



Workers Application Form

2009 Youth & Kids Camps



Kentucky District Council Assemblies of God Youth Ministries

P.O. Box 959 * Crestwood, Kentucky* 40014-0959* (502) 241-7111, ext. 14* (502) 241-7112 (fax)*
kymsecretary@kyag.org

Greeting from Camp Crestwood,

Thank you for choosing to serve the Lord as one of our camp workers this summer. A worker is a volunteer who serves a variety of roles at camp, but is not given responsibility of supervising campers. A Camp Worker will be assigned work such as, but not limited to tasks like; cafeteria worker, Manna Hut worker, assist the activities director, cafeteria cleanup, restroom cleaning, etc. The applicant if accepted must be available to be at Worker Orientation on Sunday night at 8:00 P.M. immediately preceding the camp they have been accepted to. This is a mandatory meeting. Workers **MUST** make arrangements to stay through worker dismissal (app. 1:00 p.m.)

Volunteers for the work crew should be at least sixteen years old to serve at Kids Camp or Youth Camp. However, based on need, workers may be considered who are at least 14 years old. Applicants 16 and older will be given first consideration.

In order to be a worker you **must attend one week of camp as a camper**. The exception to this is if you are a high school graduate. You will not be approved as a "worker" until your camper application has been received. You can download a camper application form at www.kwagyouth.org hit the Camps link.

You will be notified the week of May the 17th concerning whether you have been accepted or what week(s) you have been assigned to work.

Enclosed is an application, Pastor's Evaluation Form, background check form (for those 18 years or older) for our summer camp worker crew.

COPY APPLICATIONS AND FORMS AS NEEDED

2009 Camp Schedule at Camp Crestwood:

| | | |
|------------------|------------|-----------------------|
| Combined Camp #1 | June 8-12 | Fall 2009 Grades 6-12 |
| Combined Camp #2 | June 15-19 | Fall 2009 Grades 6-12 |
| Combined Camp #3 | June 22-26 | Fall 2009 Grades 6-12 |
| Kids Camp #1 | July 6-10 | Fall 2009 Grades 3-6 |
| Kids Camp #2 | July 13-17 | Fall 2009 Grades 3-6 |

We are looking forward to an awesome camp season. Already, excitement is building. Pray with us that God will send a powerful student revival in Kentucky this summer at camp.

Sincerely,

Brian Neugent
Camp Director
Kentucky Youth Ministries
Summer Youth Camps



APPLICATION FOR CAMP WORKER - 2009 CAMPS

Kentucky District Council Assemblies of God * Kentucky Youth Ministries * PO Box 959 * Crestwood, KY 40014 * 502.241.7111 * kymsecretary@kyag.org

This application is to be completed by applicants. Its goal is to help provide a safe and secure environment for the children and youth that participates in our camp program and uses our facilities. Submission of application does not guarantee your selection as a volunteer staff member or volunteer work crew. Selection is based upon need and a positive recommendation by your pastor.

CHECK ONLY THE WEEK(S) YOU ARE APPLYING FOR:

Youth Camps

- Combined Camp # 1 June 8-12
- Combined Camp #2 June 15-19
- Combined Camp #3 June 22-26

Kids Camps

- Kids Camp #1 July 6-10
- Kids Camp #2 July 13-17

PERSONAL INFORMATION

Name _____ E-mail Address _____
first name middle initial last name

Current Address _____
Street City State Zip

Birthday _____ Age _____ Male _____ OR Female _____ Highest Education level achieved _____
month day year current

Evening Phone (_____) _____ - _____ Day Phone (_____) _____ - _____ Shirt Size _____
area area

Marital Status: *circle one:* married single Parent's Name(s) if under age 18 _____

Parents Email Address _____ Student's E-mail Address _____

Which week of camp are you planning to attend as a camper: _____

1. Have you ever been accused of, engaged in, or investigated for any sexual or physical offense involving a minor or adult, including but not limited to child abuse, child molestation, indecent liberties with a child, incest, sexual harassment, seduction, rape, assault, battery, murder, kidnapping, child pornography, sodomy, or sexual contact with a counselee or church member? _____
YES NO
 If **YES**, explain fully on a separate sheet (*identify when and where each accusation was made, and how each accusation was resolved.*)
2. Have you ever been convicted of, or pled guilty or "no contest" to, any criminal offense described in question above? **YES NO**
 If **YES**, explain fully on a separate sheet (*identify each conviction or plea of guilty, when and where each incident occurred, and the sentence received.*)
3. Have you ever been convicted of, or pled guilty or "no contest" to, any criminal offense not mentioned in question one? **YES NO**
 If **YES**, explain fully on a separate sheet (*identify each conviction or plea of guilty, when & where each incident occurred, & sentence received.*)
4. Do you use any tobacco products? _____ **YES NO**
5. Do you use alcoholic beverages? _____ **YES NO**
6. Do you use any illegal nonprescription drugs or prescription drugs illegally? _____ **YES NO**
7. Do you have any physical, mental handicaps or conditions preventing your involvement in certain types of activities? **YES NO**
 IF YES, explain _____
8. Do you have any objections to a police check on your background? _____ **YES NO**

