

MAIL APPLICATION TO:
Church of God Kids Camp 2020
PO Box 11735
Tampa, FL 33680

**A picture ID must
accompany this
application!!!**

**Southeastern Hispanic Region
Church of God
2020 Kids Camp
Staff Application
“Voyage”
Cost \$90**

FOR OFFICE USE ONLY

Date Received: _____

Check: _____

MO: _____

Note: All 4 pages must be filled out completely and received by our office to be processed.

Have you worked camp the last 3 years? 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 _____

BIRTH DATE _____ / _____ / _____ AGE _____ BIRTH PLACE _____
MONTH DAY YEAR CITY STATE COUNTY

MALE _____ FEMALE _____ MARRIED _____ SINGLE _____

DRIVER'S LICENSE # _____ FORMER NAMES _____

I hereby consent for the God Southeastern Hispanic Region 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 _____

BAPTIZED IN WATER _____ CHURCH MEMBER _____

NAME OF CHURCH YOU ATTEND _____

HOW LONG HAVE YOU ATTENDED? _____ PASTOR'S NAME _____

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 KIDS CAMP WORKERS

- Must be at least 18 years old. Any exceptions must be approved by the camp office.
- Must be a regular attendee of your local church
- Must be saved and preferably baptized in the Holy Ghost
- Must submit a completed *Kids Camp Staff Application (3 pages)*
- Must have the *Kids Camp 2020 Pastoral Worker Endorsement* submitted by your pastor
- **All counselors must be at least 18 years old and baptized in the Holy Ghost.**

POSITIONS FOR WHICH YOU MAY APPLY

_____ Counselor	_____ Camp Store	_____ Nurse (RN, LPN, or EMT)
_____ Cafeteria Staff	_____ Canteen	_____ Production
_____ Sports	_____ Other (Specify)	
_____ Security	_____ Certified Lifeguard	_____

STATEMENT OF RESERVATION

While no one is rejected to work or attend Church of God Kids 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 STATEMENT

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 letter 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's Signature

Date

PERSONAL INFORMATION AND 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)

Date

***Please note that all
information given will
be strictly confidential.***

***Thank you for your
assistance.***

KIDS CAMP 2020 SENIOR PASTORAL STAFF ENDORSEMENT

Camp worker, print your name here and give to your pastor to complete

Local Church Name and City

Ningún solicitante puede ser aceptado para trabajar en un campamento juvenil sin el respaldo de su pastor local. Este formulario debe completarse en su totalidad antes de considerar cualquier aplicación.

PASTOR:

Tómese unos minutos para completar este formulario de endoso para la persona mencionada anteriormente que está solicitando la consideración de un puesto de campamento juvenil este verano. Su endoso no solo es obligatorio, sino que también permite la protección de los campistas y demás personal en el entorno del campamento. Si tiene preguntas o problemas, por favor diríjalos a la oficina del Director de la Niñez al 813.644.7570, o puede enviar sus preguntas por correo electrónico a kids@sehcog.org. Una vez que haya completado este formulario en su totalidad, envíelo de inmediato a:

Kids Camp 2020
PO Box 11735
Tampa, FL 33680

¿Qué tan bien conoce a este candidato

_____ Muy Bien _____ Bastante Bien _____ Casualmente _____ No conozco a esta persona

Marque con un círculo la frase que mejor describa su evaluación del comportamiento del solicitante. Siéntase libre de adjuntar páginas adicionales si cree que los comentarios son necesarios para una explicación. Sus comentarios serán tomados en serio y son confidenciales.

APARIENCIA	impecable	bien arreglado	generalmente aseado	desaliñado
CONFIABILIDAD	excepcional	generalmente confiable	requiere supervisión	irresponsable
INICIATIVA	auto motivado	industrioso	tiene el impulso necesario	indiferente
PERSONALIDAD	templado	agradable	extrovertida	magnético
COOPERACIÓN CON OTROS	inspira confianza	coopera de buena gana	generalmente cooperativo	obstruccionista
LIDERAZGO	inspirador	capaz de hacerse cargo	buen miembro del equipo	incapaz de liderar
ACTITUD	siempre entusiasta	positivo	generalmente aceptable	negativo
SENTIDO COMÚN	carente	necesita experiencia	usually sound	usa buen juicio
EXPRESIÓN ORAL	elocuente	excelente gramática	satisfactorio	limitado
INTEGRIDAD	siempre confiable	generalmente confiable	a veces falta	no se puede confiar

- | | | |
|--|----------|----------|
| 1. Este solicitante es cristiano. | _____ Sí | _____ No |
| 2. Este solicitante es miembro de mi iglesia local. | _____ Sí | _____ No |
| 3. Este solicitante es fiel en el diezmo y la asistencia a la iglesia. | _____ Sí | _____ No |
| 4. Este solicitante tiene el Bautismo del Espíritu Santo. | _____ Sí | _____ No |

RECOMENDACIÓN PASTORAL

_____ Highly Recommend _____ Recommend _____ Do Not Recommend

Pastor's Name (Please Print)

Pastor's Signature _____ Date _____