

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

2025 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.

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

<input type="checkbox"/>	Junior Camp (Grades 3-5) July 14-17 *4 days*
<input type="checkbox"/>	Senior Camp (Grades 9-12) July 17-21 *5 days*
<input type="checkbox"/>	Junior High Camp (Grades 6-8) JULY 21-25 *5 days*

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 ____Station Leader ____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 _____
 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 _____

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 _____

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 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? _____

H. If your church is AB506 compliant, has the applicant completed the Live scan verification? YES NO

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 20th**
****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 or arodriguez@ccpcg.org