



Disturbing the Present to Change the Future...

2008 STAFF APPLICATION

Filling out this form in no way obligates you or the AZ District, but merely furnishes useful information in selecting camp staff. All information contained in the application and screening forms shall remain strictly confidential. Staff must be age 22 or older.

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Birthdate ____/____/____ Age _____ Gender M ___ F ___ Married ___ Single ___

Social Security # _____ Occupation _____

Please indicate which AREA you are applying for:

____ Senior Camp ____ Junior Camp ____ Where needed most

Indicate which POSITION you are applying for:

____ Camp Supervisor ____ Security Supervisor ____ Dorm Supervisor

____ Activities Supervisor ____ Registration ____ Prayer Team

____ Altar Work ____ Medical Technicians

Christian Experience: Home Church _____ Pastor _____

Member: Yes ___ No ___ How Long? _____ How long have you been saved? _____

Educational Background: Highest Grade Completed _____ Any College? Yes ___ No ___ Some ___

If yes, major _____

Experience with Youth/Children: List dates _____

Locations _____

What positions did you have? _____

Personal: Parent/Spouse Name _____

Do you have any physical disabilities or limitations? Yes ___ No ___ If yes, explain _____

Emergency Contact: Name _____ Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

If I am selected as camp STAFF I am under the full understanding that I will follow the manual's instructions and will be under the authority of the District Youth Director. As a staff member, I understand that I am at camp so that the campers will learn about God, and I will direct their attention to the speaker, services and events throughout camp.

Signature of Applicant

Printed Name

Date

Rules for the acceptance and participation are the same for everyone without regard to race, color, nationality, origin, gender, or handicap.

OFFICIAL USE ONLY		Date Rec'd ____/____/____
Check # _____		
Amt Paid \$ _____	Amt Due \$ _____	
Visa MC Discover	(Please Circle One)	
Card #: _____		
Name on Card: _____		
Expires: _____		4 Digit Code: _____

STAFF APPLICATION – Part Two

REFERENCES

Signatures of your pastor and two other unrelated persons who have known you for at least two years are required below.

“Having confidence in this applicant’s ability, qualifications of education, training and Christian Experience, I recommend the consideration of his/her application for STAFF at the 2008 Youth Camps sponsored by the Arizona District Pentecostal Church of God. I further believe this individual has appropriate character and emotional stability to serve in the staff position and for the age level for which he/she has applied.”

1. Pastor _____
Signature of Pastor _____ Date _____ Printed Name _____

Pastor: Have you personally reviewed this applicant’s ENTIRE Application? Yes ____ No ____

2. Other _____
Signature of Unrelated Person _____ Date _____ Printed Name _____

Address _____ City, State, Zip _____

Home Phone _____ Other Phone _____

3. Other _____
Signature of Unrelated Person _____ Date _____ Printed Name _____

Address _____ City, State, Zip _____

Home Phone _____ Other Phone _____

APPLICANTS STATEMENT

While I am serving as official camp STAFF at any 2008 Arizona District Youth Camp, I hereby authorize any director, supervisor, staff member, nurse, dean, lifeguard, or other responsible person of said camp to consent to x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care, to be rendered to me under the supervision and advise of any physician or surgeon licensed to practice in the state of Arizona, when such medical or surgical treatment is necessary. I agree to be financially responsible for all expenses and charges incurred to the extent not covered by applicable insurance.

The information contained in this application and screening forms is correct to the best of my knowledge. I authorize any references or churches listed in this application and screening form to give you any information (including opinions) that they may have regarding my character and fitness for children and youth work. In consideration of the receipt and evaluation of this application by the Arizona District Pentecostal 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 or damages of whatever kind or nature which may at any time result to me, my heirs or family, on account of compliance or 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 of the Arizona District Pentecostal Church of God and to refrain from unscriptural conduct in the performance of my services on behalf of the church and district.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF 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 _____ Date _____

Witness (by Pastor) _____ Date _____

STAFF APPLICATION – Part Three

BACKGROUND INFORMATION

This form is to be completed by all applicants for any position, volunteer or compensated, involving the supervision or custody of minors. This is not an application form. This form is being used to help the district provide a safe and secure environment for the children and youth who participate in our programs and camps.

Applicant's Full Name _____

All Aliases _____ Birthdate _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Church Name, City _____

Date Screening Form Completed _____

Social Security # _____ Driver's License # _____ State _____

IDENTIFICATION WILL BE CONFIRMED AT THE TIME OF CHECK-IN AT CAMP WITH A STATE DRIVER'S LICENSE OR OTHER OFFICIAL PICTURE IDENTIFICATION.

