.

_____
Signature

Mail completed application to:
Camp MiVoden
PO Box 19039
Spokane WA 99219