

# 2018 KIDS CAMP STAFF APPLICATION



Staff Applications DUE May 10 **\$25**  
Registrations BETWEEN May 11 - May 31 **\$40**  
Registrations AFTER May 31 **\$50**

Registrations (for staff) CLOSE July 4

## PERSONAL INFORMATION

Name \_\_\_\_\_ Gender at birth M/F \_\_\_\_\_ Married/Single \_\_\_\_\_

Street Address (No PO's) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Birthday (MM/DD/YY) \_\_\_\_\_ Age \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address (Please print CLEARLY) \_\_\_\_\_

\*\*Camp Coordinator Contact email for Church \_\_\_\_\_

Emergency Contact Name/Phone Number \_\_\_\_\_

Church Name/City \_\_\_\_\_ Senior Pastor \_\_\_\_\_ Children's Pastor/Leader \_\_\_\_\_

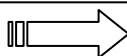
## CAMP INFORMATION

Staff are required to pay a \$25 staff fee to cover the cost of food and lodging

Please mark your camp week

____ July 9-13 (Spn, Sps, Jop)	____ July 16-20 (KC, Cln, Sed)	____ July 23-27 (STL, PH, Sul)	____ July 30-Aug 3 (Cape, Ken, WP, VB)
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## Volunteer Positions



A Description of each position is available at [www.somoag.org/ministries/childrens](http://www.somoag.org/ministries/childrens)

### Position Desired

PLEASE MARK YOUR PREFERRED POSITION: 1 – first choice, 2 – second choice, 3 – third choice  
(Your app is INCOMPLETE if you mark only one and it is not available.)

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Dorm Leader (18yrs or older) | <input type="checkbox"/> First Aid Assistant | <input type="checkbox"/> Gym Games               | <input type="checkbox"/> Media worker in Tabernacle |
| <input type="checkbox"/> Assistant Dorm Leader        | <input type="checkbox"/> Security            | <input type="checkbox"/> Bookstore/Office        | <input type="checkbox"/> Dining Hall                |
| <input type="checkbox"/> Camp Upkeep (Trash/Water)    | <input type="checkbox"/> Water Front         | <input type="checkbox"/> Dishwashing             | <input type="checkbox"/> Chapel Cleaning            |
| <input type="checkbox"/> Pop Stand                    | <input type="checkbox"/> Where Needed        | <input type="checkbox"/> Free Time/Outdoor Games |   |

### Paid Positions

Position must be pre-approved by CE Director.

- Life Guard     Licensed Medical Personnel     Certified Belayer

## Housing

\_\_\_\_ Hotel (\$100 due at camp) linens provided      \_\_\_\_ Free Motel housing – Bring bedding/towels

\* Must be at least 21 to stay in Hotel

\* Options DO NOT apply to Dorm leaders/assistant DLs

\* No Pets allowed

\* Requested roommate in Hotel/Motel Room \_\_\_\_\_

^^^Please note: Per Camp Board Policy, non-working Sr. Pastors must book your own Hotel room within the two weeks prior to the camp you are planning to attend. Thank You.

## BACKGROUND INFORMATION

Have you previously served at SOMO Kid's Camp?  NO  YES. (when/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.  
\_\_\_\_\_

**A National Background Check is required for all Staff 18 yrs old or older. Apps are not processed without it.**  
SOMO AG will run a background check with the info you provide. It is included in your staff registration fee.

### 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  
 Yes No I fully and completely agree with 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

Insurance Carrier	Group Number
Policy Number	Insured's (optional) SSN
Insured's Name (First/Last)	Insurance Co. Phone Number

Is there any information we should have regarding your welfare (handicaps, activity restrictions, diets, allergies, depression, destructive temper, etc)?  
\_\_\_\_\_

**DO YOU HAVE:**  HEART TROUBLE  ASTHMA  HERNIA  ALLERGIES  HIV/AIDS  OTHER/EXPLANATION \_\_\_\_\_

List any medications you are taking (name/reason/instructions). *Attach additional paper if necessary.*  
\_\_\_\_\_

#### 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.

**\*\*SIGN HERE\*\***

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please Print Name \_\_\_\_\_

Your signature signifies that you: agree to allow SOMO AG to run a background check; agree to read and abide by the Camp Staff Handbook. ([www.somoag.org/ministries/childrens](http://www.somoag.org/ministries/childrens)); will abide by all the camp rules, dress codes, and policies as a SOMO AG Camp Participant. I also give permission for my image to be included in pictures/videos for camp promotional purposes.

**PASTORAL APPROVAL** (Please complete this portion and email approvals or concerns to [ced@somoag.org](mailto:ced@somoag.org))  
**APPLICATIONS WILL NOT BE PROCESSED WITHOUT PASTORAL APPROVAL**

*Questions should be answered by LEAD PASTOR and emailed to [ced@somoag.org](mailto:ced@somoag.org)*

- How long have you known this applicant? \_\_\_\_\_
- Does this applicant attend church services faithfully? **Yes No**
- In what capacity does he/she minister in your church? \_\_\_\_\_
- Can you vouch for their moral integrity? **Yes No**
- Do you know that he/she is free from use of tobacco, alcohol, or other drugs? **Yes No**
- Does this applicant have adequate spiritual maturity to pray with children for salvation or other needs? **Yes No**
- Is the applicant mature and spiritually qualified to be a Dorm Leader? **Yes No**
- Is there any information about this applicant that you feel would be necessary for us to know?  
\_\_\_\_\_
- Do you recommend this individual to work at our camps? **Yes No**

**Pastor's signature** \_\_\_\_\_ **Date** \_\_\_\_\_