



@ 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. Yes / No

Do you believe this person is spiritually, emotionally, and physically capable of chaperoning at a week of camp? Yes / No

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: \_\_\_\_\_