

APPROVED STAFF LIST

Name & Email = the name and email address of the approved applicant

Camp = show the camp this applicant will be attending. If attending more than one camp, please list them separately.

Yrs. Exp = should include the total number of years they have served in a camp staff role. this is their years of camp experience.

Position = the position they will be serving (most will fall into the CABIN LEADER category. Other positions include: Medical Staff, Lifeguard, Security, Recreation, Other)

| | Name & Email | Camp | Yrs Exp. | Position | Gender |
|----|--------------|------|----------|----------|--------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

_____ **Church Name**

_____ **Date**

_____ **Person Submitting**

_____ **Position**

Don't forget to include the Signed and Notarized Affidavit with this form. Be sure to send an updated list if any changes occur.

VOLUNTEER AFFIDAVIT

To be completed by the Lead/Senior Pastor

The undersigned pastor warrants that his/her church has processed and reviewed background checks and has checked references on all volunteers, employees and pastors from his/her church that will be working with campers at the SDAG sponsored camp, and is aware of no information that would suggest that any of said persons pose a risk of harm to minors.

I certify under PENALTY OF PERJURY under the laws of the State of South Dakota that the foregoing paragraph is true and correct.

signature of affiant

printed name of affiant

Church name and City

Notary

State of South Dakota County of _____

I certify that the following person(s) appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

name(s) of principal(s)

Signature of Notary

Printed Name of Notary

[notary seal]

My commission expires: _____, 20____.