



Winter Camp 2019 January 3rd-5th

APPLICATION FOR WORKERS

This application is to be completed by applicants for any position (volunteer or compensated) involving the supervision or custody of minors. Its goal is to help provide a safe and secure environment for the children and youth that participate in our camp program and use our facilities.

Submission of application does not guarantee your selection as a volunteer staff member or volunteer work crew. Selection is based upon need and a positive recommendation by your pastor.

Age Requirements

- **Winter Camp Counselors must be 21 years or older**

CHECK THE AREA YOU WISH TO APPLY FOR

Counselor Work Crew Food Service Nurse Other

Explain other: _____
(this position may be recruited by director)

Personal Information

First Name	Last Name			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
Address				
<input style="width: 100%;" type="text"/>				
City	State	Zip	Age	Birthday
<input style="width: 100%;" type="text"/>				
Home Phone	Email			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
Work Phone	Cell Phone			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			

(check what applies)

Gender Male Female

Marital Status Married Single

Group Information

Church Name: _____ Church Phone Number _____

Senior Pastor: _____ Group Leader's Name _____

Emergency Information

Name of Family Physician: _____ Phone (____) _____

Do you carry family medical Insurance: YES / NO (circle one)

Carrier Name: _____ Phone (____) _____

Group Policy Number: _____ Name of Policy Holder: _____

Contact Information

In the event of an emergency the District Youth Director will contact the parent or legal guardian immediately, if the worker is a minor. Otherwise please list a contact person due to emergency if you are not a minor.

Name _____ Phone (____) _____

Relationship _____ Evening Phone (____) _____

Medial Information

Health History

Have you had any of the following? Polio _____ Epilepsy _____ Rheumatic Fever _____ Other _____

If any, when?

Does the applicant have:

Heart Trouble _____ Lung Trouble _____ Skin Trouble _____ Ear Trouble _____

Sinus Infection _____ Diabetes _____ Asthma _____ Allergies _____

Explain any of the above you have checked _____

Have you ever been diagnosed as HIV positive? YES NO

Has the applicant been under medical care within the past 3 months? YES NO If so, for what? _____

Applicant Questions

1. Have you ever been accused of, engaged in, or investigated for any sexual or physical offense involving a minor or adult, including but not limited to child abuse, child molestation, indecent liberties with a child, incest, sexual harassment, seduction, rape, assault, battery, murder, kidnapping, child pornography, sodomy, or sexual contact with a counselee or church member? YES NO
If YES, explain fully on a separate sheet (identify when & where each accusation was made and how each accusation was resolved.)

2. Have you ever been convicted of, or pled guilty or "no contest" to, any criminal offense described in question 1? YES NO
If YES, explain fully on a separate sheet (identify each conviction or plea of guilty, when & where each incident occurred, and the sentence received)

3. Have you ever been convicted of, or pled guilty or "no contest" to, any criminal offense not mentioned in question 1? YES NO (excluding minor traffic offenses) If YES, explain fully on a separate sheet.

4. Do you use any tobacco products? YES NO
Do you use alcoholic beverages? YES NO
Do you use any illegal nonprescription drugs or prescription drugs illegally? YES NO

5. Do you have any physical, mental handicaps or conditions preventing your involvement in certain types of activities? YES NO If YES, explain fully on a separate sheet.

6. Have you had any Christian Camping experience? YES NO

7. To the best of your ability are you willing to follow all camp rules and submit to camp policies? YES NO

8. I am able to stay until camp is dismissed on the final day? YES NO

9. I understand that my job assignment may be reassigned as needed by camp director or authorized camp personnel? YES NO

10. Do you fully ascribe to the following doctrines as taught by the Pentecostal Church of God? (doctrinal guide is available by request)

Salvation YES NO

Baptism in the Holy Spirit YES NO

Second Coming YES NO

Divine Healing YES NO

Please explain any NO answers. Use additional sheet of paper.

11. Are you a born again Christian according to John 3? YES NO

12. Are you baptized in the Holy Spirit with the external evidence of speaking in tongues according to Acts 2:4? YES NO

13. List all previous church work, especially when involving students:

14. List any gifts, calling, training or other factors that have prepared you to work with students.

PERSONAL REFERENCES (not former employees or relatives)

Name_____ Name_____

Address_____ Address_____

Day Time Phone_____ Day Time Phone_____

Evening Time Phone_____ Evening Time Phone_____

Relationship_____ Relationship_____

I understand that I am financially responsible for any/all medical claims procured. I waive any/all claims against the District/National PCG, the District Board, its representatives, and campground staff/workers because of any injury or other damage that may be incurred to me or my property in connection with, or incident to, the Pentecostal Church of God.

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application 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 Inc., 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 damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I might have to inspect any information provided about me by any organization identified by me in this application. Should my application be accepted, I agree to be bound by the Bylaws and policies of the Arizona District Pentecostal Church of God, Inc., and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I understand that the position for which I am applying has a required time for arrival and dismissal on the campgrounds. I understand that I must be at the campgrounds by that required time the first day of Youth Camp.

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

Print Name

Date

Background Check Information

Do you have any objections to a police check on your background? YES NO
Every applicant is subject to a criminal background check. This is standard policy for Arizona District Pentecostal Church of God.

PRINT FULL NAME _____

PRINT MAIDEN NAME IF APPLICABLE _____

PRINT ALL ALIASES _____

PLACE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

PASTOR'S REFERENCE

A. How do you believe this person will perform as a volunteer camp staff member?

B. Do you have any reservations about their salvation or motives for serving at camp? YES NO

If YES, explain _____

C. Is there any information we should consider in deciding if the applicant should be part of our camp staff? YES NO If YES, explain _____

D. Do you need to speak personally with me regarding the applicant? YES NO

E. Comments _____

I certify the above named applicant is fit and qualified to serve as a volunteer camp staff member for the Arizona District Pentecostal Church of God camping ministry.
(Must be signed by sr. pastor)

Pastor's Signature: _____ Date: _____

** Return to office November 23rd**

Impact AZ * 4087 N Eagle Dr, Kingman, AZ 86409

All applications must be sent to Impact AZ!

Worker Fee's
Workers Registration FEE of \$50, is due by check-in on opening day of each camp.
Each church is allowed a free registration for every 10 paid campers.

*** THESE FEES MUST BE PAID BEFORE A WORKER WILL BE ALLOWED TO STAY ***