

2022 KIDS CAMP STAFF APPLICATION



Staff Applications DUE May 2 **\$25**
Registrations BETWEEN May 3 - May 23 **\$40**
Registrations AFTER May 23 **\$50**

Staff Registrations CLOSE June 13

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 _____

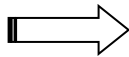
CAMP INFORMATION

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

Please mark your camp week

____ June 27-1 (Spn, Sps, Jop)	____ July 1-15 (KC, Cln, Sed)	____ July 18-22 (Cape, Ken, WP, VB)	____ July 25-29 (STL, PH, Sul)
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Volunteer Positions



A Description of each position is available at www.somoaq.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"/> Free Time/Outdoor Games | <input type="checkbox"/> Where Needed | |

Paid Positions

Position must be pre-approved by Kid's Camp 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); 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.

APPLICATIONS WILL NOT BE PROCESSED WITHOUT PASTORAL APPROVAL

Lead Pastor's Approval:

Pastor, by signing this application, you are confirming that the above applicant is fit for ministry in service to any and all children who attend kids camp. You confirm that the applicant has the spiritual maturity as well as the physical, mental and emotional capacity to serve with excellence in any of the camp positions they have selected to serve (see the front of this application to verify their selected positions).

If you have hesitation in any area of service, please contact Chip Dudden (the District Children's Ministry Director) to discuss your concern before signing off on the applicant. Contact Info: 417-881-1316 / cdudden@somoag.org.

By signing this application, I fully approve of this individual representing our church in the service of our District's Children.

Pastor's signature _____ **Date** _____