



# Summer Camp 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

Counselor/Counselor Assistant for teen camp must be 21 years old. However, for intermediate and junior camp, those eighteen & older may be considered on an as-needed basis.

Volunteers for the work crew should be 16 years old to serve at intermediate and junior camps. However, based on need, workers may be considered who are at least 14 years old. Applicants 16 and older will be given first consideration.

### Camp Information

Check week(s) you are applying for

- Teen Camp:       Intermediate Camp:       Junior Camp:

CHECK THE AREA YOU WISH TO APPLY FOR

- Counselor       Counselor Assistant       Work Crew  
 Food Service       Activities Director       Nurse       Other

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**

Parent's Name(s) if under age 18 \_\_\_\_\_

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, Impact East Texas will contact the parent or legal guardian immediately, if the worker is a minor. Other wise, 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.** 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.

15. PERSONAL REFERENCES (not former employers or relatives)

Name_____	Name_____
Address_____	Address_____
Day Time Phone_____	Day Time Phone_____
Evening Time Phone_____	Evening Time Phone_____
Relationship_____	Relationship_____

16. 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. **YES NO**

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 East Texas 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 East Texas 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 Impact East Texas

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 East Texas District Pentecostal Church of God Youth Camps.** (Must be signed by sr. pastor)

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

**\*\* Return to office by July 1st\*\***

Impact East Texas Summer Camps \* PO Box 1396 Corsicana, Tx 75151

**Teenage Worker Fees**

A Workers Registration **FEE** of \$30 is due by check-in on opening day of either Intermediate OR Junior camp to cover the administrative costs for workers. If the worker wants to work both Intermediate AND Junior camp, there will be a **FEE** of \$40 to cover the administrative costs of both camps. This price break is only applicable for Teens who ATTENDED teen camp the week prior to the start of Intermediate or Junior camp.

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



## Summer Camp Worker Form PARENTAL PERMISSION OF APPLICANT

Applicants Under the age of 18 must have their parent's signature at bottom of page.

Applicant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

May camp staff administer Tylenol if needed for fever or minor pain? **YES NO**

I/We are aware of the hazards and risks to child and property associated with participating in camp activities, such hazards and risks including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. We accept our child's participation with full awareness of these risks, and acting on our own behalf and on behalf of and as a representative of our child, we assume all risk of death, injury, illness, and damage associated with such risks.

The above named child may attend and participate in this year's camp program at the East Texas District Pentecostal Church of God Camp Impact.

I/We do further give my/our consent for the director or properly appointed staff member of the East Texas Pentecostal Church of God to secure the administration of medical treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary for our child.

**PLEASE LIST ANY MEDICATION OR TREATMENT THAT SHOULD NOT BE GIVEN TO YOUR CHILD BECAUSE OF DANGEROUS REACTIONS.**

I/We understand that, while the above named child participated in any regularly sponsored camp activities, he/she is responsible to abide by the rules set forth by the sponsoring organization, its leaders and supervisory personnel. Any serious infraction of rules and/or conduct by the child can result in dismissal from camp. In the event our child is dismissed from camp, I/we, the undersigned agree to assume the cost of returning the child to his or her home. (I/We understand that such action would only be taken under extreme circumstances and only after consultation with the child's parents or guardians and may include consultation with the child's pastor, youth pastor or children's pastor.)

I/We grant permission for the camp administration to search the personal belongings of my child if items not permitted on the grounds are suspected and understand that items disallowed may be confiscated and my child is subject to dismissal.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date