

2010 KIDS CAMP STAFF APPLICATION

Staff Applications due June 5th

PLEASE PRINT CLEARLY AND FILL OUT ALL SECTIONS

Email address is required for Confirmation
Incomplete apps will not be processed

FOR SOMO OFFICE USE ONLY

Application	_____
Background Check	_____
Pastoral Approval	_____

PERSONAL INFORMATION

NAME _____ GENDER M/F _____ MARRIED/ SINGLE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER () - _____ BIRTHDAY (MM/DD/YY) _____ AGE _____

SSN - - _____ EMAIL (PLEASE PRINT CLEARLY) _____

EMERGENCY CONTACT NAME/ PHONE NUMBER _____

CHURCH NAME/ CITY _____ SENIOR PASTOR _____ CHILDREN'S PASTOR _____

NAME OF PARENT/GUARDIAN WORKING AT CAMP (Required for those under 15 yrs of age) _____

CAMP INFORMATION

Please mark your camp Week



Staff are not required to pay an application fee, but if you would like to provide a Donation of \$25 for Food and Lodging it would be very much appreciated!

____ July 5-9 ____ July 12-16 ____ July 19-23 ____ July 26-30

ALL STAFF APPS ARE DUE BY JUNE 5th

Volunteer Positions

Description of each position available at KidZMo.org...click on <SoMo Kidz Camp>

Position Desired

PLEASE MARK YOUR PREFERRED POSITION...1-first choice, 2-second choice, 3-third choice...
(Incomplete if you mark only one and it is not available.)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Trash | <input type="checkbox"/> Water Cooler | <input type="checkbox"/> Waterfront Supervisor |
| <input type="checkbox"/> Counselor (18 yrs or older) | <input type="checkbox"/> Bible & Music | <input type="checkbox"/> Dishwashing | <input type="checkbox"/> Gym Games |
| <input type="checkbox"/> Assist Coun (15 yrs or older) | <input type="checkbox"/> Security | <input type="checkbox"/> Dining Hall | <input type="checkbox"/> Outdoor Games |
| <input type="checkbox"/> Teen Staff Coordinator-Boys | <input type="checkbox"/> Water Front | <input type="checkbox"/> Pop Stand/Chapel Cleaning | <input type="checkbox"/> KIM _____ |
| <input type="checkbox"/> Teen Staff Coordinator-Girls | <input type="checkbox"/> Gift Shop/Office | <input type="checkbox"/> Chapel Cleaning Manager | <input type="checkbox"/> Where Needed |
| <input type="checkbox"/> Pop Stand Manager | <input type="checkbox"/> Jet Ski Driver
(Training Required) | <input type="checkbox"/> Other _____ | |

Paid Positions

- Nurse (Must be RN/LPN) License # _____ Assistant Nurse
- Certified Life Guard Certified Belayer

Description of each position available online at KidZMo.org

(KIM choice must be in addition to one of the other choices)

KIM – Lead a Kids-N-Ministry Club; human video, puppets, drama, JBQ, missions, balloon tying, object lessons, gospel illusions, or crafts. You will plan and prepare your own teaching and presentation.

HOUSING

Teens

- *Choices do not apply to Counselors Free Housing - Bring bedding, towel, etc. Staying with Parents
- *Must be at least 21 to stay in Hotel Hotel (\$100 due at camp) - Bedding and towels provided Staying in Teen Housing
- *No Pets allowed Requested person to room with _____

*** BACKGROUND INFORMATION**

HISTORY

Have you previously served at SOMO Kids Camp? If so when, and what position? _____

Have you ever been involved with or convicted of child abuse or a crime involving sexual molestation of a minor? If yes, please explain. _____

During the past ten years, have you ever been convicted of a crime, excluding traffic violations (i.e. speeding tickets)? If yes, please explain. _____

A National Criminal Background Check is required for all Staff 18 years old or older. Applications are not processed until the appropriate background is completed.

- | | |
|--|---|
| <input type="checkbox"/> I have enclosed a copy of my background check (Dated 2005-2010) | <input type="checkbox"/> I am under 18 - background check is not required |
| <input type="checkbox"/> I have enclosed \$10 for you to run a background check on me | <input type="checkbox"/> I paid the District \$10 for a background in 2005-09 |

*** SPIRITUAL STATUS**

- Yes No I have been born again and know my salvation is real
 Yes No I attend church faithfully
 Yes No I am baptized in the Holy Spirit and speak in tongues regularly
 Yes No I fully and completely agree with, believe in, and adhere to the tenets of faith of the Assemblies of God
 Yes No I have often prayed with others in my church, especially at the altar

*** HEALTH INFORMATION**

STATEMENT OF HEALTH

Insurance Carrier	Group Number
Policy Number	Insured's Social Security #
Insured's Name (First/Last)	Insurance CO. Phone Number

Is there any information we should have regarding your welfare (handicaps, restrictions on activities, diets, allergies, extreme depression, destructive temper etc)? _____

- Do you have: Heart Trouble Ear Trouble Asthma Hernia Skin Trouble Allergies Lung Trouble HIV/AIDS
 Other/Explanation _____

List any medications you are taking (name/reason/instructions) _____

EMERGENCY TREATMENT PERMISSION/ COOPERATIVE AGREEMENT

I do hereby state that while I am a registered staff member at any Assemblies of God summer camps, I hereby authorize any director, counselor, nurse, lifeguard, or other responsible person of said Camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered under the general or special supervision on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I give permission for over the counter, non-prescription medication or application to be given, not to exceed recommended dosage for stomach discomfort, burns, cuts, insect bites, rash, aches, cough, congestion, etc. I fully understand that the CAMP INSURANCE IS A SECONDARY COVERAGE and covers accidents only with a maximum of \$5000 per incident, and that I will need to file on my own insurance first. I accept full responsibility for any charges other than accidents, or charges beyond the \$5000 maximum of the camp insurance. I agree to read the Camp Staff Handbook. Go to: kidzmo.somoag.org. I have read, and am willing to abide by all the camp rules and policies as stated in the information sheet.

**** SIGN HERE ****

Applicant Signature _____ Date _____
 Parent/Guardian Signature (if under 18) _____ Date _____

*** PASTORAL APPROVAL (Answer each of the 10 questions and sign)---APPLICATION NOT PROCESSED WITHOUT THIS---**

Staff please complete this application to this point, then give this application to the Pastor to complete. The pastor should then mail it along with their background check to the District Office without returning it to the applicant. This way the pastor's answers will remain confidential.

- ¹How long have you known this applicant? _____ ²Does this applicant attend all church services faithfully _____
³In what capacity does he/she minister in your church? _____
⁴Can you vouch for their moral integrity? **Yes No** ⁵Do you know that he/she is free from use of tobacco, alcohol, or other drugs? **Yes No**
⁶Does this applicant have adequate spiritual maturity to pray with youth for salvation, the infilling of the Holy Spirit, or for other needs? **Yes No**
⁷Is this applicant qualified to work in positions checked? **Yes No** ⁸Is the applicant mature and spiritually qualified to be a Counselor? **Yes No**
⁹Is there any information about this applicant that you feel would be necessary for us to know? _____
¹⁰Do you recommend this individual to work at our camps? **Yes No**
 *** Pastor's Signature _____ Date _____