APPLICATION FOR CAMP WORKER

9. Have you had any Christian camping experience? _____
 If YES, explain _____
 YES NO

11. To the best of your ability, are you willing to follow all camp rules and submit to camp policies? YES NO

12. Will you read the counselor's/worker's manual and complete written assignments? *(Manual will be sent if accepted)* YES NO

13. Are you comfortable with preparing and conducting devotions with students / other workers each day? YES NO

14. What special skills do you possess that might benefit the camp? _____

15. Do you fully ascribe to the following doctrines as taught by the Assemblies of God? *(A doctrinal guide is available by request)*
Salvation YES NO Baptism in the Holy Spirit YES NO Second Coming YES NO Divine Healing YES NO
 Please explain any **NO** answers. Use additional sheet of paper.

16. Are you a born again Christian according to John 3? YES NO When and how were you "saved?" _____

17. Are you baptized into the Holy Spirit with the external evidence of speaking in tongues according to Acts 2:4? YES NO

18. List the name, city and pastor of all churches you have attended regularly in the past five years. _____

19. List all previous church work, especially when involving students *(Identify church and type of work)*.

| | | |
|--------------|----------------|--------------------|
| Church _____ | Position _____ | Type of Work _____ |
| Church _____ | Position _____ | Type of Work _____ |
| Church _____ | Position _____ | Type of Work _____ |
| Church _____ | Position _____ | Type of Work _____ |

20. List any gifts, calling, training or other factors that have prepared you to work with students. _____

21. What is the name _____ and city _____ of the church, which you attend now?
 Are you a member in good standing? YES NO

22. Comments (Please make any personal comments you feel we should know about you). _____

23. PERSONAL REFERENCES (No relatives).

Name _____
 Address _____
 Day Time Phone _____
 Evening Time Phone _____
 Relationship _____

Name _____
 Address _____
 Day Time Phone _____
 Evening Time Phone _____
 Relationship _____

Signature of Applicant

 Date

Signature of parent or guardian of applicant is under 18 years old

 Date

All pages must be returned for approval to...

Camps 2009 * P.O. Box 959 * Crestwood, KY * 40014



APPLICATION FOR CAMP WORKER

Release of Reference from Liability and Waiver of Right to Inspect

In consideration of the receipt and evaluation of my application for volunteer camp staff with the Kentucky Youth Ministries of the Kentucky District Council of the Assemblies of God, I agree and represent that:

I authorize any references, schools, current or former employers, current or former supervisors, or any other person or organization, whether or not identified by this applicant, to give you any information (including opinions) regarding my character and fitness for serving as a camp counselor / volunteer staff at Camp Crestwood for the Kentucky Assemblies of God. I hereby release any individual, employer, church, reference, or any other person or organization, including the record custodians, both collectively and individually, and whether identified in this application or not, from any and all liability for damages 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 further state **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 release, which I have read and understand.

I (check one) Waive Do not waive any right that I may have to inspect any information provided about me by any person or organization described above.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS, AND AGREE TO THEM.

Applicant's Full Name _____

Applicant's Signature _____

Date _____

Witness Full Name _____

Witness Signature _____

IMPORTANT: Complete ALL pages of your application and provide them ALL to your Pastor along with the attached Pastor's Reference / Certification Form. If you are 18 or older, we must have either a copy of a completed background check OR the enclosed form filled out so that we can perform a background check on you. We must have ALL forms completed and signed before your application can be processed. Your pastor is instructed NOT to complete the Pastor's Reference/Certification Form without the completion of ALL three pages of your application form including a signed Release From Liability and Waiver of Right to Inspect Form.

For ministers holding credentials with the Assemblies of God, their credentials will qualify as the Pastor's Reference/Certification Form.

- Ask your pastor to complete the Pastor's Reference and Certification form.
- Provide your pastor with a stamped envelope addressed to:
Camps 2009 * P.O. Box 959 * Crestwood, KY 40014
- Ask your pastor to place in the mail as soon as possible.
- Your application will not be processed until we receive your pastor's signed reference and certification form.



