

MAIL APPLICATION TO:

LACOG Youth Camp 2022
12005 Coursey Blvd.
Baton Rouge, LA 70816

**T-shirt & Camp Fee Money
must be included.**

**A gov't issued photo ID &
COVID-19 Waiver must
accompany this application!**

**LACOG
2022 Youth Camp
Staff Application
LEVEL UP**

FOR OFFICE USE ONLY

Date Received: _____
CBG Check: _____
Camp Counselor: _____
Area Working: _____
T-Shirt Money Received: _____
T-Shirt Size: _____
Approval Email Sent: _____

Email: coglasec@gmail.com

Office Phone: 225.293.0165 Ext. 211

Website: www.lacog.org

Note: See Page 2 for the Youth Camp Staff General Requirements. Also, no worker should report to camp without receiving official acceptance from the State Youth Director!

Have you worked camp in the past before? _____ Yes ___ No

Are you a credentialed minister in the Church of God? Yes _____ No _____

FIRST NAME _____ MI _____ LAST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ - _____ CELL (____) _____ - _____

EMAIL (Required) _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? (IF LESS THAN 2 YEARS, LIST PREVIOUS)

ADDRESS _____ SSN _____

(REQUIRED FOR BACKGROUND CHECK)

T-SHIRT SIZE: S ___ M ___ L ___ XL ___ 2X ___ 3X ___ 4X ___

(T-SHIRT COST: \$12 / 2X & Up \$15 – MONEY MUST ACCOMPANY APPLICATION.)

CAMP FEE: ___ \$80 (THIS IS FOR THE COST OF YOUR FOOD FOR THE WEEK.)

BIRTH DATE ___/___/___ AGE ___ BIRTH PLACE _____

MONTH DAY YEAR CITY STATE COUNTY

MALE _____ FEMALE _____ MARRIED _____ SINGLE _____

DRIVER'S LICENSE # _____ STATE _____ FORMER NAMES _____

I hereby consent for the Church of God State Youth and Discipleship Director of the State of Louisiana to seek from local law enforcement agencies any information which pertains to any record of conviction on its files or in any criminal file maintained on me whether local, state, national, or international. I hereby release any police department from any and all liability resulting from such disclosure.

SIGNATURE (Required) _____

SPIRITUAL INFORMATION

Please list the year, if known, and if applicable.

SAVED _____ SANCTIFIED _____ BAPTIZED IN HOLY GHOST _____ WATER BAPTISM _____ CHURCH MEMBER _____

NAME OF CHURCH YOU ATTEND _____ HOW LONG HAVE YOU ATTENDED? _____

PASTOR'S NAME _____ PASTOR'S SIGNATURE _____

It is the responsibility of the Senior Pastor to return the Confidential Senior Pastoral Staff Endorsement form provided by the applicant prior to the processing of this application.

EDUCATIONAL BACKGROUND

Enter highest number completed.

ELEMENTARY (k- 5) ___ MIDDLE SCHOOL (6 - 8) ___ HIGH SCHOOL (9 - 12) ___ COLLEGE (1 - 4) ___ GRADUATE SCHOOL ___

Applicants are not required to provide information which is prohibited by Federal, State, or Local law. This application is given every consideration, but its receipt does not imply that the applicant has been accepted as a camp worker. Applicants are accepted on a “trial basis” and if, in the final judgment of the camp officials it is found that the applicant/staff worker is not adaptable to the assignment and cannot be reassigned, or that the information given has been misrepresented, the acceptance of this application can be terminated without cause or reason. In addition, investigation will be made as to your character, general reputation, personal characteristics, and adaptability to the particular position assigned. All applicants are required to undergo training and orientation provided by the State Youth and Discipleship Director’s office and under the supervision of the State Youth and Discipleship Board.

GENERAL REQUIREMENTS FOR YOUTH CAMP STAFF

- Must be at least 18 years old
- Must be born again
- Must be a regular attendee of your local church
- It is preferred but not required that all counselors be baptized in the Holy Ghost.
- Must have the *Youth Camp 2021 Confidential Pastoral Staff Endorsement Form* submitted by your pastor

POSITIONS FOR WHICH YOU MAY APPLY

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Cabin Leader | <input type="checkbox"/> Assistant Cabin Leader | <input type="checkbox"/> Canteen/Camp Store |
| <input type="checkbox"/> Sound/Media | <input type="checkbox"/> Recreation | <input type="checkbox"/> Camp Safety Team |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Nurse (RN, LPN, or EMT) | |

CAMPS YOU WISH TO WORK (check all that apply)

- KIDS CAMP (7-12) TEEN CAMP (13-19)

CHILDREN UNDER YOUTH CAMP AGE

Due to limited space and to allow each staff member to fully devote their time and energy to their area of responsibility, we are unable to provide a nursery or child care. So, prior to your arrival at camp, please make other arrangements for the care of your children under the age of 6 years old.

