



# STAFF APPLICATION

2010  
Mississippi  
Youth  
Camp



**CHURCH OF GOD**  
STATE EXECUTIVE OFFICE

**REVOLUTION**

Mail To: Dept. of YCE  
 Church of God State Offices  
 4655 Terry Road  
 Jackson, MS 39212

**Mississippi Church of God**  
**Youth Camp**  
**2010 Staff Application**  
**REVOLUTION**

For Office Use Only:  
 SR: \_\_\_\_\_  
 JH: \_\_\_\_\_  
 JR: \_\_\_\_\_  
 PR: \_\_\_\_\_

\*NAME \_\_\_\_\_

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

PHONE: Daytime ( ) \_\_\_\_ - \_\_\_\_ Evening ( ) \_\_\_\_ - \_\_\_\_

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

If less than two years, give previous address: \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR CITY STATE COUNTRY

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

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

\*Identity must be confirmed with a valid state drivers license or photo ID.

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

**SPIRITUAL INFORMATION**

SAVED \_\_\_\_\_ SANCTIFIED \_\_\_\_\_ BAPTIZED IN HOLY GHOST \_\_\_\_\_

BAPTIZED IN WATER \_\_\_\_\_ CHURCH MEMBER \_\_\_\_\_

NAME OF CHURCH YOU ATTEND? \_\_\_\_\_

HOW LONG HAVE YOU ATTENDED? \_\_\_\_\_ PASTOR'S NAME \_\_\_\_\_

**EDUCATIONAL BACKGROUND (enter highest number completed)**

ELEMENTARY (through grade 6) \_\_\_\_\_ MIDDLE SCHOOL (grade 7 - 9) \_\_\_\_\_

HIGH SCHOOL (10 - 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 for 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 State Youth Director's office and under the supervision of the State Youth Board.

**YOUTH CAMP 2010 PASTORAL WORKER ENDORSEMENT**

Print your name here and give to your pastor to complete

Local Church Name

No applicant can be accepted to work at youth camp without the endorsement of their local pastor. This form must be completed in its entirety before any application can be considered for youth camp.

**PASTOR:**

Please take a few minutes to complete this endorsement form for the person listed above who is applying for consideration of a youth camp position this summer. Your endorsement is not only required, but allows for the protection of campers and other workers in the camp setting. Should you have questions or problems, please direct them to the State Youth Director's Office at 601-372-2714, or write to the Church of God State Executive Offices, Department of Youth and Christian Education, 4655 Terry Road, Jackson, MS 39212, or you may email your questions to [scott@mscog.org](mailto:scott@mscog.org)

**How well do you know this applicant?**

\_\_\_\_ Very Well \_\_\_\_ Rather Well \_\_\_\_ Casually \_\_\_\_ Do not know this person

Please circle the phrase that best describes your assessment of the applicant's behavior. Feel free to attach additional pages if you feel comments are required for explanation. Your comments will be taken seriously and are confidential.

APPEARANCE	flawless	well-groomed	generally neat	slovenly
DEPENDABILITY	exceptional	usually dependable	requires supervision	irresponsible
INITIATIVE	self motivated	industrious	has necessary drive	indifferent
PERSONALITY	bland	pleasing	outgoing	magnetic
COOPERATION WITH PEERS	inspires confidence	cooperates willingly	usually cooperative	obstructionist
LEADERSHIP	inspirational	able to take charge	good team member	incapable of leading
ATTITUDE	always	positive	generally acceptable	negative
COMMON SENSE	lacking	needs experience	usually sound	uses sound judgment
ORAL EXPRESSION	eloquent	excellent grammar	satisfactory	limited
INTEGRITY	always trustworthy	generally reliable	sometimes lacking	cannot be trusted

Highly Recommend \_\_\_\_\_ Recommend \_\_\_\_\_ Do Not Recommend \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUEST FOR CRIMINAL RECORDS  
CHECK AUTHORIZATION**

I hereby consent for the Church of God State Youth and Christian Education Director of the State of Mississippi 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*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Maiden Name, if applicable*

\_\_\_\_\_  
*Print all aliases*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Place of Birth*

\_\_\_\_\_  
*Social Security Number*

The above information will be kept confidential and will be sent directly to:

Mississippi Church of God State Executive Offices  
Department of Youth and Christian Education  
4655 Terry Road  
Jackson, MS 39212  
Telephone: 601-372-2714  
Facsimile: 601-372-9757

**GENERAL REQUIREMENTS FOR YOUTH CAMP WORKERS**

- Must be at least 16 years of age (21 for Counselor)
- Must be a regular attendee of your local church
- Must be saved and preferably baptized in the Holy Ghost
- Must submit a completed *Screening Form and Application for Youth Camp Workers*
- Must have the *Youth Camp 2010 Pastoral Worker Endorsement* submitted by your pastor
- Must submit a completed *Request for Criminal Records Check and Authorization form*
- Must view the *Camp Orientation DVD*

**POSITIONS FOR WHICH YOU MAY APPLY**

- |                        |                   |                            |
|------------------------|-------------------|----------------------------|
| ____ Counselor         | ____ Concessions  | ____ Nurse/Assistant       |
| ____ Dining Hall Staff | ____ Maintenance  | ____ Multi-Media Staff     |
| ____ Assistant Cook    | ____ Lifeguard    | ____ Recreation            |
| ____ Night Watchman    | ____ Sound System | ____ Other (specify) _____ |

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

- |                       |                |                        |
|-----------------------|----------------|------------------------|
| ____ Senior High Camp | (Ages 15 - 18) | June 14 - 18, 2010     |
| ____ Junior High Camp | (Ages 12 - 14) | June 21 - 25, 2010     |
| ____ Junior Camp      | (Ages 10 - 11) | June 28 - July 2, 2010 |
| ____ Primary Camp     | (Ages 7 - 9)   | July 5 - 8, 2010       |

**CHILDREN UNDER YOUTH CAMP AGE**

Due to limited space and for each staff member to be able to fully devote your time and energy to your area of responsibility, we are unable to provide a nursery or child care. So, prior to your arrival at camp, please make arrangements for the care of your children that are under camp age not to be at camp.

**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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously worked in any of the Mississippi Church of God Youth Camps? What years? In what areas or capacities have you worked?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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, 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. Are you addicted to prescription drugs? 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 ever been charged with moving traffic violations? Yes \_\_\_ No \_\_\_  
If so, when and why? \_\_\_\_\_  
\_\_\_\_\_
14. Has your driver's license ever been revoked or suspended? Yes \_\_\_ No \_\_\_  
If so, why and when? \_\_\_\_\_
15. Do you have a current driver's license? Yes \_\_\_ (List your DL# and State) \_\_\_\_\_  
No \_\_\_ (Some other form of picture ID may be required.)

16. Are you presently employed? Yes \_\_\_ No \_\_\_  
If so, where? \_\_\_\_\_  
Job Description \_\_\_\_\_  
How long? \_\_\_\_\_
17. May we contact your employer? Yes \_\_\_ No \_\_\_  
Supervisor's Name \_\_\_\_\_  
Phone ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
18. List any physical limitations you may feel need to be considered in your placement, if accepted.  
\_\_\_\_\_  
\_\_\_\_\_
19. Are you presently under doctors' care for any ailments? Yes \_\_\_ No \_\_\_ If yes, list. \_\_\_\_\_  
List any medications. \_\_\_\_\_
20. Do you carry any personal medical insurance? Yes \_\_\_ No \_\_\_  
Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
List any preauthorization requirements? \_\_\_\_\_  
\_\_\_\_\_
21. Physician's Name \_\_\_\_\_  
Phone ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

*\*Your Signature*

Round the clock medical care is provided and secondary insurance coverage 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.*

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

\_\_\_\_\_ Date

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

**Thank you for your assistance!**

**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 State Youth and Christian Education Director does reserve the right to accept or reject any application for volunteer work at Church of God youth camps after review 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**

**Have you viewed the *Camp Orientation DVD*? 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 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 State Youth and Christian Education Director's office in preparation of my participation this summer. *(This meeting will be on the first day of camp at 11:00 a.m., and is MANDATORY for all workers!)*

\_\_\_\_\_ *Applicants Signature*

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

\_\_\_\_\_ Date

\_\_\_\_\_ Date