PASTORS REFERENCE & CERTIFICATION FORM

APPLICATION FOR CAMP WORKER

Applicant's Name _____
 Applicant's Address _____
 City _____ State _____

INSTRUCTIONS TO PASTOR: **DO NOT** complete this form without receiving all five pages of the Camp Staff application, including a signed Release of Reference from Liability and Waiver of Right to inspect form. *Please complete this form and mail the entire application with your reference form as soon as possible to: Camps 2009 * P.O. Box 959 * Crestwood, KY * 40014-0959*

| Describe briefly the applicant's | | | |
|---|------------|-----------|---------|
| Is the applicant of mature Christian Spiritual depth and maturity | YES | NO | Explain |
| Does the applicant have a record of getting along with others | YES | NO | Explain |
| Ability to follow instructions | YES | NO | Explain |
| Cooperation with Leadership | YES | NO | Explain |
| Teach-ability & Servant-hood | YES | NO | Explain |
| General attitude and disposition | YES | NO | Explain |
| Faithfulness to church | YES | NO | Explain |
| Ministry Skills | YES | NO | Explain |
| Other | Explain | | |

1. How long have you known the applicant? _____
 In what working relationship? _____
2. How do you believe this person will perform as a volunteer camp staff member? _____
3. Do you have any reservations about their salvation or motives for serving at camp? **YES NO**
 If **YES**, explain _____
4. Is there any information we should consider in deciding if the applicant should be part of our camp staff. **YES NO**
 If **YES**, explain _____
5. Do you need to speak personally with me regarding the applicant? **YES NO**
6. Comments _____

7. Church Name _____
8. Church Address _____
9. City _____ State _____ Zip _____ Day Phone _____
10. *If the applicant is 18 or older, we have performed the appropriate background checks. **YES NO** If yes, please include a copy for our records.*
11. *We certify the above named applicant qualified to serve as a volunteer camp staff member for the Kentucky District Council of the Assemblies of God camping ministry. **YES NO***

Pastor's Name _____ Night Phone _____
 Pastor's Signature _____ Date _____

Please return A.S.A.P. to: Camps 2009 * PO Box 959 * Crestwood, KY 40014



COUNSELOR AND WORKER MEDICAL INFORMATION

NAME: _____

DATE OF BIRTH: _____

BLOOD TYPE: (IF KNOWN) _____

EMERGENCY CONTACT NAME AND NUMBER: _____

SECONDARY CONTACT: _____

INSURANCE PROVIDER: _____

POLICY NUMBER: _____

WHO IS THE PRIMARY NAME ON THE POLICY?

SSN OF PRIMARY INSURED: _____

DOB OF PRIMARY INSURED: ____/____/____

PRIMARY DOCTOR: _____ DOCTOR'S PHONE NUMBER: _____

HEALTH HISTORY:

ALLERGIES: _____ [] CARDIAC OR KIDNEY PROBLEMS [] SEIZURES

RESTRICTED ACTIVITIES: _____ [] LUNG TROUBLE/ASTHMA []

DIABETIC

CURRENT MEDICATIONS: _____

DATE OF TETANUS BOOSTER: ____/____/____ PENICILLIN OR DRUG REACTIONS: _____

ANY OTHER PERTINENT MEDICAL INFORMATION:



IF YOU ARE 18 YEARS OF AGE OR OLDER, YOU MUST COMPLETE THIS FORM!

| | | |
|---|--|--|
| AOC-RU-007 Rev. 4-08 Page 1 of 1 Commonwealth of Kentucky Court of Justice www.courts.ky.gov records@kycourts.net KRS 17.160 |  YOUTH LEADER REQUEST | MAIL REQUESTS TO: ADMINISTRATIVE OFFICE OF THE COURTS RECORDS UNIT 100 MILLCREEK PARK FRANKFORT, KENTUCKY 40601 502- 573-1682 or 800-928-6381 |
|---|--|--|

The process to obtain the information contained in CourtNet is as follows:

Individuals serving as Youth Leaders

Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked or provide e-mail addresses in place of envelopes.

FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUALS INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

E-MAIL ADDRESS: _____

I understand that failure to accurately provide the information requested may result in my prosecution under K.R.S. 523.100. I have provided the basic information necessary to qualify for record processing.

| | |
|--------------------------|----------------|
| Requestor/Contact Person | Date |
| Agency | Phone Number |
| Address | E-mail Address |
| City, State, Zip | |