

# WEST VIRGINIA YOUTH CAMP STAFF APPLICATION

## Primary Screening Form and Application

PLEASE  
ATTACH A  
CURRENT  
PHOTO

MAIL TO: Youth Camp 2008  
PO Box 2374  
Beckley, WV 25802-2374

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### GENERAL REQUIREMENTS FOR YOUTH CAMP WORKERS

- \* Must be at least 16 years of age (18 to serve as a Counselor)
- \* Must be a regular attendee of a local church
- \* Must submit a completed Screening Form/Application
- \* Must have the endorsement of your local pastor (pastor will be contacted)
- \* Must send a current photo with application

### CHOOSE ANY AREAS YOU WOULD LIKE TO WORK INDICATING YOUR PREFERENCES AS 1,2,3, ETC...

\_\_\_\_ Counselor    \_\_\_\_ Recreation    \_\_\_\_ Janitorial    \_\_\_\_ Kitchen (Prep/Serving)    \_\_\_\_ Life Guard  
(Red Cross Certified)

### CAMPS YOU WISH TO WORK (CHECK ALL THAT APPLY):

____ Junior Camp	Ages: 6-9	June 30-July 3, 2008
____ Middle Camp	Ages: 10-13	July 7-11, 2008
____ Teen Camp	Ages: 14-18	July 14-18, 2008

### PERSONAL INFORMATION:

1. Have you ever been arrested, convicted of, or pleaded guilty to a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*(If yes, please explain...attach a separate sheet if necessary)*

2. Were you a victim of abuse or molestation while a minor? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*(If you prefer, you may refuse to answer this question, or you may wish to discuss your answer in confidence with your pastor or the State Director, rather than write in on this form. Answering yes, or leaving the question unanswered will not automatically disqualify an applicant for any position.)*

3. Have you ever been investigated by any federal, state or local agency for neglect or child abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Do you have a current driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, list your Driver's License Number and Issuing State: \_\_\_\_\_.)

### CHURCH HISTORY AND PRIOR YOUTH WORK:

Name the church of which you are a member: \_\_\_\_\_

**CHURCH HISTORY AND PRIOR YOUTH WORK (CONT.):**

List any gifts, training, education, or other factors that have prepared you for work in Youth Camp:

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**PASTORAL ENDORSEMENT:**

I recommend, with no reservations, that this person is capable to work Church of God Youth Camp.

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

**MEDICAL INSURANCE INFORMATION:**

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Pre-Authorization Required: \_\_\_\_\_

Doctor's Name and Phone Number: \_\_\_\_\_

Do you have any physical conditions that would limit your ability to work in any area?  Yes  No

If yes, please explain: \_\_\_\_\_

If you are under the age of 18, please have your parents sign this medical release below:

In the event my child, \_\_\_\_\_, needs emergency medical attention, I hereby give my consent for the officials of the camp to seek medical assistance. I further understand that the camp will make every attempt to notify me of such action as is possible.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE FOR CRIMINAL RECORDS CHECK:**

I hereby consent for the State Director's office to seek from local law enforcement any information that may pertain 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 Departments from any and all liability resulting from such disclosure.

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

**APPLICANT'S STATEMENT:**

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 options) 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 to me, my heirs of family, on account of compliance or any attempt 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 to me in this application. Should my application be accepted, I agree to be bound by the laws and policies of the Church of God 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 Director's office in preparation of my participation this summer. (The staff meeting will be on the first day of camp at 9:00 am and is MANDATORY for all workers!) I further state that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_