Have you ever been convicted of or plead guilty to a felony? Yes ___ No ___

If yes, please explain fully _____

Have you ever been convicted of or plead guilty to any crime? Yes ___ No ___

If yes, please explain fully _____

Have you ever been convicted of or plead guilty to any crime involving any type of abuse to a minor?

Yes ___ No ___ If yes, please explain fully _____

Have you ever been convicted of or plead guilty to any crime involving any type of abuse, domestic violence, or assault? Yes ___ No ___ If yes, please explain fully _____

Have you ever been convicted of or plead guilty to any crime involving drugs, narcotics, or other illegal substances?

Yes ___ No ___ If yes, please explain fully _____

Do you currently use any illegal drugs, narcotics or other illegal substances? Yes ___ No ___

If yes, please explain fully _____

Have you ever been convicted of or plead guilty to any sex or sex-related crime? Yes ___ No ___

If yes, please explain fully _____

Are you pending conviction or awaiting trial for any crime? Yes ___ No ___

STAFF APPLICATION – Part Four

BASIC POLICIES

The following policies reflect our commitment to provide quality, protective care and a safe and secure environment for all children, youth, volunteers and staff who participate in Arizona District sponsored activities.

1. Adults who have been convicted of either child sexual or physical abuse should not volunteer service in any district-sponsored activity involving children or youth.
2. Adult survivors of childhood sexual or physical abuse need the love and acceptance of their family church. Individuals who have such a history should discuss their desire to work with children or youth with a member of the pastoral staff prior to engaging in any volunteer service.
3. Adults who are currently using illegal drugs, narcotics, or other illegal substances should not volunteer service in any district-sponsored activity. Individuals who are experiencing such struggles are encouraged to seek counsel from their pastor or professional intervention.
4. All adult volunteers and staff working with youth or children are required to be members of their church for a minimum of six months.
5. Adult volunteers and staff must observe the “two adult” rule. This requires that adults are never alone with children or youth without an adult partner.
6. Adult volunteers and staff are asked to immediately report any behaviors that seem abusive or inappropriate to their supervisor, camp director or district officials.

I have read the above policies and agree to abide by them. Further, I agree to observe all church and district policies and district by-laws regarding working with youth and children. Also, I agree to abide by the instructions, policies and safeguards listed in the Camp Staff Manual.

Signature of Applicant

Date

Printed Name

Address

A Police-Certified fingerprint card must accompany each application.

There will be no exceptions to this policy.

STAFF MEDICAL INFORMATION

ALL MEDICATION MUST BE IN ORIGINAL CONTAINER

LAST NAME:

Describe any current medical problem of Staff _____

List ALL medications currently needed _____

Indicate When & How Much _____

List any allergies to medication _____

Do you give permission for the camp nurse to administer to your child over-the-counter medications for common symptoms and minor injuries such as, but not limited to, Tylenol, Advil, Pepto Bismal, Antibiotic Cream, etc.? Yes ___ No ___

Date of Last Immunization: Tetanus ___/___/___ DPT ___/___/___

Doctor's Name _____ Phone _____

Address _____ City _____ State ___ Zip ___

Insurance Company _____

Insurance Card # _____ Insurance Policy # _____

FIRST:

(ATTACH A PHOTO COPY OF THE FRONT & BACK OF INSURANCE CARD)

HEALTH HISTORY

Has he/she ever had:	Yes	No	Is he/she subject to:	Yes	No
An attack of appendicitis	_____	_____	Sinus Trouble	_____	_____
Asthma or hay fever	_____	_____	Fainting Spells	_____	_____
Hernia (rupture)	_____	_____	Ear Trouble	_____	_____
Rheumatic Fever	_____	_____	Convulsions	_____	_____
Diabetes	_____	_____	Poison ivy, oak, or sumac	_____	_____
Does he/she take insulin?	_____	_____	Reaction to penicillin	_____	_____
Poliomyelitis	_____	_____	Nervousness or easily upset	_____	_____
Heart Trouble	_____	_____	Allergy to aspirin	_____	_____
Severe Allergies	_____	_____	Bed Wetting	_____	_____
Scarlet Fever	_____	_____	Is he/she under medical care requiring medication?	_____	_____
Significant disease, injury or Operation	_____	_____	Is his/her activity restricted due to medical reasons?	_____	_____

If the answer is "yes" to any of the above, please explain: _____