CHURCH INVOLVEMENT AND YOUTH CAMP INVOLVEMENT

List all previous church work involving youth/children (list each organization’s name/address, type of work performed, and dates).

What made you decide to work camp this year? What part of the camp position/work do you most look forward to? What years have you worked camp? Doing what?

IF YOU ARE APPLYING FOR A COUNSELOR POSITION

1. Will your child be a camper? Yes ___ No ___
 If yes, do you want your child to be in your cabin? Yes ___ No ___
2. Will campers from your church be attending camp? Yes ___ No ___
 If yes, should they be placed in your cabin? Yes ___ No ___

PERSONAL INFORMATION & BACKGROUND

1. Have you ever been charged, arrested, convicted of, or pleaded 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, or sexual)? Yes ___ No ___
If you prefer, you may discuss this answer 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 activities? 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 ___
7. Do you use tobacco in any form? Yes ___ No ___
8. Do you drink alcoholic beverages, including social drinking? 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 been charged with moving traffic violations within the last 5 years? Yes ___ No ___
If so, when and why? _____

14. Has your driver's license ever been revoked or suspended? Yes ___ No ___
If so, when and why? _____
15. Are you presently employed? Yes ___ No ___
If so, where? _____
Job Description _____
How long? _____
16. May we contact your employer? Yes ___ No ___
Supervisor's Name _____
Phone (____) _____ - _____

17. List any physical limitations that need to be considered in your placement, if accepted.

18. Are you presently under a doctor's care for any ailments? Yes ___ No ___ If yes, list. _____
19. List any medications _____
20. Reason for medications _____
21. Allergies and Reactions _____
22. Do you carry any personal medical insurance? Yes ___ No ___
Company _____
Policy # _____
Group # _____
List any preauthorization requirements _____
23. Physician's Name _____
Phone (____) _____ - _____

The answers to the above questions are correct to the best of my ability.

Your Signature (Required)

Round the clock medical care is provided and secondary insurance coverage is available for those accidents which sometimes occur to our staff and campers.

If you are under the age of 18, please have your parent(s) or guardian(s) sign this medical release and fill in the proper insurance information.

In the event that my child, _____, needs emergency medical attention, I hereby give my consent for the officials of the camp to seek such medical assistance. I further understand that the camp will make every attempt to notify me of such action as soon as possible.

Emergency Contact Number: (____) _____ - _____

Parent(s) or Guardian(s) Signature (Required)

Date

All questions must be answered prior to processing your application.

Please note that all information given will be strictly confidential.

Thank you for your assistance.

PERSONAL REFERENCES

NAME _____
ADDRESS _____
PHONE (____) _____ - _____

NAME _____
ADDRESS _____
PHONE (____) _____ - _____

STATEMENT OF RESERVATION

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

APPLICANT'S WAIVER/RELEASE & VOLUNTEER

As a condition of my being allowed to volunteer my services and time to the above referenced organization, I hereby voluntarily and absolutely release and discharge the above-referenced church/camp, and its constituent organizations and their officers, agents, and employees, from any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death that I may suffer as a result of my volunteering at the above- mentioned church/camp, or by the use of facilities or equipment; whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individual named above. I agree to abide by the rules and regulations governing the above-mentioned church/camp and to obey any instructions given by the person or persons having supervision and control over my position.

I will indemnify and hold harmless the above-referenced church/camp and its officers, agents, servants, or employees from any and all claims or causes of action by myself or by any other person or entity, and under no circum- stances will present any claims against said organization and said persons for personal injury, property damage, wrongful death caused by an accident or negligence by the church/camp.

I agree that in the event of an injury to myself as result of my volunteering at the church/camp, whether or not caused by the negligence (active or passive) of the church/school, or any of its agents or employees; recourse for the payment of any hospital, medical, dental, or related costs and expenses will be paid either by me or my spouse, accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I authorize the making of photographs, motion pictures, videotapes, recordings, or any other memorializing of said event and participation therein, and the publication or other use thereof. I waive any right to compensation therefore or any right that I authorize might have to limit or control such making or use.

