

# KIDS CAMP 2017

## VOLUNTEER APPLICATION

Week 1 - June 12-16, M-F |  Week 2 - June 19-23, M-F

Week 3 - June 26-30, M-F

Lake Geneva Christian Center, Alexandria, MN



### Qualifications:

- Counselors must be at least 18 years of age by the first day of camp.  
Counselors-in-Training (CITs) must be 14 by 6/1/2017.
- Each applicant must be a born again Christian, be living a Christian lifestyle, be faithful to their home church, and support the doctrines of the Assemblies of God as stated in the "Fundamental Truths." (see ag.org under "Beliefs")

### Procedure:

1. All camp volunteers, including pastors, must accurately complete all portions, on each page of the application and the separate Background Check Disclosure Form.
2. Email a headshot photo of yourself as a .jpg image to [mnkids@outlook.com](mailto:mnkids@outlook.com) (for I.D. badge). We will not accept any photos after May 19th. If we don't receive your photo, you will have a picture of Buddy Barrel on your badge.
3. Attach cash or check for **\$100 (\$150 for CITs)**
4. Optional: Attach additional \$12 for T-shirt (circle size: S M L XL );  
Attach additional pre-paid spending money (Amount: \$\_\_\_\_\_)
5. Submit application to your pastor or children's pastor; they will mail your application to us.
6. **Anyone under 18:** have a parent & a teacher or a coach fill out and mail the additional reference forms directly to us.
7. All applications and reference forms need to be postmarked by **May 5<sup>th</sup> (for week 1), May 12<sup>th</sup> (for week 2), or May 19<sup>th</sup> (for week 3).**

### Position of Interest:

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

### Volunteer Information:

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

Age \_\_\_\_\_ Birth date (mm/dd/yyyy) \_\_\_\_\_ Gender  M  F

Church Attending Camp With \_\_\_\_\_ Church City \_\_\_\_\_

Cell Phone (for text communication at camp) \_\_\_\_\_

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

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

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

Education: High School \_\_\_\_\_ Grade or Year Graduated \_\_\_\_\_

College \_\_\_\_\_ Year Graduated \_\_\_\_\_

Do you have any special training, education or Special Ed certificates?  Yes  No If yes, explain/describe: \_\_\_\_\_

Do you agree to study the Kids' Camp Volunteer Manual thoroughly before camp?  Yes  No

**Health Information:**

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

\*If under age 18, please attach a copy of the front and back of the minor's insurance card.

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

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

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

Overall Health  Excellent  Good  Poor

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

**Spiritual Experience:**

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

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 consent to emergency medical or surgical treatment for me (or 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. I also agree to cooperate with camp leadership and abide by camp policies as stated in the provided Kids' Camp Volunteer 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 (or my child) during camp.

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

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

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

**Applicants:** Submit your application to your pastor along with a photo of yourself and \$100 (\$150 CITs).

# KIDS CAMP 2017 Volunteer Application Pastor's Reference

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

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

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

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

To your knowledge, does this applicant use tobacco, alcohol or other drugs? Yes No

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

Is the applicant spiritually mature enough to pray with kids for the in-filling of the Holy Spirit? Yes No

Rate the applicant's qualification and maturity level for each aspect of personality by placing an "X" in the appropriate box. **4 is the most qualified.** In the space to the right, please include any related comments.

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 the applicant and in my opinion declare that he/she 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 the applicant I do NOT recommend him/her for Kids Camp 2017.

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 with the Volunteer Application Form**

BACKGROUND CHECK DISCLOSURE  
[IMPORTANT – PLEASE READ BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Minnesota District Council of the Assemblies of God (“the District”) may obtain information about you in regards to your service as a volunteer for the District from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for volunteering is an investigation into your national criminal history conducted by First Advantage Background Services Corp. (“First Advantage”), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the District to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your time of volunteering to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the District at any time after receipt of this authorization and throughout my time of volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage P.O. Box 105292 Atlanta, GA 30348, 1-800-845-6004, another outside organization acting on behalf of the District, and/or the District itself. First Advantage’s Privacy Policy can be reviewed at <http://www.fadv.com/privacy-policy/>. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

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

Print Name: \_\_\_\_\_

IDENTIFICATION

(This form will be shredded upon receipt of the results of the background check order.)

Courts and other entities require the following information for identification when checking public records. It is confidential and is used for identification only.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle:  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number:  
\_\_\_\_\_

Home Address:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:  
\_\_\_\_\_

- This information will be used for background screening purposes only and will not be used as hiring criteria.