



Christian Church in Indiana Summer Camp Staff  
Application 2022 Summer Camp Season

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Position Interested in** (check all that apply):

First Aid Director       Head Cook       Dishwasher  
 Lifeguard       Assistant Cook

**References**

**Name:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you worked with the Christian Church in Indiana Camping Program Before? \_\_\_\_\_

In what capacity? \_\_\_\_\_

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***Please attach a resume with any related work experience. You will also need to complete a Background Check Release form (attached to this application).***

**Submit application and release form to:**

Sandy Kincaid at [sandy@indianadisciples.org](mailto:sandy@indianadisciples.org) or mail to  
Christian Church in Indiana, 1100 W. 42<sup>nd</sup> Street #150 Indianapolis, IN 46208  
by **February 1, 2022.**

## CRIMINAL BACKGROUND CHECK RELEASE

Return to: Christian Church (Disciples of Christ) in Indiana  
1100 W. 42<sup>nd</sup> Street, Suite 150, Indianapolis, Indiana 46208-3375

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ ( ) Female ( ) Male

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S.# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

### AUTHORIZATION

I, \_\_\_\_\_, hereby authorize the Christian Church  
(Disciples of Christ) in Indiana, to contact a criminal background-check agency for the purpose of  
\_\_\_ EMPLOYMENT \_\_\_ VOLUNTEER of the following organization/church:  
\_\_\_\_\_

Permission is hereby given for the contact of any such person or entity and for the release of any records pertaining to my employment/service/character/general reputation/personal characteristics and mode of living. This release does not extend to financial records.



\_\_\_\_\_  
**Applicant Signature**

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