



Adult Sponsor Application

Return To: *Highlands Presbyterian Camp and Retreat Center*
PO. Box 66 Allenspark, CO 80510

(303) 747 – 2888 program@highlandscamp.org

Full Name _____ Gender _____ Birth Date _____ Age _____

Permanent Mailing Address:

Current Mailing Address (If different):

Phone #: _____

Phone #: _____

E-Mail: _____

Church Affiliation: Church Name _____ Denomination: _____

Address _____ Phone #: _____

Please summarize your previous youth conference experiences (including leadership roles) and list all church work involving youth.

Please check any special skills that you have that will help in your position as an adult sponsor.

Archery Basketball Frisbee Golf Game Leader
 Mtn. Biking Canoeing Lifesaving Challenge Course
 CPR Certified Lead Hikes Softball Volleyball
 Soccer Bible Study Lead Songs Knowledge of Nature

Hobbies: _____ Musical Instruments: _____

Other: _____

Are there any physical, emotional, social or academic factors we should know which might prevent you from completing the summer and/or living up to our expectations and fulfilling the duties of a sponsor?

Have you ever been charged or convicted of child abuse or unlawful sexual offense?

Have you ever been charged or convicted of any crime? _____ If yes, please explain:

Have you ever been treated or hospitalized for alcohol or substance abuse, an emotional disorder, or psychiatric illness? _____ If yes, please provide additional information including dates of treatment, place of treatment and doctor's names, etc.

Please list 3 references with at least one of them having first-hand knowledge of your leadership skills and suitability to work with children. Please choose church leaders, employers, teachers, etc. who are not family.

Name	Address	City/State/Zip	Phone #	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

You will receive a medical form, which will need to be signed by a physician prior to the start of camp. (State of Colorado requirement.)

You will be required to attend a pre-camp training event conducted by the Highlands Staff. You will be advised as to when this will occur.

I certify that all statements in this application are true and that Highlands Presbyterian Camp is authorized to contact any organization or person named as a reference. I understand that any misrepresentation or omission on this form may be grounds for rejection or dismissal from the camp.

Any applicant who knowingly or willfully makes a FALSE statement of any material fact or thing in this application is guilty of perjury in the second degree as defined in section 18.8.503, Colorado Revised Statutes, and, upon conviction thereof shall be punished accordingly.

Signature of Sponsor _____ Date _____