



Youth Camp Worker Application



GENERAL INFORMATION:

Remember: Staffing Positions are Limited

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ How long have you lived at this address?: _____

If less than two years, give previous address: _____

PERSONAL INFORMATION: *(Please include a recent photo)*

Date of Birth: ____/____/____ Place of Birth: _____

Sex: _____ Marital Status (Please Check): ___ Married ___ Single ___ Divorced ___ Separated

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Do you have any health problems or physical limitations?: _____ If yes, please explain below:

Have you ever been convicted of or pleaded guilty to a sexual assault, sexual abuse or child abuse?

Yes ___ No ___

Have you ever been convicted of or pleaded guilty to a felony?

Yes ___ No ___

If yes to either question, explain: _____

EDUCATIONAL INFORMATION: (Enter highest level completed in appropriate space)

Elementary School (Grades 1-6) _____ Middle School (Grades 7-9) _____

High School (Grades 10-12) _____ College (1-4) _____ Graduate School _____

SPIRITUAL INFORMATION: (Please check all that apply)

Saved ___ Sanctified ___ Holy Ghost Baptism ___ Baptized in Water ___ Church Member ___

Local Church: _____ Pastor's Name: _____

Please Circle The Areas Of Camp Ministry That You Are Willing To Serve In
Counselor Recreation Crafts
Camp Nurse Lifeguard Night Watchman

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character or fitness for children or youth work. In consideration of the receipt and evaluation of this application by the Church of God, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damage of whatever kind or nature which may at any time result to me, my heirs family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and policies of the Church of God, and to refrain from unscriptural conduct in performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEROF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant's Signature: _____ Witness: _____

Date: _____ Date: _____

Pastor's Recommendation

I certify that the above applicant is a capable and qualified person to work in the Church of God youth camp and I give them my highest recommendation to serve in any capacity deemed necessary by the State Director of Youth and Christian Education.

Pastor's Signature

Statement of Reservation

While no one is rejected to work or attend Church of God youth camp on the basis of race, color, or creed, the State Director of Youth and Christian Education does reserve the right to accept or reject any application for volunteer work at Church of God youth camps after review of said application reveals that the services of the applicant would or would not be in the best interest and success of the camp.

ADDENUM TO YOUTH CAMP WORKER APPLICATION

Please answer all questions

1. Have you ever been charged, arrested, convicted of or plead guilty to any crime?

Yes _____ No _____

If yes, would you be willing to discuss this matter with a pastor or ministry leader?

Yes _____ No _____

2. Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing, or molesting a child or youth?

Yes _____ No _____

If yes, would you be willing to discuss this matter with a pastor or ministry leader?

Yes _____ No _____

3. Have you ever been a victim of abuse (verbal, physical, sexual)?

Yes _____ No _____

If you prefer, you may discuss the answer to the previous question with a pastor or ministry leader. Answering "Yes" or leaving it unanswered would not automatically disqualify you from the privilege of working in any ministry capacity. However, you may be asked to clarify your response.

4. Have you ever been involved in homosexual activity?

Yes _____ No _____

If yes, would you be willing to discuss this matter with a pastor or ministry leader?

Yes _____ No _____

5. Have you ever been accused, charged, or alleged to have committed a theft?

Yes _____ No _____

If yes, would you be willing to discuss this matter with a pastor or ministry leader?

Yes _____ No _____

6. Are you addicted to prescription drugs?

Yes _____ No _____

ADDENUM CONTINUED

- 7. Do you use tobacco in any form?
Yes _____ No _____
- 8. Do you drink alcoholic beverages?
Yes _____ No _____
- 9. Do you take illegal drugs?
Yes _____ No _____
- 10. Do you have problems sleeping?
Yes _____ No _____
- 11. Do you have recurring nightmares or sleep disturbances?
Yes _____ No _____
- 12. Do you have a history of use of pornographic materials?
Yes _____ No _____
- 13. Have you ever been charged with moving traffic violations?
Yes _____ No _____
- 14. Has your driver's license ever been revoked or suspended?
Yes _____ No _____

Request For Criminal Records Check And Authorization

I hereby request the _____ Police Department to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said Police Department from any and all liability resulting from such disclosure.

Signature: _____ Print Name: _____

Print Maiden Name If Applicable: _____ Print All Aliases: _____

Date of Birth: ____/____/____ Place of Birth: _____

Social Security Number: _____ Today's Date: _____

Record Sent To: _____ Address: _____