

Note: Every Church must send one male Chaperone if sending boy campers & one female Chaperone if sending girl campers!

APPLICATION FOR VOLUNTEER CAMP WORKERS

CENTRAL CALIFORNIA DISTRICT* PENTECOSTAL CHURCH OF GOD*YOUTH MINISTRIES

2022 CENTRAL CAL SUMMER CAMPS – VOLUNTEER WORKERS



-This application is to be completed by applicants for any position (volunteer or compensated) at the Central Cal Summer Camps. The goal is to provide a safe and secure environment for all persons, particularly the youth that participates in our camp program.

-Submission of application does not guarantee your selection as a volunteer staff member or volunteer work crew. Selection is based upon a thorough review process, including a positive recommendation by your pastor.

-Age requirements: Chaperones must be at least 20 years old. There will be at least one chaperone per 10 campers.

-Volunteers for the work crew should be 16 years old to serve at Camp Adventure or Camp Discover. However, based on need, workers may be considered who are at least 15 years old. Applicants 16 and older will be given first consideration.

**CAMP ADVENTURE
JULY 11-15**

**CAMP INSPIRE
JULY 15-19**

**INTERNSHIP
JULY 6-20**

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

CHECK THE AREA YOU WISH TO APPLY FOR:

(Mark each area between 1-5, with "1" being your most preferred area)

____ Chaperone (20 or older) ____ Kitchen Crew ____ Maintenance Crew ____ Rover

____ Snack Shack ____ Office ____ Bus Driver (25 or older)

Other _____ (this position may be recruited by director)

****NOTE: This is only a preference. You can be moved to any area based on camp needs. If you cannot work in an area due to any circumstance, please note it.**

PERSONAL

Name _____ Date of Birth _____ Age _____

Address _____ City _____ State/Zip _____

Email address _____ Day phone _____ Evening phone _____

Circle One: Male Female Married Single

Church _____ Address/Phone _____

IN CASE OF EMERGENCY CONTACT: _____ RELATION _____

PHONE _____ Parent's Name(s) if under age 18 _____

FOR PREVIOUS IMPACT CENTRAL CAL CAMP WORKERS/VOLUNTEERS APPLICANTS

I certify that none of my information that I have completed on prior Central Cal Camp Worker Applications has changed. If it has changed, please fill out another camp worker app, if not, return only page 1 (minors will also need parent permission form)

Applicant's Signature _____ Date _____

I certify the above-named applicant is fit and qualified to serve as a volunteer camp staff member for the Central California, 2021 Pentecostal Church of God Summer Camps ministry.

Senior. Pastor's Signature of church attending: _____ Date _____

Printed Name of Senior Pastor: _____ Church: _____

MEDICAL INFORMATION

Worker applications shall require disclosure of any mental or physical health conditions of applicant. Applications disclosing mental or physical health conditions shall be referred to the Camp Director to undergo a review process and determination as to whether the applicant’s health condition poses any risk to camp attendees. Following review and investigation, the Camp Director shall consult with the District Bishop for final determination on the application.

1. Have you had any of the following? Polio_____ Epilepsy_____ Rheumatic Fever_____ Other_____ If any, when? _____

2. Does the applicant have:
Heart Trouble_____ Lung Trouble_____ Skin Trouble_____ Ear Trouble_____
Sinus Infection_____ Diabetes_____ Asthma_____ Allergies_____

3. Explain any of the above you have checked _____

4. Have you ever been diagnosed as HIV positive? **YES NO**

5. Has the applicant been under medical care within the past 3 years? **YES NO** If so, for what? _____

6. Are you currently using any prescription drugs? If so, please explain. _____

7. Do you have any physical, mental handicaps, or conditions as (ADHD, Bipolar, etc.)?
YES NO IF YES, explain _____

8. Are you covered by any employer health plans or any other plans? **YES NO**

NAME OF INSURANCE COMPANY _____

ADDRESS AND PHONE NUMBER _____

TYPE OF PLAN & POLICY NUMBER _____

Covid-19 Screening:

