

**MAIL APPLICATION TO:**  
Church of God Youth Camp 2020  
PO Box 1370  
Tifton, GA 31793

**A picture ID must  
accompany this  
application!!!**

**South Georgia  
Church of God  
2020 Youth Camp  
Staff Application  
“INFLUENCERS”**

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
CBG Check: \_\_\_\_\_  
Primary: \_\_\_\_\_  
Intermediate: \_\_\_\_\_  
Young Teen: \_\_\_\_\_  
Teen: \_\_\_\_\_  
CDM/CNFR Sent: \_\_\_\_\_

**Note: All 5 pages must be filled out completely and received by our office to be processed.**

Have you worked camp the last 3 years? Yes \_\_\_ No \_\_\_

Are you a credentialed minister in the Church of God? Yes \_\_\_ No \_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ CELL ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**EMAIL (Required)** \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_

IF LESS THAN 2 YEARS, LIST PREVIOUS ADDRESS \_\_\_\_\_

SSN \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_ BIRTH PLACE \_\_\_\_\_  
MONTH DAY YEAR CITY STATE COUNTY

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ FORMER NAMES \_\_\_\_\_

I hereby consent for the Church of God State Youth and Discipleship Director of the State of South Georgia to seek from local law enforcement agencies any information which pertains to any record of conviction on its files or in any criminal file maintained on me whether local, state, national, or international. I hereby release any police department from any and all liability resulting from such disclosure.

**SIGNATURE (Required)** \_\_\_\_\_

**SPIRITUAL INFORMATION**

**Please list the year, if known, and if applicable.**

SAVED \_\_\_\_\_ SANCTIFIED \_\_\_\_\_ BAPTIZED IN HOLY GHOST \_\_\_\_\_

BAPTIZED IN WATER \_\_\_\_\_ CHURCH MEMBER \_\_\_\_\_

NAME OF CHURCH YOU ATTEND \_\_\_\_\_

HOW LONG HAVE YOU ATTENDED? \_\_\_\_\_ PASTOR'S NAME \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

**Enter highest number completed.**

ELEMENTARY (through grade 5) \_\_\_\_\_ MIDDLE SCHOOL (6 - 8) \_\_\_\_\_  
HIGH SCHOOL (9 - 12) \_\_\_\_\_ COLLEGE (1 - 4) \_\_\_\_\_ GRADUATE SCHOOL \_\_\_\_\_  
POST - GRADUATE \_\_\_\_\_

Applicants are not required to provide information which is prohibited by Federal, State, or Local law. This application is given every consideration, but its receipt does not imply that the applicant has been accepted as a camp worker. Applicants are accepted on a "trial basis" and if, in the final judgment of the camp officials it is found that the applicant/staff worker is not adaptable to the assignment and cannot be reassigned, or that the information given has been misrepresented, the acceptance of this application can be terminated without cause or reason. In addition, investigation will be made as to your character, general reputation, personal characteristics, and adaptability to the particular position assigned. All applicants are required to undergo training and orientation provided by the State Youth and Discipleship Director's office and under the supervision of the State Youth and Discipleship Board.

**GENERAL REQUIREMENTS FOR YOUTH CAMP WORKERS**

- Must be at least 15 years old. Any exceptions must be approved by the camp office.
- Must be a regular attendee of your local church
- Must be saved and preferably baptized in the Holy Ghost
- High school students must attend their week of camp to be eligible to work other camps.
- Must submit a completed *Youth Camp Staff Application (5 pages)*
- Must have the *Youth Camp 2020 Pastoral Worker Endorsement* submitted by your pastor
- **All counselors must be at least 18 years old and baptized in the Holy Ghost.**

**POSITIONS FOR WHICH YOU MAY APPLY**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Counselor       | <input type="checkbox"/> Camp Store          | <input type="checkbox"/> Nurse (RN, LPN, or EMT) |
| <input type="checkbox"/> Cafeteria Staff | <input type="checkbox"/> Canteen             | <input type="checkbox"/> Production              |
| <input type="checkbox"/> Kitchen Staff   | <input type="checkbox"/> Maintenance         | <input type="checkbox"/> Recreation              |
| <input type="checkbox"/> Security        | <input type="checkbox"/> Certified Lifeguard | <input type="checkbox"/> Other (specify) _____   |

**CAMPS YOU WISH TO WORK (check all that apply)**

- |  |              |                      |
|--|--------------|----------------------|
| <input type="checkbox"/> Primary Camp      | (Ages 6-9)   | June 9-12, 2020      |
| <input type="checkbox"/> Intermediate Camp | (Ages 9-11)  | June 15-19, 2020     |
| <input type="checkbox"/> Young Teen Camp   | (Ages 12-14) | June 22-26, 2020     |
| <input type="checkbox"/> Teen Camp         | (Ages 14-17) | June 29-July 3, 2020 |

**CHILDREN UNDER YOUTH CAMP AGE**

Due to limited space and to allow each staff member to fully devote their time and energy to their area of responsibility, we are unable to provide a nursery or child care. So, prior to your arrival at camp, please make other arrangements for the care of your children under camp age.

