

Note: Every Church must send 1 male Chaperone if sending boy campers & 1 female Chaperone if sending girl campers!

APPLICATION FOR VOLUNTEER CAMP WORKERS
 CENTRAL CALIFORNIA DISTRICT* PENTECOSTAL CHURCH OF GOD* YOUTH MINISTRIES
2024 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 participate in our camp program.
- Submission of application does not guarantee your selection as a volunteer staff member or 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. However, based on need, workers may be considered who are at least 15 years old. Applicants 16 and older will be given first consideration.

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

<input type="checkbox"/>	INTERNSHIP JULY 8-24
<input type="checkbox"/>	CAMP ADVENTURE JULY 15-19
<input type="checkbox"/>	CAMP INSPIRE JULY 19-23

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 _____

*****Instructions to complete CA AB506 requirements will be emailed once form is submitted.*****

_____ (Initial) I agree to comply with the AB506 CA state law requirements. I acknowledge that I will not be approved as a volunteer until I meet said requirements.

MEDICAL INFORMATION

Worker applications shall require disclosure of any mental or physical health conditions of the 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? **YES NO** If so, please explain. _____

7. Do you have any physical or mental handicaps, or conditions such 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 & PHONE NUMBER _____

TYPE OF PLAN & POLICY NUMBER _____

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: _____

Date: _____

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 one: YES NO**

*If YES, explain fully on a separate sheet (identify when & where each accusation was made and how each accusation was resolved.)

a. Do you or have you ever experienced same sex attraction? **YES NO IF YES, explain on a separate sheet of paper.**

2. Have you ever been convicted of, pled guilty or "no contest" to, any criminal or misdemeanor offense NOT mentioned in question 1? (excluding minor traffic offenses) **Please circle one: YES NO**

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

3. Are you currently on probation? **Please circle one: YES NO** *If YES, explain fully on a separate sheet.

4. 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**

5. Have you had any Christian Camping experience? **Please circle one: YES NO**

Explain: _____

6. To the best of your ability are you willing to follow all camp rules and submit to camp policies? **Please circle one: YES NO**

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

8. 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 an additional sheet of paper.

9. Are you a born-again Christian according to John 3? **Please circle one: YES NO** When were you "saved"? _____

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

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

*Currently attending: _____

*Past church(es): _____

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

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

14. I certify that I have been attending my current church and am a faithful tither for at least 6 months. **Please circle one: YES NO**

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

Name: _____ Name: _____

Address: _____ Address: _____

Day Time Phone: _____ Day Time Phone: _____

Evening Phone: _____ Evening Phone: _____

Relationship: _____ Relationship: _____

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

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

18. 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**

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

20. DOES YOUR CHURCH HAVE A WRITTEN COPY OF AN OFFICIAL BACKGROUND CHECK ON FILE? **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 the required time on 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.

Applicant's Signature: _____ **Date:** _____

****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 has 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 A WRITTEN COPY OF HIS/HER OFFICIAL BACKGROUND CHECK ON FILE? **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 may participate 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