

# 2023 TEEN STAFF Kid's Camp

## APPLICATION/WAIVER ages 15 - 17

This application is due back to your Camp Coordinator by:

\_\_\_\_\_



To have the best opportunity to receive your requested position, register early.

**Staff Registrations CLOSES June 12 \$25**

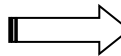
Email address is **REQUIRED** for Confirmation

Incomplete apps will not be processed

### PERSONAL INFORMATION

First Name	Last Name	Gender at Birth <b>M / F</b>	Birthdate (mm/dd/yy)	Age	Grade completed before camp
Mailing Address	City	State	Zip		
Cell Phone:	Home Phone:	Work Phone:	Email Address:		
Parent #1 Name: (First & Last)	Parent #1 Cell Phone:	Parent #1 Home Phone:	Parent #1 Work Phone:		
Parent #2 Name: (First & Last)	Parent #2 Cell Phone:	Parent #2 Home Phone:	Parent #2 Work Phone:		
Parent Email:	Parents/Guardians working at Camp? (required for those under 15 yrs of age)  <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Parents/Guardians working at Camp			
Emergency Contact (First & Last) Name:	EC Cell Phone:	EC Home Phone:	EC Work Phone:		

### Volunteer Positions



A Description of each position is available at <https://somoag.org/childrens/about/camp/>

#### 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"/> Assistant Dorm Leader  | <input type="checkbox"/> Lake/Pool   | <input type="checkbox"/> Dishwasher                   |
| <input type="checkbox"/> Camp Upkeep<br><i>(Trash/Water/Restocking)</i>                                   | <input type="checkbox"/> Certified Belayer                                       | <input type="checkbox"/> Dining Hall                  |
| <input type="checkbox"/> Outdoor Fun Zone Supervisor<br><i>(See Job Description online for more info)</i> | <input type="checkbox"/> Rockwall  | <input type="checkbox"/> Gym Games                    |
| <input type="checkbox"/> Where Needed   | <input type="checkbox"/> Photographer/Videographer<br><i>(requires approval)</i> | <input type="checkbox"/> Big Time (requires approval) |

**All Non-Dorm Leading Teens (ages 15-17) will Stay in Teen Housing.**

\_\_\_\_\_ Initial here that you understand and agree

**\*BACKGROUND INFORMATION**

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.

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

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  SEVERE ALLERGIES  HIV/AIDS  OTHER/EXPLANATION

***\*\*Reminder: ALL forms of medication must be kept at the First Aid Station. This includes both prescription and non-prescription medication.***

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

<b>Medication</b>	<b>Dosage</b>	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>	<b>Bedtime</b>	<b>Other</b>

**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.

**\*\*\*All applications must pass a background check and be approved by your church Lead/Sr. Pastor before being accepted. Return this form to your Camp Coordinator as soon as possible for it to be entered online. Once this form is submitted online, an email will be sent to your Pastor for approval. All Staff Applications will remain in "pending status" until we receive Pastoral Approval to serve at Cross Pointe Camp & Retreat Center. \*\*\***

**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. <https://somoag.org/childrens/about/camp/>; 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.