

**2018 Texas District UPC WORKER Background Check/Medical Consent & Pastor's Signature Form for ALL Camps**

Check ALL Camps you are applying for:

- Crusader Camp, June 11-15
- Junior & Senior High Camp, June 18-22

To be filled out by  
Online Applicants only!

Postmark Deadline for ALL Camps: June 1

Mail to: Mrs. Laura Grindle, PO Box 37, Alto, TX 75925  
Or Scan completed form and E-Mail to: registration@texasyouth.net

Online Child Abuse Prevention

[www.texasdistrictupci.org](http://www.texasdistrictupci.org) and  
[www.texasyouth.net](http://www.texasyouth.net)

All workers must complete this  
training and test yearly.

Worker's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(No PO Box Address due to required Background Check information)

Male  Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Married:  Yes  No Worker's Phone Number \_\_\_\_\_

**Background Check Information**

Social Security Number (required) \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_ Driver's License # \_\_\_\_\_

If at current address less than five (5) years: \_\_\_\_\_ State where Driver's License Issued \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Medical Information**

Yes  No ANY injury/sickness preventing you from participating in Camp activities or which the Executive Staff should be aware?  
If yes, explain \_\_\_\_\_

Yes  No Have you ever required any psychiatric treatment, counseling and/or hospitalization?  
If yes, explain \_\_\_\_\_

Yes  No Are your immunizations up-to-date?

List all OTC and prescription medications: \_\_\_\_\_

List ANY allergies or food modifications: \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_

Emergency Contact's Best Phone Number (\_\_\_\_\_) \_\_\_\_\_

Relationship of Emergency Contact to Worker \_\_\_\_\_

Family Physician's Name \_\_\_\_\_

Family Physician's Phone Number (\_\_\_\_\_) \_\_\_\_\_

Insurance Carrier's Name \_\_\_\_\_

Insurance Policy or Group # \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

I, the undersigned, affirm the information contained in this application is complete and correct to the best of my knowledge. I authorize the Texas District United Pentecostal Church (TXDUPC) and/or its agents to make a thorough, independent investigation of my background, references, character, fitness for work, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming information contained on my application and/or obtaining other information which may be relevant to my qualifications for Camp work. I release the TXDUPC and/or its agents and any person or entity (named or unnamed in this document) which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits from me, my heirs or family in regards to the information obtained from any and all of the above referenced sources excepting only in the communication of knowingly false information. Furthermore, I authorize the Camp Nurse and/or Executive Staff to make emergency medical decisions on my behalf as required by law. I understand the TXDUPC will not be responsible for medical expenses incurred solely on the basis of this authorization. Should my application be accepted, I agree to be bound by all Bylaws and Camp Guidelines/Policies of the TXDUPC, fulfill my job description given by the Executive Staff, and refrain from unscriptural conduct in the performance of my services on behalf of the TXDUPC. This is a legally binding release I have carefully read and know the contents thereof, and I sign this release as my own free act.

★★★ Required Signature of Worker:

★★★ Date:

Pastor's PRINTED Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Church Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Pastor, please verify this application is complete and the applicant has read and agreed to comply with the Worker and Camp Policies.

- Yes  No Applicant has attended your church for at least six (6) months? If yes, how long? \_\_\_\_\_
- I am personally acquainted with the Applicant, and I recommend he/she be accepted as a Camp Worker. To my knowledge, there has been no record of criminal activity and/or physical or sexual child abuse in the Applicant's history, and he/she is qualified to work with minors of any age.
- I prefer to discuss my response to this Application by phone. Please call (\_\_\_\_\_) \_\_\_\_\_

★★★ Required Signature of UPCI Licensed Pastor:

★★★ Date: