

2018 TEEN STAFF Kid's Camp

APPLICATION/WAIVER ages 15 - 19

**Bring this Form
to Camp after
Registering
Online**



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

Registrations (for staff) CLOSE July 4

Email address is **REQUIRED** for Confirmation
 Physical address and social security number are **REQUIRED** for background check (18+).
Incomplete apps will not be processed

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 (18 yr old +) - - _____ Email Address(Please print CLEARLY) _____

****Camp Coordinator Contact email for Church** _____

Emergency Contact Name/Phone Number _____

Church Name/City _____ Senior Pastor _____ Children's Pastor _____

Name of Parent/Gaurdian Working at Camp (Required for those under 15 yrs of age) _____

Please mark your camp week

<input type="checkbox"/> July 9-13 (Spn, Sps, Jop)	<input type="checkbox"/> July 16-20 (KC, Cln, Sed)	<input type="checkbox"/> July 23-27 (Stl, PH, Sul)	<input type="checkbox"/> July 30-Aug 3 (Cape, KN, VB, WP)
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Volunteer Positions A Description of each position is available at 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.)

DORM LEADER (18 yrs or older) ASSISTANT DORM LEADER (16 yrs or older)
 WATERFRONT CERTIFIED BELAYER (pd. position) CAMP UPKEEP (Trash/Water)
 GYM GAMES OUTDOOR GAMES/FREE TIME DISHWASHER
 OTHER _____ (must be pre-approved by CE Director)

All Non-Dorm Leading Teens Will Stay In Teen Housing.

_____ Initial here that you understand and agree

Have you previously served at SOMO Kid's Camp? ___ NO ___ YES. (when/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 for those 18 yrs old or older. It is included in your staff registration fee.

___ I am **under 18 years old** (at the time of camp) and do not require a background check.

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 _____

PARENT/GUARDIAN SIGNATURE (if under 18) _____

Your signature signifies that you: agree to allow SOMO AG to run a background check (if 18+); agree to read and abide by the Camp Staff Handbook. (www.somoag.org/ministries/childrens); will abide by all the camp rules, dress codes, and policies as a SOMO AG Camp Participant; 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)
APPLICATIONS WILL NOT BE PROCESSED WITHOUT PASTORAL APPROVAL

Questions should be answered by LEAD PASTOR and emailed to 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** _____