



# 2010 Camp Staff Application

## Qualifications:

Individuals must be at least 18 years of age by the first day of camp. Counselors-in-Training (CIT's) must be 16 by 9/1/2010. Each applicant must be a born again Christian, have a good Christian testimony, be faithful to their home church, and fully support the doctrines of the Assemblies of God as stated in the "Statement of Fundamental Truths."

## Procedure:

1. All camp staff, including pastors, must accurately complete all portions, on all pages of the application.
2. Attach a headshot photo of yourself or e-mail .jpg to ecorbett@mnaog.org (for I.D. badge)
3. Attach cash or check for \$35 (\$100 for CIT's)
4. Submit application to your pastor or children's pastor. Your pastor will mail your application to us.
5. CIT's: have a parent & a teacher or a coach fill out and mail the additional reference forms directly to us.
6. All applications and reference forms need to be postmarked by **May 14, 2010**.

Attach headshot photo of yourself (for I.D. badge)

**here**

or e-mail .jpg picture to ecorbett@mnaog.org (include your name and home church)

## Applying for:

Available week(s):

- Week 1 (June 14-18)  
 Week 2 (June 21-25)

Position of Interest:

- Counselor    CIT  
 Other \_\_\_\_\_

## Worker Information:

Name \_\_\_\_\_ Application Date \_\_\_\_\_

Church attending camp with \_\_\_\_\_ Church City \_\_\_\_\_

Personal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone to be used for texting at camp \_\_\_\_\_

Age \_\_\_ Birth date (mm/dd/yyyy) \_\_\_\_\_ Gender  M  F    Health  Excellent  Good  Poor

Social Security Number (for background check) \_\_\_\_\_

Have you ever been convicted of a criminal offense or felony?  Yes  No    If yes, explain:  
\_\_\_\_\_

Do you agree to study the Counselor's Manual thoroughly before camp?  Yes  No

*The questions below are not a requirement for serving at camp:*

Do you hold a current Red Cross Life Saving or Water Safety Certificate?  Yes  No    If yes, which?  
\_\_\_\_\_

Education - High School \_\_\_\_\_ Year \_\_\_\_\_ College \_\_\_\_\_ Year \_\_\_\_\_

Do you have any special training, education or special Ed certificates?  Yes  No    If yes, which?  
\_\_\_\_\_

**Health Information:**

List any handicaps, limitations, health problems, allergies, etc. \_\_\_\_\_

I do not have health insurance *(This will not keep you from serving at camp.)*

Insurance Carrier \_\_\_\_\_ Insurance Co. Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

**Spiritual Experience:**

Home Church \_\_\_\_\_ Church City \_\_\_\_\_ Pastor \_\_\_\_\_

Date saved \_\_\_\_\_ Date filled with the Spirit \_\_\_\_\_

Have you ever led a person to a salvation experience in Jesus?  Yes  No

How often do you have a devotion time?  Often  Sometimes  Seldom

Are you comfortable or willing to learn to lead others in prayer, Bible devotions and Baptism of the Holy Spirit?  
Yes  No

**Camp Experience:**

List any previous camp experience:

Location	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Ministry Commitment & Liability Release:** By signing below I acknowledge that I have truthfully answered all questions contained on this application and am qualified to be a worker for the camp(s) for which I am applying according to the above stated qualifications. I authorize the Minnesota District Council of the Assemblies of God to receive any information which pertains to any record of convictions contained in files or in any criminal files maintained on me whether local, state, or national. I hereby release any agency from any and all liability resulting from such disclosure. I also agree to cooperate with camp leadership and abide by camp policies as stated in the provided Camp Counselor Manual. My signature also gives permission to the MN District of the Assemblies of God to use any photo or video picture taken of me during camp.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**If Applicant is a Minor, Parent/Guardian, must also sign below.**

Parent \_\_\_\_\_ Dated \_\_\_\_\_

**Applicants:** Remember to submit application to your pastor along with a photo of yourself and \$35 (\$100 CIT's).

## Pastor's Reference

It is not necessary for Pastors/Children's Pastors to complete the Pastor's Reference portion on themselves.

Name of Applicant \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

In what capacity does he/she presently work in your church? \_\_\_\_\_

Do you know this applicant to be free from use of tobacco, alcohol and other drugs?  Yes  No

Can you vouch for the moral integrity of this applicant?  Yes  No

Does the applicant have spiritual maturity to pray with youth for the in-filling of the Holy Spirit?  Yes  No

Place an "X" on each line at the appropriate level of qualification, **4 being the highest**. In the space to the right, please note any comments that describe this person relative to this aspect of personality.

