

Adult Name _____

Congregation/Church _____

CAMP KILLARNEY

Camp of the Lutheran Campsite Association, WELS

1200 Chisholm Rd, Onsted, MI 49265 517-467-4511 517-467-7603

www.killarneycamp.org julie.campkillarney@gmail.com

ADULT LEADER/VOLUNTEER REFERENCE FORM

Must be submitted by all persons involved with the camp program at least 2 weeks prior to being onsite. All fields must be complete.

I, _____ certify that I am not related to _____ and recommend and believe that s/he is safe and capable to work around children at any Camp Killarney program/activity for this calendar year. I have no knowledge of her/him being involved in any type of child abuse or neglect.

Other comments (use separate sheet if necessary): _____

Address/email/phone _____

Date Signature

I, _____ certify that I am not related to _____ and recommend and believe that s/he is safe and capable to work around children at any Camp Killarney program/activity for this calendar year. I have no knowledge of her/him being involved in any type of child abuse or neglect.

Other comments (use separate sheet if necessary): _____

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