

Kentucky Youth Ministries

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

Camp Counselor

Dear Friend of Camp Crestwood,

Thank you for your willingness to serve the Lord and our campers. Your influence during camp will bear fruit throughout eternity.

The cost of camp this year is \$149.00 with prepayment option or \$165.00. Remember that, **students prepaying the full amount will save sixteen dollars per person.** Truly, our camps are a great value. At the early rate camp only cost \$37 per day. That includes lodging, food, and the entire camp program. Many churches offer full or partial scholarships to help students attend.

We need at least one qualified adult to serve as a volunteer camp counselor from your church for every ten students sent. If the camp is understaffed without the appropriate ratio of approved counselors we may not be able to accept campers from those churches. Please make every effort to recruit good quality volunteer staff that you can give a high recommendation to work with minors. Staff and volunteer workers will not be accepted without a reference from a credentialed minister and a background check. **We need a copy of the completed background check OR the enclosed form filled out.** This MUST be included! References sent directly back to us are kept confidential.

We expect some weeks of camp to “sell out” early. We recommend all staff and campers register early to ensure their reservation. Campers will be accepted on a first-come-first-serve-basis. All volunteer staff must make advance application and be approved by the camp director. Additional Staff Applications and Camper Registration Forms are available from the Youth office. Staff Applications and Registration Forms may also be downloaded online at www.kyagyouth.org under Camps.

Please note: As a safeguard for kids, visitors are not welcome on camp premises. This is a security feature for the safety of our campers.

Enclosed is an application, Pastor’s Evaluation Form, and background check form for our summer camp volunteer staff 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



Why Camp?

What makes a week of camp such a powerful experience?

- 1) **Relationships.** Camp gives us an opportunity to build Godly relationships with campers and thereby demonstrate the Father's heart of God for kids.
- 2) **Time.** We give students time – not only to have fun and make friends, but time to seek God. It is normal for campers to still be around the altar crying out to God one hour or more after the formal dismissal.
- 3) **Power of God.** When campers come face to face with the reality of Christ it is a life changing experience.

Our primary objective for camp services is to offer

- 1) **Worship** that is God directed and **personally involving**
- 2) **Messages** that are biblically sound and **personally challenging** and
- 3) **Altar Responses** that are Pentecostal in nature and **personally life changing.**

We need your help

- Please encourage your campers and staff to **register early.** Many camps will sell out early. We believe this will be a banner year.
- Please **send your best people** to serve as staff – people of integrity who have a heart for young people.
- Please consider **providing full or partial scholarships** to help needy campers attend.
- Please ask your church to **pray** for our camp. We desire a touch from the Holy Spirit that will transform this generation.
- Please recruit qualified medical personal to serve in our First Aid office.

Camp Registration Fee

- Camp is still a great value! **Camp registration fee is only \$165**, but with full advance payment it is only \$149 and includes; registration fee, all meals, activities, recreation and camp program. Our camp program is a tremendous value besides the powerful spiritual impact on young people. Remember that there is no registration fee for volunteer camp staff.

Contact Information

- Phone: 502.241.7111, ext 14
- E-mail: kymsecretary@kyag.org
- Web: kyagyouth.org



Camp CRESTWOOD

APPLICATION FOR VOLUNTEER CAMP COUNSELORS

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 for Camp Counselor (volunteer) involving the supervision or custody of minors. 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. Also, you should be twenty-one years of age to serve as a counselor for Youth or Kids camp. For Kids Camps, those eighteen will be considered on an as-needed basis.

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

The term counselor refers to student oversight and not meant to imply any kind of professional or psychological counseling.

PERSONAL INFORMATION

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

Current Address _____
Street City State Zip

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

Evening Phone (____) _____ - _____ Day Phone (____) _____ - _____
area area

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

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 to, 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 to, 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 COUNSELOR

9. Have you had any Christian camping experience? _____ **YES NO**
 If YES, explain _____
10. To the best of your ability, are you willing to follow all camp rules and submit to camp policies? **YES NO**
11. Will you read the counselor's/worker's manual and complete written assignments? *(Manual will be sent if accepted)* **YES NO**
12. Are you comfortable with preparing and conducting devotions with students / other workers each day? **YES NO**
13. What special skills do you possess that might benefit the camp? _____
14. 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.
15. Are you a born again Christian according to John 3? **YES NO** When and how were you "saved?" _____

16. Are you baptized into the Holy Spirit with the external evidence of speaking in tongues according to Acts 2:4? **YES NO**
17. List the name, city and pastor of all churches you have attended regularly in the past five years. _____

18. List all previous church work, especially when involving students *(Identify church and type of work)*.
- | | | |
|--------------|----------------|--------------------|
| Church _____ | Position _____ | Type of Work _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

20. Why do you wish to serve at our summer camp(s)? _____

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

22. **What camp clubs or events do you have any special skills in which you would feel comfortable leading or teaching?**
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Paintball (Teen Only) | <input type="checkbox"/> Sign Language (Kids Only) | <input type="checkbox"/> Flag Football (Teen Only) |
| <input type="checkbox"/> Camp DVD Club | <input type="checkbox"/> Water Volleyball | <input type="checkbox"/> Tetherball (Kids Only) | <input type="checkbox"/> Fitness (Teen Only) |
| <input type="checkbox"/> Craft (Kids Only) | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Fitness (Teen Only) | <input type="checkbox"/> Cornhole |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Worship Team | <input type="checkbox"/> Girl's Club | <input type="checkbox"/> Frisbee Golf |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Indoor Board Games | <input type="checkbox"/> Dodgeball | |

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

24. Would you be willing to serve as our camp nurse? Yes or No _____
25. Do you have any first aid, CPR or other medical training? Yes or No _____

26. **PERSONAL REFERENCES (No relatives).**
- | | |
|--------------------------|--------------------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| Day Time Phone _____ | Day Time Phone _____ |
| Evening Time Phone _____ | Evening Time Phone _____ |
| Relationship _____ | Relationship _____ |

 Signature of Applicant Date _____



APPLICATION FOR CAMP COUNSELOR

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 five pages of your application and provide them ALL to your Pastor along with the attached Pastor's Reference / Certification Form and a copy of a completed background check OR a form filled out for a background check to be done. 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 five pages of your application form including a signed Release Form 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 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 AND a copy of a completed background check/ OR background check form filled out clearly and completely.



COUNSELOR AND WORKER EMERGENCY 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:



PASTORS REFERENCE & CERTIFICATION FORM

APPLICATION FOR CAMP COUNSELOR

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

INSTRUCTIONS TO PASTOR: **DO NOT** complete this form without receiving all three 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 the camp director regarding the applicant? **YES NO**

6. Comments _____

7. Church Name _____

8. Church Address _____

9. City _____ State _____ Zip _____ Day Phone _____

10. *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 is fit and qualified to serve as a volunteer camp staff member for the Kentucky District Council 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

THIS FORM MUST BE COMPLETED IF A BACKGROUND CHECK IS NOT INCLUDED!! WE WILL NOT PROCESS YOUR APPLICATION WITHOUT IT!

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	