	1	2	3	4	Comments
Physical					
Emotional					
Social					
Spiritual Maturity					
Attitudes					
Habits					
Skills					

Special skills/abilities: \_\_\_\_\_

Limitations/Weaknesses we should be aware of: \_\_\_\_\_

Would you leave your own children alone with this person?  Yes  No

I am personally acquainted with applicant and in my opinion declare that applicant is competent and qualified to work with minors. I have no knowledge of facts or allegations that raise any question concerning his/her suitability and trustworthiness for working with minors.

-OR-

Based on my knowledge of applicant I do NOT recommend him/her for 2010 Kids Camp.

Pastor's Signature \_\_\_\_\_ Dated \_\_\_\_\_

Pastor's Name (Printed) \_\_\_\_\_

Church \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Comments \_\_\_\_\_

Pastors – Please complete the Pastor's Reference portion, sign and mail this form to:

**Minnesota District of the Assemblies of God ● 1315 Portland Ave. S ● Minneapolis, MN 55404-1486**  
**Must be postmarked by May 14, 2010**

# Parent's Reference

(CIT's only)

Name of Applicant \_\_\_\_\_

Do you know this applicant to be free from use of tobacco, alcohol and other drugs? Yes No

Can you vouch for the moral integrity of this applicant? Yes No

Does the applicant have spiritual maturity to pray with youth for the in-filling of the Holy Spirit? Yes No

Place an "X" on each line at the appropriate level of qualification, **4 being the highest**. In the space to the right, please note any comments that describe this person relative to this aspect of personality.

	1	2	3	4	Comments
Physical					
Emotional					
Social					
Spiritual Maturity					
Attitudes					
Habits					
Skills					

Special skills/abilities: \_\_\_\_\_

Limitations/Weaknesses we should be aware of: \_\_\_\_\_

Would you leave your other children alone with this child? Yes No

I am personally acquainted with applicant and in my opinion declare that applicant is competent and qualified to work with minors. I have no knowledge of facts or allegations that raise any question concerning his/her suitability and trustworthiness for working with minors.

-OR-

Based on my knowledge of applicant I do NOT recommend him/her for 2010 Kids Camp.

I authorize the Minnesota District Council of the Assemblies of God to consent to emergency medical or surgical treatment of my child, and to routine, non-surgical medical care. I also agree to pay for the performance of such treatment, anesthetics, and operations as deemed necessary in the opinion of the attending physician.

Parent's Signature \_\_\_\_\_ Dated \_\_\_\_\_

Parent's Name (Printed) \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Comments \_\_\_\_\_

Parents – Please complete the Parent's Reference portion, sign and mail this form to:  
**Minnesota District of the Assemblies of God ● 1315 Portland Ave. S ● Minneapolis, MN 55404-1486**  
**Must be postmarked by May 14, 2010**

# Teacher/Coach's Reference

(CIT's only)

Name of Applicant \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

In what capacity do you know this applicant? \_\_\_\_\_

Do you know this applicant to be free from use of tobacco, alcohol and other drugs? Yes No

Can you vouch for the moral integrity of this applicant? Yes No

Place an "X" on each line at the appropriate level of qualification, **4 being the highest**. In the space to the right, please note any comments that describe this person relative to this aspect of personality.

	1	2	3	4	Comments
Physical					
Emotional					
Social					
Spiritual Maturity					
Attitudes					
Habits					
Skills					

Special skills/abilities: \_\_\_\_\_

Limitations/Weaknesses we should be aware of: \_\_\_\_\_

Would you leave your own children alone with this student? Yes No

I am personally acquainted with applicant and in my opinion declare that applicant is competent and qualified to work with minors. I have no knowledge of facts or allegations that raise any question concerning his/her suitability and trustworthiness for working with minors.

-OR-

Based on my knowledge of applicant I do NOT recommend him/her for 2010 Kids Camp.

Teacher/Coach's Signature \_\_\_\_\_ Dated \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Comments \_\_\_\_\_

Teacher/Coach – Please complete the Teacher/Coach's Reference portion, sign and mail this form to:  
**Minnesota District of the Assemblies of God ● 1315 Portland Ave. S ● Minneapolis, MN 55404-1486**  
**Must be postmarked by May 14, 2010**