

2020 Youth Camp Greater Heights Staff Application

EVERY Illinois Youth Camp Staff volunteer must have a background check, the cost is \$15. Please mail application and \$15 BEFORE June 1 to Illinois Church of God Youth & Discipleship P.O. Box 978 - Decatur, IL 62525

Applications received without the \$15, or after June 1, WILL NOT be considered for camp.

Please Specify Camp(s):

- Kids Camp • July 6-10 • Ages 6-11
- Student Camp • July 13-17 • Ages 12-18
- Both Camps

Position: Cabin Leader Rec Staff Kitchen Staff Other _____

Name: _____ Social Security #: _____

Address: _____ City, State, Zip: _____

Years at this address: _____ Cell Phone: _____ Home Phone: _____

If less than 2 year, previous address: _____

Email: _____ Church: _____

T-Shirt Size: Small Medium Large X Large XX Large XXX Large

Personal Information: Male Female Married Single

Birth Date: _____ Place of Birth: _____

Do you have any health concerns or physical limitations that might hinder you as a camp worker?

No Yes, please explain: _____

Education: (Indicate highest year completed) High School (Grades 9-12) College (1-4) Other _____

Spiritual Status: Saved Holy Ghost Baptism Baptized in Water Church Member

List Any Camp Experience: _____

Are you certified in any of the following: CPR First Aid Nursing Food Handling

ADDENDUM TO YOUTH CAMP APPLICATION

1. Have you ever been charged, arrested, convicted of or plead quilt to any crimes? Yes No
If yes, would you be willing to discuss the matter with a pastor or ministry leader Yes No
2. Have you even been accused, charged or alleged to have committed any act of neglecting, abusing or molesting a child or youth? Yes No
3. Have you ever been a victim of abuse (verbal, physical, sexual)? Yes No
If you prefer, you may discuss the answer to the previous question 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 activity? Yes No
5. Have you ever been accused, charged or alleged to have committed a theft? 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? Yes No
9. Do you take illegal drugs? Yes No
10. Do you have problems sleeping? Yes No
11. Do you have reoccurring nightmares or sleep disturbance? Yes No
12. Do you have a history of use of pornographic materials? Yes No
13. Have you ever been charge with a moving traffic violation? Yes No
14. Has your driver's license every been revoked or suspended? Yes No

PLEASE READ CAREFULLY

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

REQUEST FOR CRIMINAL RECORD CHECK AND AUTHORIZATION: As a condition of the Church of God's consideration of my application to render services at the 2020 Youth Camp, I give permission to the Church of God to investigate my personal and employment history. I understand that this background investigation will include, but not limited to, verification of all information given by me to the Church of God.

APPLICANT'S STATEMENT: The information contained in this application is true an correct to the best of my knowledge. I authorize any reference listed in this application to give you any information (including opinions) that they may have regarding my character or fitness for children or youth work. In consideration for the receipt and evaluation for this application by the Church of God, 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 damage of whatever kind or nature which may at any time result by me, my heirs or family on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

PLEDGE: By making application to be a camp worker at the Illinois Church of God Youth Camp, I agree to abide by the rules set forth by the camp administration. I will conduct myself in a Christ-like manner at all times. I realize that **camp is for the camper** and I will act and behave like an adult while at camp. I also agree to prepare myself through prayer and Bible study to minister to those at camp. I will attend the pre-camp training session at 10am the first day of my 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: _____ **Date:** _____ **Maiden Name or Aliases:** _____

REQUIRED: PASTOR'S RECOMMENDATION
 I certify that the above applicant is a capable and qualified person to work in the Church of God Youth Camp and I give them my highest recommendation to serve in any capacity deemed necessary by the State Director of Youth & Christian Discipleship.

 Pastor's Signature Date

Camp Location:
Camp Warren
 4225 Camp Warren Lane, Decatur, IL

Questions:
 Telephone: 217-429-5121
 E-Mail: dmaplesyd@gmail.com
 Or jordanmaples777@gmail.com