**CHURCH INVOLVEMENT AND YOUTH CAMP INVOLVEMENT**

List all previous church work involving youth/children (list each organization's name/address, type of work performed, and dates).

\_\_\_\_\_

\_\_\_\_\_

What made you decide to work camp this year? What part of the camp position/work do you most look forward to? What years have you worked camp? Doing what?

\_\_\_\_\_

\_\_\_\_\_

- What area of camp electives would you like to help lead?
- |   |                                      |                                      |  |                                    |
|---|--------------------------------------|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Sound                | <input type="checkbox"/> Lighting    | <input type="checkbox"/> Drama       | <input type="checkbox"/> Community Service | <input type="checkbox"/> Video     |
| <input type="checkbox"/> Culinary             | <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Camp Radio  | <input type="checkbox"/> CPR Certification | <input type="checkbox"/> Camp News |
| <input type="checkbox"/> Water Aerobics/Girls | <input type="checkbox"/> Music       | <input type="checkbox"/> Photography | <input type="checkbox"/> Sidewalk Chalk    | <input type="checkbox"/> Disc Golf |
|   |                                      |                                      | <input type="checkbox"/> Hunter Safety     |                                    |

List other suggestions that are age relevant: \_\_\_\_\_

## PERSONAL INFORMATION AND BACKGROUND

1. Have you ever been charged, arrested, convicted of, or pleaded 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 a victim of abuse (verbal, physical, or sexual)? Yes \_\_\_ No \_\_\_  
If you prefer, you may discuss this answer 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 activities? Yes \_\_\_ No \_\_\_  
If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes \_\_\_ No \_\_\_
5. Have you ever been accused, charged, or alleged to have committed a theft? Yes \_\_\_ No \_\_\_  
If yes, would you be willing to discuss this matter with a pastor or ministry leader? 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, including social drinking? Yes \_\_\_ No \_\_\_
9. Do you take illegal drugs? Yes \_\_\_ No \_\_\_
10. Do you have problems sleeping? Yes \_\_\_ No \_\_\_
11. Do you have recurring nightmares or sleep disturbances? Yes \_\_\_ No \_\_\_
12. Do you have a history of use of pornographic materials? Yes \_\_\_ No \_\_\_
13. Have you been charged with moving traffic violations within the last 5 years? Yes \_\_\_ No \_\_\_  
If so, when and why? \_\_\_\_\_  
\_\_\_\_\_
14. Has your driver's license ever been revoked or suspended? Yes \_\_\_ No \_\_\_  
If so, when and why? \_\_\_\_\_
15. Are you presently employed? Yes \_\_\_ No \_\_\_  
If so, where? \_\_\_\_\_  
Job Description \_\_\_\_\_  
How long? \_\_\_\_\_
16. May we contact your employer? Yes \_\_\_ No \_\_\_  
Supervisor's Name \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

17. List any physical limitations that need to be considered in your placement, if accepted.  
\_\_\_\_\_  
\_\_\_\_\_
18. Are you presently under a doctor's care for any ailments? Yes \_\_\_ No \_\_\_ If yes, list. \_\_\_\_\_
19. List any medications \_\_\_\_\_
20. Reason for medications \_\_\_\_\_
21. Allergies and Reactions \_\_\_\_\_
22. Do you carry any personal medical insurance? Yes \_\_\_ No \_\_\_  
Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Group # \_\_\_\_\_  
List any preauthorization requirements \_\_\_\_\_
23. Physician's Name \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

The answers to the above questions are correct to the best of my ability.

***Your Signature (Required)***

Round the clock medical care is provided and secondary insurance coverage is available for those accidents which sometimes occur to our staff and campers.

If you are under the age of 18, please have your parent(s) or guardian(s) sign this medical release and fill in the proper insurance information.