I warrant and represent that I am eighteen (18) years of age or over, and am fully aware of and understand the terms and legal consequences of the signing of this Waiver and Release. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

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 have regarding my character and fitness for youth camp work. In consideration of the receipt and evaluation of this application by the Church of God, I hereby release to 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 this 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 have to inspect 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 any unscriptural conduct in the performance of my services on behalf of the church. I also agree to participate in the training and enhancement programs provided by the State Youth and Discipleship Director's Office in preparation of my participation this summer. *(The place and time for this meeting will be in your confirmation email and is MANDATORY for all workers!)* I understand that campers are not to arrive before check- in at 1:00 PM. Therefore, I will make every effort to secure another person to bring our campers so I can give my full attention to the Orientation meeting. Furthermore, I will not leave camp until my responsibilities are completed on the last day of camp.

I have carefully read the foregoing release and know the contents thereof and I sign this release on my own free act. This is a legally binding agreement which I have read and understand.

Applicant Signature

Date

Witness Signature

Date

**LOUISIANA CHURCH OF GOD
TWIN LAKE ASSEMBLIES OF GOD CAMPGROUND
COVID-19 WAIVER**

Dear Parent/Legal Guardian:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, services, and activities of our Organization, you agree to the following:

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless Louisiana Church of God & Twin Lake Assemblies of God Campground, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any hosted or programmed event by this organization.

Parent Signature: _____

Printed Name: _____

Date: _____

Names of Minors:

_____	_____
_____	_____
_____	_____
_____	_____

**2022 LACOG Youth Camp
Confidential Pastoral Staff Endorsement Form
For Prospective Youth Camp Staff**

**This form must be completed by the respective Pastor of the Youth Camp Staff Applicant.
All information disclosed on this form will be kept strictly confidential.**

PLEASE PRINT

NAME OF APPLICANT _____

CHURCH _____ **PASTOR** _____

HOW WELL DO YOU KNOW THE APPLICANT

____ Very Well ____ Rather Well ____ Casually ____ Do not know this person
 ____ Highly Recommend ____ Recommend ____ Do Not Recommend

If you recommend this individual to work in camp, please answer the following by placing a circle around one number on each question that best describes them.

5 - Strongly Agree; 4 - Agree; 3 - Disagree; 2 - Strongly Disagree; 1 - No Opinion on this Item/not applicable.

This individual...

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 1. | ... is responsible and trustworthy. | 5 | 4 | 3 | 2 | 1 |
| 2. | ... has a good attitude. | 5 | 4 | 3 | 2 | 1 |
| 3. | ... works well with others. | 5 | 4 | 3 | 2 | 1 |
| 4. | ... is faithful in tithing and attendance to our church. | 5 | 4 | 3 | 2 | 1 |
| 5. | ... has had experience working with youth and children in my church. | 5 | 4 | 3 | 2 | 1 |
| 6. | ... can work through problems without getting frustrated and giving up. | 5 | 4 | 3 | 2 | 1 |
| 7. | ... to my knowledge, has never displayed any type of questionable behavior and has not been convicted of any crime. | 5 | 4 | 3 | 2 | 1 |
| 8. | ... would make a good counselor at camp. | 5 | 4 | 3 | 2 | 1 |
| 9. | ... is an asset and not a liability to our local church. | 5 | 4 | 3 | 2 | 1 |
| 10. | ... is in good physical condition. | 5 | 4 | 3 | 2 | 1 |
| 11. | ... appearance is neat and well groomed. | 5 | 4 | 3 | 2 | 1 |

Please check yes or no to the following questions:

This individual...

- | | | | |
|-----|--|----------|-----------------------|
| 12. | ... is born again | ____ Yes | ____ No |
| 13. | ... is a member of my local church. | ____ Yes | ____ No |
| 14. | ... has the Baptism of the Holy Ghost. | ____ Yes | ____ No |
| 15. | ... has children still living at home. | ____ Yes | ____ No ____ N/A |

Pastor's Signature _____ Date _____ Ministerial File # _____

PASTOR, please be sure to include your Ministerial File Number as verification that you have personally filled out this endorsement. Thank You!

**The completed form should be mailed or emailed as soon as possible to:
LACOG Youth Camp 2021, 12005 Coursey Blvd, Baton Rouge, La 70816**

Email: coglasec@gmail.com