

2024 Camp NOMACCA Staff Application

Name:		Social Security #:Gender:			
Home Address:					
Home Phone:	Cell Phone	e:Age:	Birth Date:		
Home Church &	Pastor's Name:				
Email Address:		Last Grade Completed:			
be a character ref	erence. Please do not use	ms. One must be from your a family member as the sec rences, as well as a conta	cond reference.	d the other should	
Reference Name	e	Ph	one:		
		Phone:			
Which weeks a Junio Senic	re you available to wor r Camp (<i>entering 3rd thr</i> or Camp (<i>entering 9th thr</i>	k? (Please rank accordi u 5th grades) - July 14-19 u 12th grades) - July 21-2 6th thru 8th grades) - July	ng to your preference - 9 26		
Background Qu	uestions & Release				
a. b. c. d. e.	Engaged in any child mo Been accused of any ch Used or are currently us		⁻ abuse? on, or abuse? llegal drugs?	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No	
2. If you ar further.	nswered "YES" to any of	the above questions, <i>ple</i>	ase attach another she	et and explain	

- 3. If deemed necessary by Camp NOMACCA, do you consent to allow us to conduct a background check? Please circle your answer. Yes / No
- 4. If you select NO, please explain why.

PLEASE READ AND SIGN BELOW

If you have questions regarding your standing on staff, please contact Jamie McClay at 207-227-8606. **Training will be held from July 7th at 7 p.m. to July 10th at 5:00 p.m. at Camp NOMACCA.** Please eat supper before coming to training. Light snacks will be served on the evening of the 7th. All other meals will be provided. This is an overnight training, so you will need to bring bedding, toiletries and clothing.

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 complete all questions in their entirety. Thank you!

For Office Us Background (•			
References:				
Status: Sr	Int	Jr	Comments:	

Application Deadline is May 15, 2024 Please return to : Camp NOMACCA % Youth Director P.O. Box 456 Washburn, ME 04786 Or submit via email to nomacca316@gmail.com