I agree that I will not attend Impact Summer Camp if I experience the following symptoms:

Fever:

Cough:

Shortness of breath or have difficulty breathing:

Chills:

Muscle Pain or body aches:

onset of headaches or sore throat:

Nausea and/or vomiting:

Loss of taste or smell:

Onset of fatigue:

GI upset or diarrhea:

*Been advised to self-quarantine because of being around someone with Covid-19:
are currently diagnosed with Covid-19:*

Signature of Applicant: _____

HISTORY/BACKGROUND

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. **Please circle YES NO**

If YES, explain fully on a separate sheet (identify when & 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 or misdemeanor offense NOT described in question 1?

Please circle **YES or NO**

If YES, explain fully on a separate sheet (identify each conviction or plea of guilty, when & where each incident occurred, and the sentence received)

3. Have you ever been convicted of, or pled guilty or "no contest" to, any criminal or misdemeanor offense not mentioned in question 1?

YES NO (excluding minor traffic offenses) If YES, explain fully on a separate sheet.

4. Are you currently on probation? **YES NO** If YES, explain fully on a separate sheet.

5. Do you use any tobacco products? **YES NO** Do you use alcoholic beverages? **YES NO**

Do you use any illegal drugs? **YES NO** Do you use any prescription drugs illegally? **YES NO**

6. Have you had any Christian Camping experience? **YES NO** Explain _____

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

8. Do you have any special skills that might benefit the camp program? _____

9. Do you fully ascribe to the following doctrines as taught by the Pentecostal Church of God? (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.

10. Are you a born-again Christian according to John 3? **YES NO** When were you "saved"? _____

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

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

Currently attending _____

Past churches _____

13. List all previous church work, especially when involving students: _____

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

15. I certify that I have been attending my current church and am a faithful tither for at least 6 months **YES NO**

16. **PERSONAL REFERENCES** (Not former employees or relatives)

Name _____ Name _____

Address _____ Address _____

Day Time Phone _____ Day Time Phone _____

Evening Time Phone _____ Evening Time Phone _____

Relationship _____ Relationship _____

17. I am able to stay until camp is dismissed on the final day? **YES NO**

18. I understand that my job assignment may be reassigned as needed by camp director or authorized camp personnel? **YES NO**

19. I understand that I am financially responsible for any/all medical claims procured. I waive any/all claims against the District/National PCG, the District Board, its representatives, and campground staff/workers because of any injury or other damage that may be incurred to me or my property in connection with, or incident to, the Pentecostal Church of God. **YES NO**

20. **HAVE YOU COMPLETED YOUR CHURCH'S CHILD ABUSE PREVENTION PROGRAM? YES NO**

DOES YOUR CHURCH HAVE ON FILE A WRITTEN COPY OF AN OFFICIAL BACKGROUND CHECK? YES NO

-According to the bylaws of the Central California District Pentecostal Church of God, you cannot be a worker (volunteer or paid), unless you have a criminal background check and have completed a Child Abuse Training program with your church.

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 may have regarding my character and fitness for children and youth work. In consideration of the receipt and evaluation of this application by the

Central California District Pentecostal Church of God Inc., I hereby release 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 any 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 might have to inspect any information provided about me by any organization identified by me in this application. Should my application be accepted, I agree to be bound by the Bylaws and policies of the Central California District Pentecostal Church of God, Inc., and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I also give permission to publish my name or picture on the Central California PCG website as being a camp worker for Central Cal Camps.

I understand that the position for which I am applying has a required time for arrival and dismissal on the campgrounds. I understand that I must be at the campgrounds by that required time the first day of Youth Camp.

I further state that **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 agreement which I have read and understand.

