**@ LIVING WATERS RANCH, CHALLIS, IDAHO**

**LEADER INFORMATION**

**Leader’s Name:**

**Member of what church? City**

**Occupation:**

**Do you have a current driver’s license? Driver’s license number**

**Have you ever been convicted of or pleaded guilty to a crime? Yes No** (circle)

**If yes, please explain. Attach a separate sheet if necessary.**

**Do you have CPR or other first aid training? \_\_\_\_\_ Explain:**

**Other information we should know:**

**Church attending camp with: City**

**Pastor’s Endorsement**

**Church Name**

**Address City**

**Pastor Office Phone**

**Church/Pastor’s email**

**How long have you known this person?**

**I have visited with this person and see evidence of Jesus Christ in his/her life.**

**Please explain:**

**Do you believe this person is spiritually, emotionally, and physically capable of chaperoning at a week of camp?**

**Do you know of any lifestyle, conduct, or activity in which this individual is involved that might hinder the utmost safety of our campers or impede the program’s credibility? Please explain:**

**Pastor’s Signature: Date:**