

SOUTH CAROLINA YOUTH CAMP STAFF APPLICATION

To work in camp, one must be a committed Christian and at least 18 years of age. Senior Camp workers must be at least twenty. In younger camps, a limited number of teenagers, ages 15-17 may be accepted as a Counselor in Training or a Worker in Training providing, they are needed. Priority will be given to adult workers. Persons age 14 or younger need not apply. Applicants will receive a confirmation email if you are accepted. Also, we will cut off the applications once our capacity is reached.

Full Legal Name _____

Preferred Name _____ Male Female T-Shirt Size _____

Confirmation Email Address _____

Please print clearly

****Please note that a confirmation email will be sent to the address listed above. Be sure to check your junk/spam mail.**

Complete Address _____

Street City State Zip

How long have you lived at this address? _____ If less than two years, give previous address below:

Previous Address _____

Street City State Zip

Home Phone # (____) _____ Work Phone # (____) _____ Date of Birth ____/____/____ Age _____

Place of Birth _____

City State County

Present Occupation: _____ Employer: _____

Driver's License #: _____ State _____ SSN: _____ - _____ - _____

****Picture ID will be required upon arrival at camp.**

Needed for background check

Do you have any health problems or physical limitations? Yes No If yes, please explain: _____

List any allergies you may have: _____

Name any medication you are taking: _____

Date of your last tetanus shot: _____

In case of an accident or a serious illness you have my permission to secure the proper medical treatment. (If under 18, parental signature is required.) Parent's Signature _____

Mauldin Camps

- Mini // June 16 - 19 (ages 6 - 9)
- Senior // June 22 - 26 (ages 15 - 18)
- Junior // June 29 – July 3 (ages 12 - 14)
- Intermediate // July 6 - 10 (ages 10 - 11)

Pee Dee Camps

- Mini // June 23 - 26 (ages 6 - 9)
- Senior // June 29 – July 3 (ages 14 - 18)
- Junior // July 6 - 10 (ages 10-13)

COUNSELOR: A counselor is assigned to care for a group of campers. Special qualities include: leadership and communication skills, a sense of humor, patience, and a deep Christian commitment to love young people. Campers will be in your care 24 hours a day.

Will campers from your church be in your camp?

Yes No

If yes, should they be placed in your room?

Yes No Does not matter

STAFF: In addition to working in a specific area such as recreation or canteen, staff members are called upon to help wherever a need arises. Staff must be flexible and maintain a positive second mile attitude.

Cafeteria Recreation Certified Lifeguard Nurse
 Canteen Go Cart Mechanic Special Activities
 Other: _____

Check only one:

- I will reside at camp and bunk in the staff quarters.
- I will work, but will provide my own quarters.
- I will help during the day, but must drive home each night.

SOUTH CAROLINA CAMP STAFF APPLICATION (cont.)

Name of church you attend _____ Pastor _____

Spiritual Status: (Check appropriate spaces): Saved Sanctified Holy Ghost Baptism Baptized in Water Church Member

Local Church Experience - List all positions and church work you have been involved in:

Present: _____

Past: _____

List the names of other churches you have attended regularly during the past five years: _____

Have you worked previous years in South Carolina Church of God Youth Camps? ___ Years: _____

Capacity: _____

I pledge to abide by all worker guidelines in both action and attitude, and dedicate myself to the success of camp.

Yes No

I will be present and on time for Worker's Orientation at 9:00 a.m. the day camp begins. I understand that campers are not to arrive before check-in at 1:00 p.m. Therefore, I promise that another person will bring our campers so that I can give my full attention to Orientation. Yes No

I understand that the Camp Insurance Policy provides secondary coverage, and I provide primary coverage. I accept financial responsibility for medical costs beyond limits of camp policy stated here: Medical & Hospital \$2500, Dental \$300. Yes No

I have read and answered all the questions. I understand the importance of each statement. I give you my word.

*Signature _____

Statement of Reservation

While no one is rejected to work or attend Church of God Youth Camp on the basis of race, color, or creed, the State Director of Youth and Discipleship does reserve the right to accept or reject an application for volunteer work at 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 camp.

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references 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 of the receipt and evaluation of 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 to 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.

Should my application be accepted, I agree to be bound by the Bylaws and policies of the Church of God, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

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 _____

Witness _____

Date _____

Date _____

Addendum To Youth Camp Staff Application

*The following questions are placed here at the advice of our legal counsel.
All questions must be answered. All responses are kept in strict confidence.*

1. Have you ever been charged, arrested, convicted or plead 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 involved in homosexual activity? Yes No
If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes No
4. Have you ever been accused, charged or alleged to have committed a theft? Yes No
5. Are you addicted to prescription drugs? Yes No
6. Do you use tobacco in any form? Yes No
If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes No
7. Do you drink alcoholic beverages? Yes No
If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes No
8. Do you take illegal drugs? Yes No
9. Do you have problems sleeping? Yes No
10. Do you have recurring nightmares or sleep disturbances? Yes No
11. Do you have a history of use of pornographic materials? Yes No
12. Have you ever been charged with moving traffic violations? Yes No
13. Has your driver's license ever been revoked or suspended? Yes No

PERSONAL CONSENT AND PERMISSION FORM

By signing below, you are granting permission for this application to be released by the state Youth & Discipleship director to those he deems necessary in processing your application.

“I certify to the best of my knowledge and ability, the information provided in this Application Form is true, correct, and complete. I authorize investigation of all statements contained in this application, including the conducting of a national criminal background check. I release any and all parties from any and all liability for any damage that may result from furnishing such information to the Church of God.”

Applicant's Signature _____ Date _____

YOUTH CAMP STAFF

PASTOR ENDORSEMENT

**No applicant will be considered without the endorsement of their local pastor. This form must be completed entirely before any application can be considered for camp and will be kept in strict confidence.*

PASTORAL ENDORSEMENT FOR: _____

Pastor: Please complete this endorsement form for the person listed above who is applying for a youth camp staff position. Your opinion is greatly appreciated.

How well do you know this applicant? Very Well Rather Well Casually Not Well

How long have you known this applicant? _____

What is your assessment of this applicant in the following areas?

SPIRITUAL LIFE:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
DEPENDIBILITY:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
INITIATIVE:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
APPEARANCE:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
HYGIENE:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
PERSONALITY:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
LEADERSHIP:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
COMMON SENSE:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
INTEGRITY:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
ORAL EXPRESSION:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
COOPERATION:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

PASTORAL RECOMMENDATION Highly Recommend Recommend Do NOT Recommend

Pastor's Name _____ Pastor's Signature _____

Church _____ Date _____

Please mail this endorsement to the South Carolina Church of God State Office

Attn: Youth and Discipleship Department

PO Box 309, Mauldin, SC 29662.

Please call the Youth Department at (864) 963-4751 with any questions.