

**MAIL APPLICATION TO:**  
Church of God Youth Camp 2021  
4417 N. 156<sup>th</sup> Avenue Circle  
Omaha, NE 68116

**A government issued photo  
ID must accompany this  
application**

**Midlands Region  
Church of God  
2021 Youth Camp  
Staff Application**  
**“LIGHT THE WAY”**

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
CBG Check: \_\_\_\_\_  
Senior Camp: \_\_\_\_\_  
Junior Camp: \_\_\_\_\_  
CDM/CNFR Sent: \_\_\_\_\_

**Note: See Page 2 for the Youth Camp Staff General Requirements. Also, no worker should report to camp without receiving official acceptance from the Regional Youth Director!**

Have you worked camp the last 3 years? Yes \_\_\_ No \_\_\_

Are you a credentialed minister in the Church of God? Yes \_\_\_ No \_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

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

HOME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ CELL ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**EMAIL (Required)** \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_

IF LESS THAN 2 YEARS, LIST PREVIOUS ADDRESS \_\_\_\_\_

SSN \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_ BIRTH PLACE \_\_\_\_\_  
MONTH DAY YEAR CITY STATE COUNTY

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ FORMER NAMES \_\_\_\_\_

I hereby consent for the Church of God Regional Youth and Discipleship Director of the States of Iowa and Nebraska to seek from local law enforcement agencies any information which pertains to any record of conviction on its files or in any criminal file maintained on me whether local, state, national, or international. I hereby release any police department from any and all liability resulting from such disclosure.

**SIGNATURE (Required)** \_\_\_\_\_

**SPIRITUAL INFORMATION**

**Please list the year, if known, and if applicable.**

SAVED \_\_\_\_\_ SANCTIFIED \_\_\_\_\_ BAPTIZED IN HOLY GHOST \_\_\_\_\_ WATER BAPTISM \_\_\_\_\_ CHURCH MEMBER \_\_\_\_\_

NAME OF CHURCH YOU ATTEND \_\_\_\_\_ HOW LONG HAVE YOU ATTENDED? \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_ PASTOR'S SIGNATURE \_\_\_\_\_

**It is the responsibility of the Senior Pastor to return the Confidential Senior Pastoral Staff Endorsement form provided by the applicant prior to the processing of this application.**

**EDUCATIONAL BACKGROUND**

**Enter highest number completed.**

ELEMENTARY (through grade 5) \_\_\_\_\_ MIDDLE SCHOOL (6 - 8) \_\_\_\_\_

HIGH SCHOOL (9 - 12) \_\_\_\_\_ COLLEGE (1 - 4) \_\_\_\_\_ GRADUATE SCHOOL \_\_\_\_\_

Applicants are not required to provide information which is prohibited by Federal, State, or Local law. This application is given every consideration, but its receipt does not imply that the applicant has been accepted as a camp worker. Applicants are accepted on a "trial basis" and if, in the final judgment of the camp officials it is found that the applicant/staff worker is not adaptable to the assignment and cannot be reassigned, or that the information given has been misrepresented, the acceptance of this application can be terminated without cause or reason. In addition, investigation will be made as to your character, general reputation, personal characteristics, and adaptability to the particular position assigned. All applicants are required to undergo training and orientation provided by the Regional Youth and Discipleship Director's office and under the supervision of the Regional Youth and Discipleship Board.

**GENERAL REQUIREMENTS FOR YOUTH CAMP STAFF**

- Must be at least 18 years old
- Must be born again
- Must be a regular attendee of your local church
- It is preferred that all counselors be at least 18 years old and baptized in the Holy Ghost.
- Must have the *Youth Camp 2021 Confidential Pastoral Staff Endorsement Form* submitted by your pastor

**POSITIONS FOR WHICH YOU MAY APPLY**

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Counselor   | <input type="checkbox"/> Camp Store          | <input type="checkbox"/> Nurse (RN, LPN, or EMT) |
| <input type="checkbox"/> Dining Hall | <input type="checkbox"/> Canteen             | <input type="checkbox"/> Assistant Nurse         |
| <input type="checkbox"/> Kitchen     | <input type="checkbox"/> Maintenance         | <input type="checkbox"/> Recreation              |
| <input type="checkbox"/> Security    | <input type="checkbox"/> Certified Lifeguard | <input type="checkbox"/> Production              |

**CAMPS YOU WISH TO WORK (check all that apply)**

- |                                      |              |                 |
|--------------------------------------|--------------|-----------------|
| <input type="checkbox"/> Senior Camp | (Ages 13-17) | June 7-12, 2021 |
| <input type="checkbox"/> Junior Camp | (Ages 6-12)  | June 7-12, 2021 |

**CHILDREN UNDER YOUTH CAMP AGE**

Due to limited space and to allow each staff member to fully devote their time and energy to their area of responsibility, we are unable to provide a nursery or child care. So, prior to your arrival at camp, please make other arrangements for the care of your children under camp age.

