SCFWB YOUTH MINISTRIES CAMP COUNSELOR/WORKER SCREENING FORM

NAME	
ADDRESS	
CITY/STATE/ZIP	
PHONE	
DATE OF BIRTH	
MARITAL STATUS	
CHURCH	
PASTOR'S NAME	PHONE
AGE GROUP YOU WOULD LIKE TO WOR	K WITH:
TEENS JUNIORS WH	IERE NEEDED
HAVE YOU EVER BEEN CRIMINALLY CHILD/MINOR? YES NO	CHARGED WITH A CRIME AGAINST A -
-	ve is accurate and complete. I also give my I Baptist Youth Ministries Board to conduct ould they deem necessary.
Applicant's Name	Date
PASTOR'S RECOMMENDATION	
I can recommend without reservation	the above mentioned individual to work in
the South Carolina Free Will Baptist Yo physical, emotional, and spiritual qualif	outh Camp and feel that they possess the ications to make a good Camp Worker.
Pastor's Name	Date
Please complete and mail to:	
Rev. Scott Ard	
3663 Old Salem Rd	
Pamplico, SC 29583	
843-687-6895	