



**BROWN CITY CAMP
CAMP STAFF APPLICATION**

Check all Camps that Apply:

Brown City Youth Kidz Camp

Brown City Camp
8700 Wilcox Rd.
Brown City, MI 48416
 810-346-2480
 registrations@browncity.camp

APPLICANT INFORMATION - PLEASE PRINT									
Last Name:		First:		M.I.		Date:			
Street Address:					Apt/Unit #:				
City:		State:		ZIP:					
Cell Phone #:		E-mail Address:							
Birth Date:		Drivers License #:		Home Phone:					
Emergency Contact:				Phone:					
Are you a citizen of the United States?	YES		NO		Do you use alcohol?	YES		NO	
Will you agree to complete necessary training?	YES		NO		Do you use narcotics?	YES		NO	
Have you ever been convicted by civil authorities?	YES		NO		If yes, explain				

PREVIOUS WORK/CAMP EXPERIENCE (previous 3 if available):									
Business		Address:							
From:		To:		Position Served:					
Business		Address:							
From:		To:		Position Served:					
Business		Address:							
From:		To:		Position Served:					

BACKGROUND CHECK									
Do we have your permission to do a criminal background check?	YES		NO						
CENTRAL REGISTRY CLEARANCE REQUEST - Must be completed by all applicants who will be 21 years old by camp time.									
Last Name, First, Middle	Also Know As	Date of Birth	Social Security #	Signature					
Attach a clear copy of your driver's license for Central Registry purposes.									

TESTIMONY - Write a brief testimony of your relationship to Christ and how he is working through your life.

RETURN COMPLETED FORM TO
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