

YOUTH CAMP STAFF APPLICATION

To work in camp one must be a committed Christian at least 18 years of age. Teen Camp workers must be at least 21. In younger camps, a limited number of teenagers, ages 18, may be accepted as workers provided they are needed. Priority will be given to adult workers. No worker should report to camp without receiving official acceptance from the State Youth and Discipleship Department.

Name: _____ Male Female Married Single

Complete Address: _____

How long have you lived at this address? _____ If less than two years, give previous address below:

Previous Address: _____

Home Phone # (____) _____ Work Phone # (____) _____ Date of Birth ____/____/____ Age ____

Place of Birth : _____

Educational Background: (Enter highest year completed in appropriate space.) _____ Elementary School (Grades 1-5)

____ Middle School (Grades 6-8) ____ High School (Grades 9-12) ____ College (1-4) ____ Graduate School

Present Occupation: _____ Employer: _____

Driver's License #: _____ State _____ SSN: _____
****Picture ID will be required upon arrival at camp.** (*For Background Check Purposes)

Do you have any health problems or physical limitations? Yes No If yes, please explain: _____

List any allergies you may have: _____

Name any medication(s) you are taking: _____

Date of your last tetanus shot: _____
In case of an accident or a serious illness you have my permission to secure the proper medical treatment. (If under 18, parental signature is required.)

Parent Signature (If under 18): _____

Family Physician _____ PHONE _____

Please note: Our insurance is secondary to your personal insurance. This section must be completed – If there is no insurance available, please put NONE in the blank below

Insurance Company: _____ Policy #: _____ Phone: _____

Camp I Would Like To Work

Teen (Ages 13-19) May 27-30, 2019 **T-Shirt Size:** _____

Junior (Ages 6-12) May 27-30, 2019 **Email Address:** _____

Check The Position You Wish To Work (Camp Administration may not be able to honor preferences)

COUNSELOR: A counselor is assigned to care for a group of campers. Special qualities include: leadership and communication skills, a sense of humor, patience, and a deep Christian commitment to love young people.

1. Will your child be a camper the same week you work?

Yes No

If yes, do you want your child to be placed in your room? Yes No Does not matter

2. Will campers from your church be in your camp?

Yes No

If yes, should they be placed in your room (if feasible)?

Yes No Does not matter

STAFF: In addition to working in a specific area such as recreation, snack shack, coffee shop, etc., staff members are called upon to help wherever a need arises. Staff members must be flexible and maintain a positive "second mile" attitude.

Camp Store Recreation Nurse

Assistant Nurse Night Watchman Snack Shack

Other: _____

CAMP STAFF APPLICATION

Name of church you attend: _____ Pastor: _____

Spiritual Status: (Check all appropriate spaces): Saved Sanctified Holy Ghost Baptism Baptized in Water Church Member

Local Church Experience - List all positions and church work you have been involved in:

Present: _____

Past: _____

List the names of other churches you have attended regularly during the past five years: _____

Have you worked previous years in Louisiana Youth Camps? Years: _____

Job(s): _____

I pledge to abide by all worker guidelines in both action and attitude, and I dedicate myself to the success of camp.

Yes No

I am willing / able to be present at a Worker's Orientation on the first day of Camp. I understand that campers are **not** to arrive before check-in at 1:30 PM. Therefore, I understand that another person would be responsible for bringing our campers so that I can give my full attention to Orientation.

Yes No *If you need to make other arrangements, please contact our office.

I realize that camp will require my full attention all day every day. I will not invite family members or friends to visit me during camp. Yes No

I have read and answered all preceding questions. I understand the importance of each statement. I give you my word.

*Signature _____

Disclaimer

While no one is rejected to work or attend Church of God Youth Camp on the basis of race, gender, color, or creed, the State Director of Youth and Discipleship does reserve the right to accept or reject an application for volunteer work at Church of God Youth Camp(s) after review of said application reveals that the services of the applicant would not be in the best interest and success of the camp. Furthermore, an application may be rejected simply on the basis of space or capacity of the campground in light of ensuring essential jobs at camp are filled.

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, or 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. Furthermore, I authorize Camp Administration to perform any and all necessary background checks as it may pertain to my service at the Louisiana Church of God Youth Camp.

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 the performance of my services on behalf of the church.

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: _____ Witness: _____

Date: _____ Date: _____

Addendum To Youth Camp Worker Application

The following questions are placed here at the advice of our legal counsel.

All questions must be answered. All responses are confidential.

1. Have you ever been charged, arrested, convicted 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
6. Are you addicted to prescription drugs? Yes No
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

*Applicant's Signature _____ Date _____

PLEASE GIVE THIS COMPLETED APPLICATION TO YOUR PASTOR SO THAT THEY MAY COMPLETE THE PASTORAL ENDORSEMENT FORM.

They will mail it in to the State Office.

Youth Camp Workers Pastoral Endorsement Form

PASTORAL ENDORSEMENT FOR _____
(Place your name here and give this to your pastor to complete.)

No workers applicant can be accepted without the endorsement of his or her local pastor. This form must be completed entirely before any application can be considered for camp. This form will be kept in strict confidence.

Pastor: Please take a few minutes to complete this endorsement form for the person listed above who is applying for consideration of a camp position this summer and mail it back to the address below. **(must be mailed by pastor)** Should you have any questions or problems, please direct them to me at **(225) 293-0165**, or write: **12005 Coursey Blvd, Baton Rouge, LA 70816**, or email coglayd@gmail.com.

How well do you know this applicant?

Very well Rather well Casually Do not know this person

Please **circle** the phrase that best describes your assessment of the applicant's behavior. Feel free to attach additional pages if you feel additional comments are required for explanation. Your comments will be taken very seriously.

<u>APPEARANCE:</u>	flawless	well-groomed	generally neat	sloppy
<u>DEPENDABILITY:</u>	exceptional	usually dependable	requires supervision	irresponsible
<u>INITIATIVE:</u>	very motivated	somewhat motivated	has necessary drive	indifferent
<u>PERSONALITY:</u>	bland	pleasing	outgoing	magnetic
<u>COOPERATION WITH PEERS:</u>	inspires confidence	cooperates willingly	usually cooperates	obstructionist
<u>LEADERSHIP:</u>	inspirational	able to take charge	good team member	incapable of leading
<u>ATTITUDE:</u>	always enthusiastic	positive	generally acceptable	negative
<u>COMMON SENSE:</u>	lacking	needs experience	usually sound	uses sound judgment
<u>COMMUNICATION:</u>	eloquent	excellent grammar	satisfactory	limited
<u>INTEGRITY:</u>	always trustworthy	generally reliable	sometimes lacking	cannot be trusted

PASTORAL RECOMMENDATION: Highly Recommend Recommend Do not recommend

Pastor's Signature: _____

Date: _____