

2009 CAMP STAFF APPLICATION
THE CHURCH OF GOD OF THE APOSTOLIC FAITH, INC.
STAFF MEAL FEE - \$10 (\$20 STAFF MEAL FEE AFTER MAY 10TH)

CHECK THE CAMP(S) YOU WILL BE ATTENDING AND SELECT YOUR AREA(S) OF INTEREST. (POSITIONS ARE NOT GUARANTEED)

<u>KIDS CAMP (JUNE 8-11)</u>	<input type="checkbox"/>	GROUP LEADER	<input type="checkbox"/>
<u>SENIOR CAMP (JUNE 14-19)</u>	<input type="checkbox"/>	ACTIVITIES/STAFF	<input type="checkbox"/>
<u>JUNIOR CAMP (JUNE 22-26)</u>	<input type="checkbox"/>	MAINTENANCE	<input type="checkbox"/>
		KITCHEN/SERVER	<input type="checkbox"/>

APPLICATION MUST BE FILLED OUT COMPLETELY

FULL NAME: _____

SOCIAL SECURITY # (REQUIRED) _____

ADDRESS: _____

PHONE: (H) _____ (W) _____

AGE: _____ M F MARRIED SINGLE

SPOUSE/PARENT NAME: _____

PHONE: _____

EMAIL ADDRESS: _____

HOME CHURCH: _____

PASTOR: _____

NUMBER OF YEARS SAVED: _____

BAPTIZED IN THE HOLY SPIRIT: YES NO

WHAT MINISTRIES/CHURCH ACTIVITIES ARE YOU INVOLVED IN?

HAVE YOU EVER BEEN A CAMPER? YES NO

STAFF WORKER? YES NO

LIST AREAS WORKED IN: _____

DOES STAFF APPLICANT HAVE MEDICAL INSURANCE? YES NO

IF YES, HEALTH INSURANCE PROVIDER: _____

DOES APPLICANT HAVE ANY PHYSICAL OR MENTAL LIMITATIONS?

YES NO

IF YES, PLEASE EXPLAIN: _____

EMERGENCY CONTACT NAME _____

PHONE(H) _____ (W) _____

OFFICE USE ONLY: AMOUNT PAID: _____ CASH/CHECK# _____

BALANCE DUE _____ LATE FEE _____

PAYER ON CHECK _____

*TO ORDER T-SHIRT CHECK SIZE BELOW
 COST IS \$10 S-XL AND \$15 2X-3X*

S M L XL

2X 3X

**PLEASE SEND REGISTRATION FORM
 WITH YOUR CAMP FEE(S) AND
 PAYMENT FOR T-SHIRT TO COGAF.
 MAKE CHECKS PAYABLE TO COGAF.**

Have you ever been convicted of a criminal offense (excluding minor traffic violations) or had a prior guilty/"no contest" plea to a criminal offense?
 YES NO

IF YES, PLEASE ATTACH SEPARATE DETAILED INFORMATION

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor or had a prior guilty/"no contest" plea to such improper conduct?
 YES NO

IF YES, PLEASE ATTACH SEPARATE DETAILED INFORMATION

WE RESERVE THE RIGHT TO DO A BACKGROUND CRIMINAL CHECK.

APPLICANTS RELEASE/COMMITMENT FORM
 I PLEDGE MYSELF TO A WEEK OF COOPERATIVE MINISTRY WITH THE DIRECTORS OF THE CHURCH OF GOD GO THE APOSTOLIC FAITH INC. I WILL MAINTAIN A PERSONAL DISCIPLINE AND A SPIRIT THAT EXEMPLIFIES CHRIST AT ALL TIMES. I WILL PUT THE PHYSICAL, MENTAL, AND SPIRITUAL WELFARE OF THE CAMPERS AS MY FIRST PRIORITY. I FULLY UNDERSTAND THAT THE CAMP INSURANCE IS SECONDARY COVERAGE, AND I WILL NEED TO FILE MY INSURANCE FIRST. I DO NOT HOLD THE CAMP, STAFF, OR COGAF RESPONSIBLE FOR ANY PERSONAL OR PROPERTY LOSS. PERMISSION IS GIVEN TO COGAF CAMP TO USE PHOTOGRAPHS (INDIVIDUAL OR GROUP) AND/OR MULTIMEDIA IMAGES AND RECORDINGS IN THE BEST INTEREST OF THE CHURCH OF GOD OF THE APOSTOLIC FAITH.

APPLICANT'S SIGNATURE:

DATE: _____

PASTORAL REFERENCE

HAVING CONFIDENCE IN THIS APPLICANT'S ABILITY, TRAINING, AND CHRISTIAN EXPERIENCE, I RECOMMEND THE CONSIDERATION OF HIS/HER APPLICATION TO BE A STAFF WORKER AT YOUTH CAMP. I FURTHER BELIEVE THIS INDIVIDUAL HAS THE APPROPRIATE CHARACTER AND EMOTIONAL STABILITY TO SERVE THE STAFF POSITION AND AGE LEVEL FOR WHICH HE/SHE HAS APPLIED.

PASTOR'S SIGNATURE: