

# 2009 KIDS CAMP STAFF APPLICATION

## Staff Applications due June 5th

PLEASE PRINT CLEARLY AND FILL OUT ALL SECTIONS

*For each incomplete application there will be a \$5 fee assessed to the church  
Incomplete apps (including lack of signatures) will not be approved until completed*  
Email address is important for proper communication and approval

FOR SOMO OFFICE USE ONLY

Application	_____
Background Check	_____
Pastoral Approval	_____

### PERSONAL INFORMATION

NAME \_\_\_\_\_ GENDER M/F \_\_\_\_\_ MARRIED/ SINGLE \_\_\_\_\_

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

PHONE NUMBER ( ) - \_\_\_\_\_ BIRTHDAY (MM/DD/YY) \_\_\_\_\_ AGE \_\_\_\_\_

SSN - - \_\_\_\_\_ EMAIL (PLEASE PRINT CLEARLY) \_\_\_\_\_

EMERGENCY CONTACT NAME/ PHONE NUMBER \_\_\_\_\_

CHURCH NAME/ CITY \_\_\_\_\_ SENIOR PASTOR \_\_\_\_\_ CHILDREN'S PASTOR \_\_\_\_\_

NAME OF PARENT/GUARDIAN WORKING AT CAMP (Required for those under 15 yrs of age) \_\_\_\_\_

### CAMP INFORMATION



**We have a limited number of staff positions. If we are full, there will be a \$100 charge for food and housing (if available).**

Please mark your preferred camp

\_\_\_\_\_ July 6-10      \_\_\_\_\_ July 13-17      \_\_\_\_\_ July 20-24      \_\_\_\_\_ July 27-31

**ALL STAFF APPS ARE DUE BY JUNE 5th**

### Volunteer Positions

Description of each position available at [KidZMo.org](http://KidZMo.org)...click on <SoMo Kidz Camp>

(Approved counselor position does not guarantee you will be with your own church, Counselors & staff will need to bring their own bedding)

### Position Desired

PLEASE MARK YOUR PREFERRED POSITION...1-first choice, 2-second choice, 3-third choice...  
(Incomplete if you mark only one and it is not available.)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Counselor (18 yrs or older)   | <input type="checkbox"/> Bible & Music                         | <input type="checkbox"/> Dishwashing               | <input type="checkbox"/> Gym Games     |
| <input type="checkbox"/> Assist Coun (15 yrs or older) | <input type="checkbox"/> Security                              | <input type="checkbox"/> Dining Hall               | <input type="checkbox"/> Outdoor Games |
| <input type="checkbox"/> Teen Staff Coordinator-Boys   | <input type="checkbox"/> Water Front                           | <input type="checkbox"/> Pop Stand/Chapel Cleaning | <input type="checkbox"/> KIM _____     |
| <input type="checkbox"/> Teen Staff Coordinator-Girls  | <input type="checkbox"/> Gift Shop/Office                      | <input type="checkbox"/> Chapel Cleaning Manager   | <input type="checkbox"/> Where Needed  |
| <input type="checkbox"/> Pop Stand Manager             | <input type="checkbox"/> Jet Ski Driver<br>(Training Required) | <input type="checkbox"/> Other _____               |  |

### Paid Positions

- Nurse (Must be RN/LPN) License # \_\_\_\_\_  Assistant Nurse
- Certified Life Guard  Certified Belayer

Description of each position available online at [KidZMo.org](http://KidZMo.org)

(KIM choice must be in addition to one of the other choices)

KIM – Lead a Kids-N-Ministry Club; human video, puppets, drama, JBQ, missions, balloon tying, object lessons, gospel illusions, or crafts. You will plan and prepare your own teaching and presentation.

### HOUSING

\*Choices do not apply to Counselors

Free Housing - Bring bedding, towel, etc.

