



FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>				
DATE OF BIRTH	<input type="text"/>	GENDER	<input type="text"/>				
EMAIL	<input type="text"/>	PHONE NUMBER	<input type="text"/>				
ADDRESS	<input type="text"/>	CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>
EMERGENCY CONTACT	<input type="text"/>	EMERGENCY NUMBER	<input type="text"/>				
CAMP(s) ATTENDING	<input type="text"/>	MARITAL STATUS	<input type="text"/>				
<small>(CHILDREN'S - \$30 JUNIOR - \$40 JR HIGH - \$50 SR HIGH - \$60)</small>							
EMPLOYER	<input type="text"/>	PHYSICIAN'S NAME	<input type="text"/>				
EMPLOYER PHONE	<input type="text"/>	INSURANCE CARRIER	<input type="text"/>				
CHURCH HOME	<input type="text"/>	INSURANCE POLICY #	<input type="text"/>				
FIRST AID TRAINING?	<input type="text"/>						

PLEASE BRIEFLY EXPLAIN WHY YOU DESIRE TO WORK WITH THE YOUTH OF HMBC?

- I AGREE TO BE WILLING TO BE SUBJECT TO A BACKGROUND CHECK
- I AGREE TO BE WILLING TO WORK IN A NON-DENOMINATIONAL SETTING AND NOT STRESS OR TEACH DENOMINATIONAL DOCTRINE OR PRACTICES.

SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
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