



Workers Registration FEE of \$30, is due with registration form by July 1st.
Each church is allowed a free registration for 1 guy and 1 girl counselor.

Summer Camp 2020 Staff Application

Submission of application does not guarantee your selection as a volunteer staff member or volunteer work crew member. Selection is based upon need and a positive recommendation by your pastor.
This application is to be completed by applicants for any position (volunteer or compensated) involving the supervision or custody of minors. Its goal is to help provide a safe and secure environment for the children and youth that participate in our camp program and use our facilities.

Age Requirements

Counselor/Counselor Assistant for Camp Adventure, Camp Journey, Camp Inspire must be 21 years old. However, those eighteen & older may be considered on an as-needed basis.

Volunteers for the work crew should be 16 years old to serve at Camp Adventure, Camp Journey, Camp Inspire. However, those fourteen & older may be considered on an as-needed basis.

FORM MUST BE FILLED OUT IN ITS ENTIRETY

STEP 1: PICK A WEEK OF CAMP (check all that apply)

☐ Camp Adventure – July 7-10
Grades: 1st-4th

☐ Camp Journey – July 13-17
Grades: 5th-8th

☐ Camp Inspire – July 20-25
Grades: 9th-12th

STEP 2: PICK THE AREA YOU ARE APPLYING FOR (check one)

☐ Counselor ☐ Counselor Assistant ☐ Work Crew ☐ Food Service ☐ Sanitation ☐ Nurse ☐ Other

STEP 3: PERSONAL INFORMATION (please print clearly)

Name _____ Age _____ Birth Date ____/____/____ Gender ☐ M ☐ F

Mailing Address _____
Number Street Apt. City State Zip

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

STEP 4: Select What Applies (check all that apply)

Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single Race: ☐ White ☐ Black ☐ Hispanic ☐ Other _____

STEP 5: GROUP INFORMATION (required)

Church Name _____ Church Phone Number _____
Sr. Pastor _____ Group Leader _____

STEP 6: EMERGENCY INFORMATION (required)

Parent's Name(s) if under age 18 _____ Family Physician: _____
Phone (____) _____ Do you carry family medical insurance? ☐ YES ☐ NO
Carrier Name: _____ Phone (____) _____
Group Policy Number: _____ Name of Policy Holder: _____

7. CONTACT INFORMATION (required)

In the event of an emergency, River Pointe will contact the parent or legal guardian immediately, if the worker is a minor. Otherwise please list a contact person due to emergency if you are not a minor.

Name _____ Phone (____) _____ Relationship _____

8. MEDICAL INFORMATION (optional)

Have you had any of the following? ☐ Polio ☐ Epilepsy ☐ Rheumatic ☐ Fever ☐ Other

If any, when? _____

Does the applicant have:

☐ Heart Trouble ☐ Lung Trouble ☐ Skin Trouble ☐ Ear Trouble ☐ Sinus Infection ☐ Diabetes Asthma ☐ Allergies

Have you ever been diagnosed as HIV positive? ☐ YES ☐ NO Has the applicant been under medical care within the past 3 months? YES NO If so, for what? _____

9. APPLICANT QUESTIONS

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, or sexual contact with a child or church member? ☐ 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 offense described in question 1? ☐ YES ☐ 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 offense not mentioned in question 1? ☐ YES ☐ NO
(excluding minor traffic offenses) 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 nonprescription drugs or prescription drugs illegally? ☐ YES ☐ NO

5. Do you have any physical, mental handicaps or conditions preventing your involvement in certain types of activities? ☐ YES ☐ NO
If YES, explain fully on a separate sheet.

6. Have you had any Christian Camping experiences? ☐ YES ☐ NO

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

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

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

10. 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.

11. Are you a born again Christian according to John 3? ☐ YES ☐ NO

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

STEP 10: PERSONAL REFERENCES (required) Not former employees or relatives

Name _____
Address _____
Day Time Phone _____
Evening Time Phone _____
Relationship _____

Name _____
Address _____
Day Time Phone _____
Evening Time Phone _____
Relationship _____

STEP 11: SIGNATURE (required)

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

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 Southern Missouri 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 Southern Missouri District Pentecostal Church of God, Inc., and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

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.

SIGNATURE (required) _____ Date ____/____/____

STEP 12: BACKGROUND INFORMATION (required)

Do you have any objections to a policy check on your background? ☐ YES ☐ NO

Every applicant is subject to a criminal background check. This is standard policy for River Pointe.

PRINT FULL NAME _____ PRINT MAIDEN NAME IF APPLICABLE _____

PRINT ALL ALIASES _____ PLACE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

7. PASTORS REFERENCE (required)

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

2. Do you have any reservations about their salvation or motives for serving at camp? ☐ YES ☐ NO

If YES, explain _____

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

If YES, explain _____

4. Do you need to speak personally with me regarding the applicant? ☐ YES ☐ NO

I certify the above named applicant is fit and qualified to serve as a volunteer camp staff member for the Southern Missouri Pentecostal Church of God camping ministry. (Must be signed by Sr. Pastor)

PASTOR'S SIGNATURE (required) _____ Date ____/____/____

**** Return to River Pointe's OFFICE by JULY 1st **** River Pointe Summer Camps * PO Box 1459 Steelville, MO 65565**