

# 2017 YOUTH CAMP WORKER'S APPLICATION

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## Qualifications:

Individuals must be at least 18 years of age (workers for Sr. Teen camps must be one year removed from high school). Each applicant must be a born again Christian, have a good Christian testimony, be faithful to his or her home church, and fully support the doctrines of the Assemblies of God as stated in the "Statement of Fundamental Truths."

**Procedure:** (All camp workers, including youth pastors, must complete an application; and must be postmarked by **May 25<sup>th</sup>, 2017**)

1. Accurately complete all portions on each page of this application.
2. Attach cash or check (payable to "Youth Camp") for **\$75 PER WEEK Fee, required from EVERYONE.**
3. Submit application to your pastor or youth pastor. Your pastor will mail your application to us.
4. You will receive an email regarding your status 2-3 weeks prior to the camp you're applying for.

### Applying for:

Available week(s):

Jr Teen 1(July 10-14)

Jr Teen 2(July 17-21)

Sr Teen 1(July 24-28)

Sr Teen 2(July 31-Aug 4)

### Position of Interest:

Counselor

Night-watch

Support Staff

Video/Tech

Nurse - RN or LPN (circle one)

## Worker Information:

Name \_\_\_\_\_ Application Date \_\_\_\_\_  
(Last) (First)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(St #) (St Name) (APT)

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Age \_\_\_\_\_ Birth date (mm/dd/yyyy) \_\_\_\_\_ Gender  M  F Health  Excellent  Good  Poor

**Social Security Number** (MUST have for background check) \_\_\_\_\_

Have you ever been convicted of a criminal offense or felony?  Yes  No If yes, explain: \_\_\_\_\_

Do you hold a current Red Cross Life Saving or Water Safety Certificate?  Yes  No If yes, which? \_\_\_\_\_

Education - High School \_\_\_\_\_ Year \_\_\_\_\_ College \_\_\_\_\_ Year \_\_\_\_\_

Do you agree to study the Counselor's Manual thoroughly before camp?  Yes  No

## Health Information: MUST BRING INSURANCE CARD TO CAMP.

List any handicaps, limitations, health problems, allergies, etc. \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Insurance Co. Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

## Spiritual Experience:

Home Church \_\_\_\_\_ Church City \_\_\_\_\_ Pastor \_\_\_\_\_

Date saved \_\_\_\_\_ Date filled with the Spirit \_\_\_\_\_

Have you ever led a person to a salvation experience in Jesus?  Yes  No

Are you able to lead others in prayer and Bible devotions?  Yes  No

How often do you have a devotion time?  Often  Sometimes  Seldom

## Camp Experience:

List any previous camp experience:

Location	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**For Counselor Applicants:**

I would prefer to counsel ...  Teens from my church\*  Teens other than my church  I have no preference

\*List first and last names of all teens you wish to counsel \_\_\_\_\_  
\_\_\_\_\_

Campers and counselors are housed separately. If you know of another counselor or worker you wish to room with, please list name(s): \_\_\_\_\_

**Prepay for your camp T-shirt** Add \$7 now to pre-pay for your camp t-shirt. Please indicate your adult t-shirt size.

Small  Medium  Large  XL  XXL

**Ministry Commitment & Liability Release:**

I understand that this is only an application and that submission of this form does not guarantee a position of ministry at camp. I understand that the Minnesota Student Ministries will notify me by email of acceptance/non-acceptance approximately 2 weeks prior to the date of the camp I applied for. By signing below I acknowledge that I have truthfully answered all questions contained on this application and am qualified to be a worker for the camp(s) for which I am applying according to the above stated qualifications. I also agree to cooperate with camp leadership and abide by camp policies as stated in the provided Camp Counselor Manual.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Applicants** – Remember to submit application to your pastor, along with the \$75 to cover the mandatory background check. Please keep in mind, we do not know camp attendance (therefore, counselor need) until at least 2-3 weeks prior to camp date. We will, however, respond as quickly as possible to your request so you can plan accordingly.

**Pastor's Reference**

**It is not necessary for Licensed Pastors/Youth Pastors to complete the Pastor's Reference portion for themselves.**

How long have you known this applicant? \_\_\_\_\_

In what capacity does he/she presently work in your church? \_\_\_\_\_

Have you adequately screened this applicant for work in your church?  Yes  No

Do you know this applicant to be free from use of tobacco, alcohol and other drugs?  Yes  No

Can you vouch for the moral integrity of this applicant?  Yes  No

Does the applicant have spiritual maturity to pray with youth for the in-filling of the Holy Spirit?  Yes  No

Does the applicant have adequate spiritual and emotional maturity necessary for counseling and praying with youth regarding the various problems that may be presented to him/her by the youth?  Yes  No

I **do** /  I **do not** recommend this applicant for the position for which he/she is applying.

**PASTORS, PLEASE NOTE THE FOLLOWING OPTIONS:**

**We accept qualified counselors upon availability of space or upon need. We will guarantee one spot per twelve same-gender campers to a same-gender counselor. A \$75 PER WEEK fee covers partial expenses and background check. If you desire additional counselors for your group you may pay \$140 PER WEEK per counselor (includes \$75 fee) to guarantee spots.**

I **do** have enough campers of the same gender registered to guarantee this applicant a spot (one spot per twelve campers).

I **do not** have enough campers of the same gender but **would like to pay \$140** to guarantee this applicant a spot.

I **do not** have enough campers of the same gender but would like this applicant be considered if space becomes available.

Please indicate their order to be accepted (ie: (1) first choice (2) second choice, etc ...) Priority # \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Dated \_\_\_\_\_

Pastor's Name (Printed) \_\_\_\_\_

Church/City \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Comments: \_\_\_\_\_

**Pastors** - Please complete the Pastor's Reference portion, sign, and mail this form with appropriate payment to:  
**Youth Camp Workers • 1315 Portland Avenue South • Minneapolis, MN 55404-1486**

BACKGROUND CHECK DISCLOSURE  
[IMPORTANT – PLEASE READ BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Minnesota District Council of the Assemblies of God (“the District”) may obtain information about you in regards to your service as a volunteer for the District from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for volunteering is an investigation into your national criminal history conducted by First Advantage Background Services Corp. (“First Advantage”), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the District to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your time of volunteering to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the District at any time after receipt of this authorization and throughout my time of volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage P.O. Box 105292 Atlanta, GA 30348, 1-800-845-6004, another outside organization acting on behalf of the District, and/or the District itself. First Advantage’s Privacy Policy can be reviewed at <http://www.fadv.com/privacy-policy/>. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_