*In the event that my child, \_\_\_\_\_, needs emergency medical attention, I hereby give my consent for the officials of the camp to seek such medical assistance. I further understand that the camp will make every attempt to notify me of such action as soon as possible.*

Emergency Contact Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

***Parent(s) or Guardian(s) Signature (Required)***

***Date***

***Please note that all information given will be strictly confidential.***

***Thank you for your assistance.***

## IF YOU ARE APPLYING FOR A COUNSELOR POSITION

1. Will your child be a camper the same week you will work? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, do you want your child to be in your cabin? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Will campers from your church be in your camp? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, should they be placed in your cabin? Yes \_\_\_\_\_ No \_\_\_\_\_

## PERSONAL REFERENCES

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## STATEMENT OF RESERVATION

While no one is rejected to work or attend Church of God youth camps on the basis of race, color, or creed, the State Youth and Discipleship Director and State Youth and Discipleship Board does reserve the right to accept or reject any application for volunteer work at Church of God youth camps after reviewing 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 or churches listed in this application to give you any information (including opinions) that they have regarding my character and fitness for youth camp work. In consideration of the receipt and evaluation of this application by the Church of God, I hereby release to 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 this 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 have to inspect 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 any unscriptural conduct in the performance of my services on behalf of the church. I also agree to participate in the training and enhancement programs provided by the State Youth and Discipleship Director's Office in preparation of my participation this summer. (*The place and time for this meeting will be in your confirmation letter and is MANDATORY for all workers!*) I understand that campers are not to arrive before check-in at 1:00 PM. Therefore, I will make every effort to secure another person to bring our campers so I can give my full attention to the Orientation meeting. Furthermore, I will not leave camp until my responsibilities are completed on the last day of camp.

I have carefully read the foregoing release and know the contents thereof and I sign this release on my own free act. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

Email: [youthsec@sgacog.org](mailto:youthsec@sgacog.org)

Office Phone: 229.386.2967 x115

Website: [www.thequad.cc](http://www.thequad.cc)

# YOUTH CAMP 2020 SENIOR PASTORAL STAFF ENDORSEMENT

*Camp worker, print your name here and give to your pastor to complete*

*Local Church Name and City*

No applicant can be accepted to work at youth camp without the endorsement of their local pastor. This form must be completed in its entirety before any application can be considered.

**PASTOR:** Please take a few minutes to complete this endorsement form for the person listed above whom is applying for consideration of a youth camp position this summer. Your endorsement is not only required, but allows for the protection of campers and other staff in the camp setting. Should you have questions or problems, please direct them to the State Youth and Discipleship Director's office at 229.386.2967 x115, or you may email your questions to [youthsec@sgacog.org](mailto:youthsec@sgacog.org). Once you have completed this form in its entirety, immediately mail to:

Youth Camp  
PO Box 1370  
Tifton, Georgia 31793

## HOW WELL DO YOU KNOW THIS APPLICANT

Very Well     
  Rather Well     
  Casually     
  Do not know this person

Please circle the phrase that best describes your assessment of the applicant's behavior. Feel free to attach additional pages if you feel comments are required for explanation. Your comments will be taken seriously and are confidential.

<b>APPEARANCE</b>	flawless	well-groomed	generally neat	slovenly
<b>DEPENDABILITY</b>	exceptional	usually dependable	requires supervision	irresponsible
<b>INITIATIVE</b>	self-motivated	industrious	has necessary drive	indifferent
<b>PERSONALITY</b>	bland	pleasing	outgoing	magnetic
<b>COOPERATION WITH PEERS</b>	inspires confidence	cooperates willingly	usually cooperative	obstructionist
<b>LEADERSHIP</b>	inspirational	able to take charge	good team member	incapable of leading
<b>ATTITUDE</b>	always enthusiastic	positive	generally acceptable	negative
<b>COMMON SENSE</b>	lacking	needs experience	usually sound	uses sound judgment
<b>ORAL EXPRESSION</b>	eloquent	excellent grammar	satisfactory	limited
<b>INTEGRITY</b>	always trustworthy	generally reliable	sometimes lacking	cannot be trusted

- |  |         |        |
|--|---------|--------|
| 1. This applicant is a Christian.                                  | ___ Yes | ___ No |
| 2. This applicant is a member of my local church.                  | ___ Yes | ___ No |
| 3. This applicant is faithful in tithing and attendance to church. | ___ Yes | ___ No |
| 4. This applicant has the Baptism of the Holy Ghost.               | ___ Yes | ___ No |

## PASTORAL RECOMMENDATION

**Highly Recommend**     
  **Recommend**     
  **Do Not Recommend**

**Pastor's Name (Please Print)** \_\_\_\_\_

**Pastor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_