

2010 Arizona Youth Camp Worker's Application

SEND TO: Church of God Youth Camp
 Attn: Nate LaFon
 PO Box 7498
 Phoenix, Arizona 85011

*This form MUST
 be accompanied
 by the Permission
 for Background
 Check form.*

Office Use Only		
Date Received:	_____	
Pastor's Endorsements:	Y	N
Character Checklist Complete:	Y	N
Permission for Background Form	Y	N
Assigned:	_____	

Mr/Rev/Ms/Mrs: _____ DOB ____/____/____

Address: _____

City/State/Zip: _____

Home Phone #: _____ Other Phone #: _____

Have You Worked in Youth Camp Before? _____ Position: _____

Local Church: _____ Pastor: _____

What **Camp & Position** Would You Prefer To Work? _____

Potential Counselors

Respond carefully to A & B

A. Will your child be a camper in the same age group that you will be working with?
 ____ yes ____ no
 If yes, do you want your child to be placed in your room? ____ yes ____ no

B. Do you wish to have the campers from your church in your cabin?
 ____ yes ____ no

If this is your first time to work camp, please include a recent photograph with application if possible.

Potential Other Staff

Specific area you prefer:

____ Recreation

____ Concessions

____ Security

____ Nurse

____ Lifeguard

____ Other: _____

I pledge to abide by all worker guidelines in both action and attitude, and dedicate myself to the success of camp. ____ yes ____ no

I understand that my preferences will be considered but the camp cannot guarantee the area in which I will be assigned. ____ yes ____ no

I will be present and on time for Worker's Orientation on Sunday afternoon. I understand that campers are not to arrive before scheduled check-in date & time. No exceptions.
 ____ yes ____ no

I realize that camp will require my full attention all day every day and that I am not to have family members or friends to stay with me during camp ____ yes ____ no

I am in good standing with my church and community. My pastor has recommended me by signing the personal character endorsement below.
 ____ yes ____ no

 (Signature) (Date)

Church of God Pastor's Endorsement

I have known this applicant personally for _____ years. I give my complete, unreserved personal endorsement of his/her exemplary Christian conduct, attitude and testimony. (**Applicant's Name**) _____
has a reputation above question and suspect both in the church and community and attends my church faithfully!

 (Pastor's Signature) (Date)

Please read and complete the information on reverse side of this application.
Incomplete applications will not be accepted.

Please note that our camp insurance is secondary to your insurance

Do you have Medical Insurance? Y____ N____

Company_____

Insured Person:_____

Pre-Authorization for treatment required? Yes _____ No _____

Policy # _____ Date of last Tetanus Shot ____/____/____

Please attach a copy of your medical card (if applicable)

Physician_____ Phone # _____

Please list all pre-existing medical conditions:_____

Current Medications (There **must** be a pharmacy label and directions on all prescribed medication):

Allergies to Medications:

Other Allergies:_____

I support and agree to abide by all camp regulations and policies. I further understand that if I refuse to abide by the camp policies I may be asked to leave and if asked to leave I will be responsible for my transportation home. Also I give permission for my picture, while participating in camp activities, to be used in brochures, publications, slides, and videos used to promote camp.

Date _____

Signature of Camp Worker _____

I hereby agree to participate in the activities of the Church of God Youth Camp. I waive all claims to injury or loss of property arising out of activities against other leaders of this camp, participants, and the Church of God in Arizona and/or the International Offices of the Church of God.

Date _____

Signature of Camp Worker _____

BACKGROUND CHECK AGREEMENT FORM

1. Have you or your spouse ever been charged or adjudicated with sexual misconduct? Including:

Abusing your role or position for sexual purposes, Yes No

Sexual contact with a minor or an adult incompetent to give consent,
Yes No

Sexual assault (e.g., rape, sexual battery, or any other offense reduced to a misdemeanor regarding sexual conduct),
Yes No

Solicitation for sexual purposes (e.g., prostitution), Yes No

An offense related to pornography or public indecency (e.g., indecent exposure), Yes No

2. Have you or your spouse ever been charged or adjudicated with any type of conduct definable as child abuse or child molestation?

Yes No

3. Have you or your spouse ever been charged with an offense related to sexual harassment? Including unwelcome:

Sexual advances, Yes No

Requests for sexual favors, Yes No

Sexually motivated physical contact, Yes No

Verbal or physical domination of a sexual nature? Yes No

4. Have you ever been charged with having sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons that you were seeing in a professional context (e.g., a parishioner, a client, a patient, an employee, a subordinate, a student)?

Yes No

5. Since the age of 21, have you ever been charged with engaging in sexual behavior (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age?

Yes No

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6. Have you ever been charged with the production, sale, or distribution of pornographic materials? Yes No

7. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors? Yes No

8. Has your driver's license ever been revoked or suspended? Yes No

9. Have you ever had a restraining order, injunction, order for protection or the like issued against you as a result of allegations of domestic violence, abuse or the like? Yes No

10. Have you ever been charged with misappropriating funds or otherwise breaching fiduciary duties in any professional capacity?
Yes No

11. Have you ever had a civil suit brought against you relative to your professional work or is any such pending?
Yes No

12. Is there any conduct or behavior in your past or present private life which would render you incapable of actively or properly performing ministry activities?
Yes No

13. Do you hereby agree and consent to the obtaining of criminal background checks regarding you and/or your spouse?
Yes No

Complete Printed Name of Applicant

Legal Signature of Applicant

Applicant Social Security Number

Date of Applicant Signature

Complete Printed Name of Spouse

Legal Signature of Spouse