



# Summer Camp 2020

## APPLICATION FOR WORKERS

This application is to be completed by applicants for any position 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

- Counselors for Junior Camp must be 18 and up
  - Counselor's Assistants may be 16 and up with pastor approval
- Counselors for Senior Camp must be at least 21 years old

### CHECK THE AREA YOU WISH TO APPLY FOR

Counselor     Counselor Assistant     Work Crew     Food Service     Other

Explain other: \_\_\_\_\_  
**(this position may be recruited by director)**

### Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(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**



**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: \_\_\_\_\_

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

**All applications must be sent to Impact AZ!**

***Worker Fees***

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

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