**CHURCH INVOLVEMENT AND YOUTH CAMP INVOLVEMENT**

List all previous church work involving youth/children (list each organization's name/address, type of work performed, and dates).

---



---

What made you decide to work camp this year? What part of the camp position/work do you most look forward to? What years have you worked camp? Doing what?

---



---

- What area of camp electives would you like to help lead?
- |   |                                      |                                      |  |                                    |
|---|--------------------------------------|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Sound                | <input type="checkbox"/> Lighting    | <input type="checkbox"/> Drama       | <input type="checkbox"/> CPR Certification | <input type="checkbox"/> Video     |
| <input type="checkbox"/> Culinary             | <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Camp Radio  | <input type="checkbox"/> Sidewalk Chalk    | <input type="checkbox"/> Camp News |
| <input type="checkbox"/> Water Aerobics/Girls | <input type="checkbox"/> Music       | <input type="checkbox"/> Photography | <input type="checkbox"/> Hunter Safety     |                                    |

List other suggestions that are age relevant: \_\_\_\_\_

## PERSONAL INFORMATION AND BACKGROUND

1. Have you ever been charged, arrested, convicted of, or pleaded guilty to any crime? Yes \_\_\_ No \_\_\_

If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes \_\_\_ No \_\_\_

2. Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing, or molesting a child or youth? Yes \_\_\_ No \_\_\_

If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes \_\_\_ No \_\_\_

3. Have you ever been a victim of abuse (verbal, physical, or sexual)? Yes \_\_\_ No \_\_\_

If you prefer, you may discuss this answer with a pastor or ministry leader. Answering "Yes" or leaving it unanswered would not automatically disqualify you from the privilege of working in any ministry capacity. However, you may be asked to clarify your response.

4. Have you ever been involved in homosexual activities? Yes \_\_\_ No \_\_\_

If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes \_\_\_ No \_\_\_

5. Have you ever been accused, charged, or alleged to have committed a theft? Yes \_\_\_ No \_\_\_

If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes \_\_\_ No \_\_\_

6. Have you ever been accused, charged, or alleged to have committed a theft? Yes \_\_\_ No \_\_\_

7. Do you use tobacco in any form? Yes \_\_\_ No \_\_\_

8. Do you drink alcoholic beverages, including social drinking? Yes \_\_\_ No \_\_\_

9. Do you take illegal drugs? Yes \_\_\_ No \_\_\_

10. Do you have problems sleeping? Yes \_\_\_ No \_\_\_

11. Do you have recurring nightmares or sleep disturbances? Yes \_\_\_ No \_\_\_

12. Do you have a history of use of pornographic materials? Yes \_\_\_ No \_\_\_

13. Have you been charged with moving traffic violations within the last 5 years? Yes \_\_\_ No \_\_\_  
If so, when and why? \_\_\_\_\_  
\_\_\_\_\_

14. Has your driver's license ever been revoked or suspended? Yes \_\_\_ No \_\_\_  
If so, when and why? \_\_\_\_\_

Are you presently employed? Yes \_\_\_ No \_\_\_

If so, where? \_\_\_\_\_  
Job Description \_\_\_\_\_

How long? \_\_\_\_\_

15. May we contact your employer? Yes \_\_\_ No \_\_\_  
Supervisor's Name \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

16. List any physical limitations that need to be considered in your placement, if accepted.  
\_\_\_\_\_  
\_\_\_\_\_

17. Are you presently under a doctor's care for any ailments? Yes \_\_\_ No \_\_\_ If yes, list. \_\_\_\_\_

18. List any medications \_\_\_\_\_

19. Reason for medications \_\_\_\_\_

20. Allergies and Reactions \_\_\_\_\_

21. Do you carry any personal medical insurance? Yes \_\_\_ No \_\_\_  
Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Group # \_\_\_\_\_  
List any preauthorization requirements \_\_\_\_\_

22. Physician's Name \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The answers to the above questions are correct to the best of my ability.

***Your Signature (Require)***

Round the clock medical care is provided and secondary insurance coverage is available for those accidents which sometimes occur to our staff and campers.

If you are under the age of 18, please have your parent(s) or guardian(s) sign this medical release and fill in the proper insurance information.

