

## IBA SUMMER CAMP STAFFER PERSONAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Church Membership: \_\_\_\_\_

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

Pastoral Recommendation: (Please have pastor write a brief paragraph for the following):

- **Maturity:**
  
- **Spiritual Sensitivity:**
  
- **Church Attendance & Involvement:**
  
- **Personal Attitude (How well does student relate to others):**
  
- **Other things pastor may want to share:**

**Personal Testimony (Please write a testimony of your salvation experience. Use additional pages as necessary):**

**Physical Capabilities:**

Are there any physical limitations:  Yes  No (If yes, please explain)

Are there any health concerns or allergies we should be aware of?  Yes  No  
(If yes, please explain):

Medical release: I hereby give my consent that any necessary medical treatment may be given to my child \_\_\_\_\_ by medical personnel in case of accident or illness. By giving my consent below, I understand that expenses for medical care shall be the responsibility of the parent and will not hold Independence Baptist Association or anyone affiliated with Independence Association responsible for accident or illness.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK  
FOR PROSPECTIVE VOLUNTEERS**

Please provide the following information for the Independence Baptist Association to allow them to obtain a criminal background investigation for volunteer purposes. All reports are considered **CONFIDENTIAL** and are not available for inspection by anyone other than the Association administration necessary employees and the agencies providing such information.

_____ <b>First Name</b>	_____ <b>Middle Name</b>	_____ <b>Last Name</b>		
_____ <b>Social Security Number</b>	_____ <b>Date of Birth</b>	_____ <b>Male/Female</b>		
_____ <b>Current Address</b>	_____ <b>Apt. #</b>	_____ <b>City</b>	_____ <b>State</b>	_____ <b>Zip</b>

**HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_**

I, \_\_\_\_\_, am an applicant for volunteerism with the Independence Baptist Association (IBA) and have been advised that as part of the application process the IBA conducts a criminal history background check. I do hereby consent to the IBA's use of any information provided during the application process in performing the criminal history check. The IBA has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer volunteerism. In addition, I have been informed that I will have reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the IBA. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

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

**Please return to:**  
Independence Baptist Association  
PO Box 2112  
548 North Central Ave  
Batesville, AR 72501  
  
Or email: [independence613@gmail.com](mailto:independence613@gmail.com)  
Or FAX: 870-612-5173