21. Applicant's Signature _____
Date _____

22. **SENIOR PASTOR'S REFERENCE** (You are endorsing the applicant to work in any area of camp, any reservations by the Senior Pastor **must** be voiced clearly to the camp director)

A. How do you believe this person will perform as a volunteer camp staff member? _____

B. Do you have any reservations about their salvation or motives for serving at camp in any area? **YES NO**

If **YES**, explain _____

C. Is there any information we should consider in deciding if the applicant should be part of our camp staff? **YES NO**

If **YES**, explain _____

D. Do you need to speak personally with me regarding the applicant? **YES NO**

E. Is the applicant qualified to serve and have attended your church faithfully for at least six months, actively supports the local church, and, if gainfully employed, is a tither? **YES NO**

F. HAS THE APPLICANT COMPLETED YOUR CHURCH'S CHILD ABUSE PREVENTION PROGRAM AND DOES YOUR CHURCH HAVE ON FILE A WRITTEN COPY OF HIS/HER OFFICIAL BACKGROUND CHECK? **YES NO**

G. Is there any area of camp that this applicant should not work in? _____

I certify the above-named applicant is fit and qualified to serve as a volunteer camp staff member for the Central California Pentecostal Church of God Summer Camps ministry.

Senior. Pastor's Signature of church attending: _____

Date _____

Printed Name of Senior Pastor: _____ Church: _____

****MUST RETURN PACKET POSTMARKED by JUNE 1ST**

**There is no fee for workers/chaperones, but will need spending money for snack-shack, store, etc.

Return to... CENTRAL CAL YOUTH CAMPS, 610 PICO, STE A, CLOVIS, CA 93612



PARENTAL PERMISSION OF APPLICANTS UNDER 18

Applicants Under the age of 18 must have their parent's signature at bottom of page.

Applicant's Name _____ Age _____

Date of Birth _____

Date of last Tetanus shot _____

May the camp staff administer Tylenol if needed for fever or minor pain? **YES NO**

I/We are aware of the hazards and risks to child and property associated with participating in camp activities, such hazards and risks including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. We accept our child's participation with full awareness of these risks and acting on our own behalf and on behalf of and as a representative of our child, we assume all risk of death, injury, illness, and damage associated with such risks.

The above-named child may attend and participate in this year's camp program at Central California District Pentecostal Church of God Youth Ministries Camp.

I/We do further give my/our consent for the director or properly appointed staff member of the Central California District Pentecostal Church of God to secure the administration of medications, medical treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary for our child.

****MEDICATION MUST BE SENT IN THE ORIGINAL PHARMACY CONTAINER.**

The health and well-being of the above named is dependent upon the administration of medicine during the Sequoia Heights visit by its Head Nurse as follows:

Name of Medicine _____

Description of Medicine _____
(give color and form, such as liquid, capsules, etc.)

Strength _____ **Dosage** _____
(mg/per tablet, capsule, tsp., etc.) (number of tablets, capsules, tsp., etc.)

Frequency of dosage _____
(time frequency, relationship to meals, etc.)

PLEASE LIST ANY MEDICATION OR TREATMENT THAT SHOULD NOT BE GIVEN TO YOUR CHILD BECAUSE OF DANGEROUS REACTIONS.

I/We understand that, while the above-named child participated in any regularly sponsored camp activities, he/she is responsible to abide by the rules set forth by the sponsoring organization, its leaders and supervisory personnel. Any serious infraction of rules and/or conduct by the child can result in dismissal from camp. In the event our child is dismissed from camp, I/we, the undersigned agree to assume the cost of returning the child to his or her home.

(I/We understand that such action would only be taken under extreme circumstances and only after consultation with the child's parents or guardians and may include consultation with the child's pastor, youth pastor or children's pastor.)

(I/We) also give permission to publish my child's name or picture on the Central California PCG website as being a camp worker for Central Cal Camps.

I/We grant permission for the camp administration to search the personal belongings of my child if items not permitted on the grounds are suspected and understand that items disallowed may be confiscated and my child is subject to dismissal.

Signature of Parent or Legal Guardian Date

Printed name of Parent or Legal Guardian Relationship