

2024 KIDS CAMP STAFF APPLICATION

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 7

PERSONAL INFORMATION

First Name	Last Name	Gender at Birth M / F	Birthdate (mm/dd/yy)	Age	Marital Status M / S
Street Address (No PO Boxes)	City	State	Zip		
Cell Phone:	Home Phone:	Work Phone:			
SSN #	Email Address (Please PRINT CLEARLY)				
Emergency Contact (First & Last) Name:	EC Cell Phone:	EC Home Phone:	EC Work Phone:		

NEW to the Camp 2024 season, ALL adults on the campgrounds will be required to be in a serving position. If you have any questions regarding your serving availability, please email cmd@somoag.org or call the KidMin Office.

Select your top three preferred positions below. *(Your app is INCOMPLETE if you mark only one and it is not available.)* Please note, in order to make camp happen, there are times we will assign a spot to you that you didn't select. We ask all leaders to have a servant's heart to make this the BEST week for all the campers!

Staff are required to pay a \$25 staff fee to cover some of the costs of your camp fees.

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

<input type="checkbox"/> Dorm Leader (18yrs or older)	<input type="checkbox"/> Asst Dorm Leader	<input type="checkbox"/> Camp Upkeep (Trash/Water/Restocking/Cleaning)	<input type="checkbox"/> Pop Stand	<input type="checkbox"/> Merchandise Sales
<input type="checkbox"/> First Aid Assistant	<input type="checkbox"/> Security	<input type="checkbox"/> Waterfront	<input type="checkbox"/> Dishwashing	<input type="checkbox"/> Where Needed
<input type="checkbox"/> Certified Belayor (Rec Team)	<input type="checkbox"/> Hang Time	<input type="checkbox"/> Recreation Team	<input type="checkbox"/> Dining Hall	<input type="checkbox"/> Money Bands
<input type="checkbox"/> Media/Lights/Sound Staff (Requires Approval)		<input type="checkbox"/> Photographer/Videographer (Requires Approval)		

Paid Ministry Positions

Position must be pre-approved by the KidMin Department.

- Certified Lifeguard Licensed Medical Personnel

Only **PASTORS** will be allowed to bring THEIR underaged children (ages 0-6 yrs) to camp, if necessary, and **must be approved in advance by the KidMin Dept.** Each child will also need to pay the hotel \$25 for food costs (if applicable). Please email cmd@somoag.org to begin your approval process. Applications will be processed after your request has been approved.

If requesting to bring children to camp, please select from one of the jobs below. Your children are welcome to serve with you!

Ages of children who will be with you: _____

- Chapel Cleaning Gym Clean Up Restocking Water Cups & Toilet Paper Chapel Sales

Housing

~ Options DO NOT apply to Dorm Leaders/Assistant Dorm Leaders ~

Hotel (**\$100 due at camp**) linens provided
(hotel rooms are not guaranteed and will be provided
on a first come first served basis)

Free Motel housing – Bring bedding/towels

*Requested roommate in Hotel/Motel Room _____

*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. This 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 am comfortable praying with others in an altar setting

*HEALTH INFORMATION

Insurance Carrier	Group Number
Policy Number	
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

****Reminder: If you are a Dorm Leader or Assistant Dorm Leader, 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.*

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 _____

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); 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.