*In the event that my child, \_\_\_\_\_, needs emergency medical attention, I hereby give my consent for the officials of the camp to seek such medical assistance. I further understand that the camp will make every attempt to notify me of such action as soon as possible.*

Emergency Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***Parent(s) or Guardian(s) Signature (Required)***

***Date***

**All questions must be answered prior to processing your application.**

**Please note that all information given will be strictly confidential.**

**Thank you for your assistance.**

**IF YOU ARE APPLYING FOR A COUNSELOR POSITION**

- 1. Will your child be a camper the same week you will work? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, do you want your child to be in your cabin? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Will campers from your church be in your camp? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, should they be placed in your cabin? Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL REFERENCES**

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
PHONE ( _____ ) _____ - _____	PHONE ( _____ ) _____ - _____

**STATEMENT OF RESERVATION**

While no one is rejected to work or attend Church of God youth camps on the basis of race, color, or creed, the Regional Youth and Discipleship Director and Regional Youth and Discipleship Board does reserve the right to accept or reject any application for volunteer work at Church of God youth camps after reviewing of said application reveals that the services of the applicant would or would not be in the best interest and success of the camp.

**APPLICANT'S STATEMENT**

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 have regarding my character and fitness for youth camp work. In consideration of the receipt and evaluation of this application by the Church of God, I hereby release to 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 this 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 have to inspect information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the bylaws and policies of the Church of God and to refrain from any unscriptural conduct in the performance of my services on behalf of the church. I also agree to participate in the training and enhancement programs provided by the Regional Youth and Discipleship Director's Office in preparation of my participation this summer. ***(The place and time for this meeting will be in your confirmation letter and is MANDATORY for all workers!)*** I understand that campers are not to arrive before check-in at 1:00 PM. Therefore, I will make every effort to secure another person to bring our campers so I can give my full attention to the Orientation meeting. Furthermore, I will not leave camp until my responsibilities are completed on the last day of camp.

I have carefully read the foregoing release and know the contents thereof and I sign this release on my own free act. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*

**2021 Midlands Church of God Regional Youth Camp  
Confidential Pastoral Staff Endorsement Form  
For Prospective Youth Camp Staff**

**This form must be completed by the respective Pastor of the Youth Camp Staff Applicant.  
All information disclosed on this form will be kept strictly confidential.**

**PLEASE PRINT**

**NAME OF APPLICANT** \_\_\_\_\_

**CHURCH** \_\_\_\_\_ **PASTOR** \_\_\_\_\_

**HOW WELL DO YOU KNOW THE APPLICANT**

\_\_\_ Very Well      \_\_\_ Rather Well      \_\_\_ Casually      \_\_\_ Do not know this person  
 \_\_\_ Highly Recommend      \_\_\_ Recommend      \_\_\_ Do Not Recommend

If you recommend this individual to work in camp, please answer the following by placing a circle around one number on each question that best describes them.

5 - Strongly Agree; 4 - Agree; 3 - Disagree; 2 - Strongly Disagree; 1 - No Opinion on this Item/not applicable.

**This individual...**

- |     |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|
| 1.  | ... is responsible and trustworthy.   | 5 | 4 | 3 | 2 | 1 |
| 2.  | ... has a good attitude.  | 5 | 4 | 3 | 2 | 1 |
| 3.  | ... works well with others.   | 5 | 4 | 3 | 2 | 1 |
| 4.  | ... is faithful in tithing and attendance to our church.  | 5 | 4 | 3 | 2 | 1 |
| 5.  | ... has had experience working with youth and children in my church.  | 5 | 4 | 3 | 2 | 1 |
| 6.  | ... can work through problems without getting frustrated and giving up.   | 5 | 4 | 3 | 2 | 1 |
| 7.  | ... to my knowledge, has never displayed any type of questionable behavior and has not been convicted of any crime. | 5 | 4 | 3 | 2 | 1 |
| 8.  | ... would make a good counselor at camp.  | 5 | 4 | 3 | 2 | 1 |
| 9.  | ... is an asset and not a liability to our local church.  | 5 | 4 | 3 | 2 | 1 |
| 10. | ... is in good physical condition.  | 5 | 4 | 3 | 2 | 1 |
| 11. | ... appearance is neat and well groomed.  | 5 | 4 | 3 | 2 | 1 |

**Please check yes or no to the following questions:**

**This individual...**

- |     |  |         |                     |
|-----|--|---------|---------------------|
| 12. | ... is born again                      | ___ Yes | ___ No              |
| 13. | ... is a member of my local church.    | ___ Yes | ___ No              |
| 14. | ... has the Baptism of the Holy Ghost. | ___ Yes | ___ No              |
| 15. | ... has children still living at home. | ___ Yes | ___ No      ___ N/A |

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Ministerial File # \_\_\_\_\_

**PASTOR, Please be sure to include your Ministerial File Number as verification that you have personally filled out this endorsement. Thank You!**

**The completed form should be mailed, faxed or emailed as soon as possible to:  
Youth Camp, 4417 N. 156<sup>th</sup> Avenue Circle Omaha, NE 68116;  
Fax: 402.330.7832; Email: [midlandsregionyd@gmail.com](mailto:midlandsregionyd@gmail.com)**