\*Must be at least **21** to stay in Hotel

New Hotel (**\$100** due at camp) - Bedding and towels provided

\***No** Pets allowed

Requested person to room with \_\_\_\_\_

**\* BACKGROUND INFORMATION**

**HISTORY**

Have you previously served at SOMO Kids Camp? If so when, and what position? \_\_\_\_\_

Have you ever been involved with or convicted of child abuse or a crime involving sexual molestation of a minor? If yes, please explain. \_\_\_\_\_

During the past ten years, have you ever been convicted of a crime, excluding traffic violations (i.e. speeding tickets)? If yes, please explain. \_\_\_\_\_

<input type="checkbox"/> I have enclosed a copy of my background check (Dated '04 or Newer)	<input type="checkbox"/> I am under 18 - background check is not required
<input type="checkbox"/> I have enclosed \$10 for you to run a background check on me	<input type="checkbox"/> I previously paid \$10 for a background in 2005-08

**\* SPIRITUAL STATUS**

- Yes No I have been born again and know my salvation is real
- Yes No I hold membership in the church I attend
- Yes No I attend all services faithfully
- Yes No I am baptized in the Holy Spirit and speak in tongues regularly
- Yes No I fully and completely agree with, believe in, and adhere to the tenets of faith of the Assemblies of God
- Yes No I can explain the plan of salvation and the baptism of the Holy Spirit to another individual
- Yes No I have often prayed with others in my church, especially at the altar

**\* HEALTH INFORMATION**

**STATEMENT OF HEALTH**

Insurance Carrier	Group Number
Policy Number	Insured's Social Security #
Insured's Name (First/Last)	Insurance CO. Phone Number

Is there any information we should have regarding your welfare (handicaps, restrictions on activities, diets, allergies, extreme depression, destructive temper etc)? \_\_\_\_\_

Do you have:  Heart Trouble  Ear Trouble  Asthma  Hernia  Skin Trouble  Allergies  Lung Trouble  HIV/AIDS  
 Other/Explanation \_\_\_\_\_

List any medications you are taking (name/reason/instructions) \_\_\_\_\_

**EMERGENCY TREATMENT PERMISSION/ COOPERATIVE AGREEMENT**

I do hereby state that while I am a registered staff member at any Assemblies of God summer camps, I hereby authorize any director, counselor, nurse, lifeguard, or other responsible person of said Camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered under the general or special supervision on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I give permission for over the counter, non-prescription medication or application to be given, not to exceed recommended dosage for stomach discomfort, burns, cuts, insect bites, rash, aches, cough, congestion, etc. I fully understand that the CAMP INSURANCE IS A SECONDARY COVERAGE and covers accidents only with a maximum of \$5000 per incident, and that I will need to file on my own insurance first. I accept full responsibility for any charges other than accidents, or charges beyond the \$5000 maximum of the camp insurance. I agree to read the Camp Staff Handbook. Go to: [kidzmo.somoag.org](http://kidzmo.somoag.org). I have read, and am willing to abide by all the camp rules and policies as stated in the information sheet.

**\*\* SIGN HERE \*\***

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**\* PASTORAL APPROVAL** (Answer each of the 10 questions and sign)

PLEASE READ CAREFULLY! The prospective staff member should first complete this application to this point, then give this application to the Pastor to complete. The senior pastor should then mail it along with their background check to the District Office **without returning it to the applicant**. The pastor's answers will remain confidential.

- <sup>1</sup>How long have you known this applicant? \_\_\_\_\_ <sup>2</sup>Does this applicant attend all church services faithfully \_\_\_\_\_
- <sup>3</sup>In what capacity does he/she minister in your church? \_\_\_\_\_
- <sup>4</sup>Can you vouch for their moral integrity? Yes No <sup>5</sup>Do you know that he/she is free from use of tobacco, alcohol, or other drugs? Yes No
- <sup>6</sup>Does this applicant have adequate spiritual maturity to pray with youth for salvation, the infilling of the Holy Spirit, or for other needs? Yes No
- <sup>7</sup>Is this applicant qualified to work in positions checked? Yes No <sup>8</sup>Is the applicant mature and spiritually qualified to be a Counselor? Yes No
- <sup>9</sup>Is there any information about this applicant that you feel would be necessary for us to know? \_\_\_\_\_
- <sup>10</sup>Do you recommend this individual to work at our camps? Yes No

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