

PO Box 456 Crouseville, ME 04738 / 62 Nomacca Drive Mapleton, ME 207.227.8606

2019 Camp NOMACCA Support Staff and Volunteer Application

Name:	So	cial Security #:	Gender:
Home Address:			
(Rd., City, State)	Call Phono:	Ago	Pirth data
Home Phone: Home Church & Pastors Name:	_ Cell Phone:	Age:	
Email Address:			
Education Completed by the Start of	Camp:		
	Reference	76	
All applicants must send in two reference, ple		from your pastor and the	
Please list the references that			
Reference Name:		Phor	ne:
Reference Name:		Pnor	ne:
	Position Des	<u>ired</u>	
What position(s) are you hoping to fill	?		
	Which weeks are you ap	plying to work?	
Senior Camp Inter Ju	(entering 9 th thru 12 th grade rmediate Camp (entering 6 unior Camp (entering 3 rd , 4 ^t	and graduating 12 th grade th , 7 th or 8 th grade) – July 1 th or 5 th grade) – July 21-2	ers) — July 7-12 4-19 6
	Background Question	ns & Release	
1. Have you at any time ever: (Please		<u></u>	
A. Been arrested for any reason?			YES / NO
B. Been convicted of, or pleaded	no contest to, any crime	?	YES / NO
C. Engaged in any child molesta			YES / NO
D. Been accused of any child mo			YES / NO
E. Used or are currently using to			YES / NO
F. Been or are currently involved			YES / NO
2. If you answered "YES" to any of t			
If deemed necessary by Camp NOM. Please circle your answer, if you sel			ackground check? YES / NO



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PLEASE READ AND SIGN BELOW

If you have questions regarding your standing on staff, please contact Jamie McClay at 207-227-8606 or mcclayclan90@gmail.com. Training will be held from July 1st at 1:00 pm till July 2nd at 4:00pm at Camp NOMACCA (This is an overnight training, so you will need to bring bedding, toiletries and a change of clothing). All program staff must report to Staff Training. If you are unsure if you are required to report to training, contact the Youth Director. Not reporting to Staff Training forfeits your privilege of working at camp. If you will not be able to attend staff training for a viable reason, please contact the Youth Director immediately to discuss. If you are scheduling time off from another job to work at camp, please include staff training in that time off.

By signing below, I am committing to submit myself to the authority of Scripture and to those in positions of authority at Camp NOMACCA. I will put my ministry team and those I minister to before myself. I acknowledge that all the information listed above is true:

Printed Name: Signature:			
		Please submit a completed application page. Please complete all questions in their entirety. Thank you!	
		Application Deadline is May 10 th , 2019 — Please return to: Camp NOMACCA c/o – Youth Director PO Box 456, Crouseville, ME 04738 or submit via email at mcclayclan90@gmail.com .	
For Office Use Only:		/NOMACCA\	Background Check: P / F
References:			
Status: Sr	Int	Jr Comments:	