

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 (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 5th (for week 1), May 12th (for week 2), or May 19th (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).

FOR OFFICE USE ONLY Amount Paid: \$ _____ Check # _____ Paid by: _____
Balance Due: \$ _____ Date Paid: _____ Entered into spreadsheet Background check Copied for nurse for under 18

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

KIDS CAMP 2017 Volunteer Application

Parent's Reference

(Anyone under 18)

Name of Applicant _____

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 other children alone with this child? 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.

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 19, 2017

KIDS CAMP 2017 Volunteer Application Teacher/Coach's Reference

(This could be any adult not related to you, i.e. a neighbor, someone you babysit for, etc.)
(Anyone under 18)

Name of Applicant _____

How long have you known this applicant? _____

In what capacity do you know this applicant? _____

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

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 student? Yes No

I am personally acquainted with the applicant and in my opinion declare 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.

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 19, 2017