

**South Carolina District NYI
Adult Worker Registration**

Confidential

This application is to help us provide a safe and secure environment for the students who participate in our camps.

PERSONAL

DATE _____ DATE OF BIRTH _____

NAME _____ PHONE NUMBER _____

ADDRESS _____ CURRENT DL # _____

CITY _____ STATE _____ ZIP _____

Local Church Membership _____

Pastor's Name _____ How long have you attended this church? _____

Please list positions and churches where you have worked with minors. _____

Please list positions and locations of non-church related work with minors. _____

Please list three references of persons unrelated to you, with their address and phone number.

What specific interest/skills do you have that could be used during camp? _____

Have you ever been the victim of abuse or molestation? YES NO

We have adopted a new policy this year, which will require a background check on all counselors used for both camps. By signing this application you are giving us permission to obtain this report. This file will be kept under strict confidence at the district office. No one will see the report except the camp director. Fill out the attached application for Sled check.

Applicant's statement: The information above is true to the best of my knowledge. I give permission for references or churches to provide information about my character, history, and experience. I release any person or organization from liability for compliance with the requests of this application. I sign this statement freely with full knowledge of the procedures.

Signed _____ SS# _____ Date _____

Please Mail to: SC NYI
5391 Dorchester Rd., N Charleston, SC 29418

Fax to: Attn: NYI Worker
843-851-9965