

2010 YOUTH CAMP STAFF APPLICATION

In order to serve you better, we must have your application by May 24, 2010

Name _____ Date ___/___/___

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Birthdate ___/___/___ Age _____ Sex: M / F

Marital Status: Married ___ Single ___ Engaged ___ Separated ___ Divorced ___

Remarried ___ Widowed ___

E-mail Address _____

Please volunteer for only one camp, marked with an (*). | Position you desire:(Counselor, kitchen help, etc.)

___ Teen Camp I: June 7-11, 2010 | 1st Choice: _____

___ Teen Camp II: June 14-18, 2010 | 2nd Choice: _____

___ Teen Camp III: June 21-25, 2010 | Wherever needed: _____

Staff Cost: \$55.00 first two workers with campers attending; \$90.00 additional workers (unless campers attending exceeds 29, then one additional worker for every 10 campers may come for the \$55 price)

Counselors should be 21 years old for Teen Camp. Applicants younger than the required age should come prepared to be used in another staff position at the discretion of the Camp Director.

Camp Staff Experience: Years ___ Places _____

Positions Held: _____

Do you use tobacco? ___ Drink alcoholic beverages? ___ Use non-prescription drugs? ___

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? If so, please explain: _____

Are you a Christian? ___ When saved? ___ Baptized in the Holy Spirit? ___

Name of church of which you are a member or attend regularly: _____

List (name and address) of other churches that you have attended regularly during the past five years: _____

Are you willing to abide by the camp rules, be given any assignment, be placed in any dorm and if need be, go beyond the duties of your specific jobs? Yes ___ No ___

Office Use Only: Pmt _____ / _____

Position _____ / _____

Housing _____ / _____

Group _____ / _____

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Position _____ / _____

Housing _____ / _____

Group _____ / _____

We will be expecting you at the camp(s) for which you have applied. Your room and board will be provided (bring your own bedding), but you are responsible for your own transportation. Check with your pastor about this. **Please notify us if you are unable to fulfill your commitment.**

Because we want to give full consideration to our campers and staff, and because there is no insurance coverage for them, **NO CHILDREN** will be allowed on the campgrounds during the Teen Camps. Thank you for your cooperation.

Please give this application to your pastor. He will complete the remaining section and send it to the District Office. **YOU WILL NOT BE CONSIDERED WITHOUT YOUR PASTOR'S SIGNATURE.** You will be sent home without the necessary background check information. See certification below.

Applicant's

Signature _____ **Date** ____/____/____

PLEASE HAVE YOUR SENIOR PASTOR, YOUTH PASTOR OR A CHURCH BOARD MEMBER COMPLETE THE FOLLOWING CERTIFICATION. CHOOSE THE ONE WHO KNOWS YOU BEST. DO NOT USE SOMEONE WHO IS RELATED TO YOU.

REFERENCE CERTIFICATION:

I am personally acquainted with the applicant, and in my opinion he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any questions concerning his or her suitability for working with minors in any activity including counseling.

I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: _____ **(check only if you have a negative response)**

Church _____

Signature _____

City _____

Check One Below:

- Senior Minister Church Board Member
- Youth Minister Other _____

BACKGROUND CHECK CERTIFICATION:

I certify that the above applicant has a current background check (within one year from the date the camp ends) on file with:

_____ Church.

Signature _____

(if unsigned a current background check must accompany this application)

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