

2010 Kentucky Summer Camp Staff Application (Ages 19 and Older)

2010 Youth Camp - 3500 Versailles Road - Lexington, KY 40510

**ONLY CONFIRMED STAFF SHOULD ARRIVE FOR ORIENTATION/CAMP—BRING CONFIRMATION LETTER
APPLICATION MUST BE POSTMARKED BY MAY 4, 2010**

General Information:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____ - _____

Daytime Phone: _____ - _____

Personal Information:

Birthdate: _____ Month/Day/Year _____ Age: _____

Your SS # is kept strictly confidential in the State Office.

SS#: _____

Required for mandatory background checks.

- | | | |
|----------------------------------|--------|-------|
| <input type="checkbox"/> Male | Height | _____ |
| <input type="checkbox"/> Female | Weight | _____ |
| <input type="checkbox"/> Married | Hair | _____ |
| <input type="checkbox"/> Single | Eyes | _____ |

Do you have any health problems or physical limitations?

- Yes
 No If yes, explain: _____

List any allergies you may have: _____

List any physical handicaps you may have: _____

Name any medication you are taking and purpose for taking them: _____

Date of your last tetanus shot: _____

Health Insurance Company: _____

Policy # _____ Group # _____

*I Understand that the camp insurance policy provides secondary medical coverage. My insurance is primary. I accept any and all medical costs. In case of an accident or a serious illness, you have my permission to secure the proper medical treatment.

Signature: _____

Have you ever been convicted of or pleaded guilty to a felony?

- Yes
 No

Have you ever been charged with or pleaded guilty to an assault, sexual abuse or child abuse?

- Yes
 No

If yes, explain: _____

Spiritual Status:

(Check appropriate spaces.)

- | | |
|---|--|
| <input type="checkbox"/> Saved | <input type="checkbox"/> Baptized in Water |
| <input type="checkbox"/> Sanctified | <input type="checkbox"/> Church Member |
| <input type="checkbox"/> Holy Ghost Baptism | |

Circle T-Shirt Size: Adult: S M L XL 2X 3X

Name of Church you attend: _____

City: _____ State: _____

Name of Pastor: _____

Camp(s) I would like to work:

- | | | |
|--------------------------------------|----------------|------------|
| <input type="checkbox"/> Senior Teen | June 28-July 2 | Ages 15-17 |
| <input type="checkbox"/> Young Teen | July 5-July 9 | Ages 12-14 |
| <input type="checkbox"/> Pre-Teen | July 12-16 | Ages 9-11 |
| <input type="checkbox"/> Mini Camp | July 19-22 | Ages 6-8 |

Church activities: _____

Hobbies: _____

Occupation: _____

Previous youth camp experience: _____

Position Desired:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Food Service (Kitchen) |
| <input type="checkbox"/> Canteen | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Camp Store | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Recreation | |

***PLEASE NOTE:** All staff members are **required** to attend the Pre-Camp Training Session at 8:00 p.m. on the Sunday before your camp begins.

It is mandatory that you attend.
(Campers must arrive on Monday)

I certify that all of the above information is true. I agree to comply with and abide by any and all rules and regulations of the Church of God Youth Camp as set forth by the State Youth and Christian Education Director and Board. I further agree to any and all background checks which shall be deemed necessary by the Church of God. I will attend the mandatory Pre-Camp Training Session on the Sunday before my camp begins.

APPLICANT SIGNATURE: _____

Church of God Pastor's Recommendation Required

I certify that I know the above applicant and he/she is a capable and qualified person to work in the Church of God Youth Camp. I give them my **highest** recommendation to serve with youth/children in any capacity deemed necessary by the State Director.

PASTOR'S SIGNATURE: _____

(Required to be accepted)

Statement of Reservation

While no one is rejected to work or attend Church of God Youth Camp on the basis of gender or race, the State Director of Youth and Christian Education does reserve the right to accept or reject any application for volunteer work at Church of God Youth Camps after review of said application reveals that the services of the applicant would not be needed or are not in the best interest and success of the camp.

For Camp Office Use Only. Please do not write in this area.

Date Received: _____

Application Status: _____ Approved
_____ Not Approved

If approved, area applicant is assigned : _____

Name: _____