

Mail **COMPLETED** Application to:
 Youth Camp/Church of God Executive Offices
 P.O. Box 668468 / Charlotte, NC / 28266

WORKER'S PLEDGE

I pledge to abide by all worker guidelines in both action and attitude, and dedicate myself to the success of camp. I realize that camp will require my full attention all day, every day. I will not invite family members or friends to visit me during camp. I have read and answered all the questions. I understand the importance of each statement. I give my word.

Signature _____ Date _____

STATEMENT OF RESERVATION

While no one is rejected to work or attend Church of God youth camp on the basis of race, color, or creed, the State Director of Youth and Christian Education and camp officials reserve the right to accept or reject any application for volunteer work at camps after review of said application reveals that the services of applicant would or would not be in the interest and success of the camp. This application is given every consideration, but its receipt does not imply that the applicant has been accepted for camp worker. Applicants are accepted on a "trial basis" and if the applicant/worker is not adoptable to the assignment and cannot be reassigned, or that information given has been misrepresented, the acceptance of this application can be terminated without other cause or notice. In addition, investigation will be made as the applicant's character, general reputation, personal characteristics, and adoptability to the particular position to be assigned. All applicants are required to undergo training / orientation provided by the State Youth and CE Director's office and under the supervision of the State Youth and CE Board. Applicants are not required to provide information which is prohibited by Federal, State, or local law.

REQUEST FOR CRIMINAL RECORDS CHECK AUTHORIZATION

(This section MUST be signed by the applicant or the application will be returned)

*I hereby consent for the State Director's office to seek from local law enforcement any information which pertains to any record of conviction contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release the Police Department from any and all liability resulting from such disclosure.

Applicants Signature _____ Date _____

Parents Signature _____ Date _____

FOR OFFICE USE ONLY: DATE SUBMITTED _____ ACCEPTED _____
 CAMP WORKING _____ PACKAGE SENT _____



WNC 2008
WNC YOUTH CAMP WORKERS APPLICATION

To work in camp, one must be a committed Christian, at least 18 years of age.
No worker should report to camp without receiving acceptance from the State YCE Department.

PLEASE PRINT CLEARLY

Name _____
 First _____ Middle _____ Last _____
 Address _____
 City _____ State _____ Zip _____
 (PLEASE CIRCLE) Sex - M / F Single / Married
 Date of Birth ___/___/___ AGE _____ Race _____
 Social Security # _____ - _____ - _____
 Cell Phone (____) _____ - _____ Phone (____) _____ - _____
 Email _____
 Place of Birth _____
 City _____ County _____ State _____
 Height _____ Weight _____ Hair _____ Eyes _____

CAMP DATE

JULY 21-25 AGES 12-17

WHICH POSITION ARE YOU APPLYING FOR (PLEASE CHECK ONE)

- | | |
|--|---|
| <input type="checkbox"/> Cabin Leader | <input type="checkbox"/> Assistant Cabin Leader |
| <input type="checkbox"/> Recreation Staff | <input type="checkbox"/> Clean Up/Custodial |
| <input type="checkbox"/> Night Watchman | <input type="checkbox"/> Cafeteria Worker |
| <input type="checkbox"/> Concessions Worker | <input type="checkbox"/> Camp Store |
| <input type="checkbox"/> Certified Lifeguard | <input type="checkbox"/> Nurse's Assistant or EMT |

THE MOMENT OF TRUTH

You may discuss the answers to the following questions with a pastor or ministry leader. Answering "Yes" or leaving it unanswered will not automatically disqualify you from the privilege of working.

However, you may be asked to clarify your response.

Have you ever been involved in homosexual activity? Yes ___ No ___

Have you ever been convicted of or pleaded guilty to a sexual assault, sexual abuse or child abuse? Yes ___ No ___

Have you ever been convicted or pleaded guilty to a felony? Yes ___ No ___

Have you ever been charged, arrested, convicted of, or pleaded guilty to any crime? Yes ___ No ___

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

Have you ever been a victim of abuse (verbal, physical, sexual) ? Yes ___ No ___

Have you ever been accused, charged, or alleged to have committed a theft? Yes ___ No ___
(If you answered yes to any of the above questions, or would like to give us a clearer picture of your background/history, please explain on a separate sheet and attach to the back of this application.)

Are you addicted to prescription drugs? Yes ___ No ___

Do you use tobacco in any form? Yes ___ No ___

Do you drink alcoholic beverages? Yes ___ No ___

Do you take illegal drugs? Yes ___ No ___

Do you have problems sleeping? Yes ___ No ___

Do you have recurring nightmares or sleep disturbances? Yes ___ No ___

Do you have a history of use of pornographic materials? Yes ___ No ___

Have you ever been charged with moving traffic violations? Yes ___ No ___

Has your driver's license ever been revoked or suspended? Yes ___ No ___

Do you have a current driver's license? (DL# _____) Yes ___ No ___

Are you presently employed? Yes ___ No ___
(Where? _____ How Long? _____)

**** Please enclose a small photo or snapshot with this application****

APPLICANT STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references of churches listed in this application to give you any information (including opinions) that they may 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 of nature which may at this time result me, my family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any 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 provided by the State Director's office in preparation of my participation this summer. (This training will begin on Sunday evening prior to each camp and its MANDATORY for all workers!)

Applicant's Signature _____ Date _____

SPIRITUAL STATUS

How long have you been: _____ Saved _____ Baptized in Water _____ Sanctified
_____ Church Member _____ Filled with the Baptism of the Holy Spirit

EDUCATIONAL BACKGROUND (Enter highest year completed in appropriate space)

Elementary School (Grades 1-5) _____ Middle School (Grades 6-8) _____ High School (Grades 9-12) _____
College (1-4) _____ Some _____ Graduate School _____

OTHER INFORMATION

Name of pastor and name of the church you are a regular attendee: _____

Name of the pastor and name of the church you are a member: _____

List (name) other churches you have attended regularly during the past five years: _____

List all previous church work involving children: _____

List any gifts, training, education, or other factors which have prepared you for work in youth camp. _____

Why did you decide to work at camp this year? _____

What parts of the camp position/work do you most look forward to? _____

Have you previously worked in WNC Youth Camps? _____ What year(s)? _____ In what capacity? _____

List any physical limitations you feel need to be considered in your placement, if accepted: _____

Are you presently under a doctor's care or taking any medications? _____

Do you have insurance coverage? What company? _____ Policy # _____

Doctor's Name & Phone # _____

In case of emergency please contact: Name _____ Phone _____
(Xtreme Team Applicant Parent) In the event 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 Signature** _____

CHARACTER ENDORSEMENT - CHURCH OF GOD PASTOR ONLY

I certify that the above applicant is a capable and qualified person to work in Church of God Youth Camp and I give them my highest recommendation to serve in any capacity deemed necessary by the State Director of Youth and Christian Education.

Pastor (print) _____ Phone (____) _____ - _____
Pastor Signature Required _____ Date _____

NO APPLICANT CAN BE ACCEPTED WITHOUT THE COMPLETED ENDORSEMENT FROM THEIR LOCAL CHURCH PASTOR. PLEASE HAVE YOUR PASTOR FILL OUT AND SEND IT IMMEDIATELY!