

VIRGINIA CHURCH OF GOD OF PROPHECY

2015 Camp Worker Application

Please complete the following application if you are interested in being considered for one or more of the camps or retreats.



Name _____
 Address _____
 City _____ St _____
 Zip _____ Sex _____ Age _____
 Birth Date ____/____/____ T-Shirt
 Size (Sizes S M L XL 2X 3X 4X)
 Daytime Phone () - ____ - ____
 Evening/Cell Phone () - ____ - ____
 Email _____ Have you Completed the WIT Program? _____ Give Date: _____

•Your application will be forwarded to the appropriate Camp Director. Each Director will contact their respective workers. You must receive a request from a Director to work their camp. Questions? Contact us at 540-992-3696. This application will be treated with complete confidentiality by the Virginia COGOP Camp Ministries. All staff members must:

- ▶ Complete this application in its entirety and return it to Camping Ministries by March 1, 2015. Directors begin staffing camps months ahead, the sooner your application is received, the better your chances of being asked to work as staff in a camp. Worker T-Shirts will be provided to staff submitting applications by 03/01/15.
- ▶ •Have your pastor complete and return the enclosed reference form to the camp office. •Complete the COGOP consent to perform a history background check

So you want to be a youth camp worker?

- ☛ Are you at least 16 years old (cabin leaders must be 18)?
- ☛ Do you attend church on a regular basis?
- ☛ Are you patient, positive, and energetic?
- ☛ Are you willing to devote a week's time to young people?
- ☛ Do you want to make a difference in God's kingdom?

Re-

turn completed applications to:
CAMPING MINISTRIES
CHURCH OF GOD OF PROPHECY
STATE OFFICES
P O BOX 158
TROUTVILLE, VA 24175-0158

Choose two of the following positions with a 1 for first choice and a 2 for second choice.

Cabin Leader ____ Assistant Cabin Leader ____ Recreation ____ Snack Stand ____ Office Aide ____
 Certified Lifeguard ____ Growth Group Leader ____ Teacher ____ Crafts ____ Media Team ____
 Registered Nurse ____ Nurse's Assistant/EMT ____ Custodial ____ Dean ____ Kitchen ____
 Other - please specify _____

Please choose the camp(s) and/or retreat(s) you would like to work:

- Spring Renewal (Ages 13-19) April 10-12
- Junior (Ages 8-10) June 20-23
- Senior (Ages 11-13) June 30-July 5
- Hot Shot (Ages 4-7) June 5-7
- Senior High (Ages 14-19) June 23-28
- Fall Refuel (Ages 13-19) Oct. 2-4

Name _____

What church are you a part of? _____ Pastor _____

How long have you attended this church? _____

Health/Insurance Information

Camp is an active place. Do you have physical limitations that we should be aware of? yes no

If yes, please elaborate _____

Other medical concerns, such as allergies or medications that you currently take: _____

Person to notify in case of an emergency _____

Phone _____ Relationship to you _____

Doctor's Name _____ Phone # () - -

Insurance _____ Policy # _____

If you have medical insurance, please be sure to bring your insurance card, or a copy, to camp with you, along with policy-holder and co-pay information.

Qualifications

What kind of skills, talents, and interests do you have?

- Art
- Athletics
- Computer
- Dance
- Drama
- Hiking
- Leadership
- Music
- Nutrition
- Office Skills
- Organization
- Service
- Speaking
- Video Editing
- Writing

Did we miss something? Tell us!

Do you have first-aid training/certification? yes no _____

Do you have Serve Safe (Kitchen) Training? yes no _____

Are you a certified lifeguard? yes no _____

What is your occupation/highest grade level completed? _____

How long have you been: Saved _____ Baptized in Water _____ Sanctified _____

Filled with Baptism of the Holy Spirit _____

If you are applying to be a cabin leader, please answer the following questions.

Will your child be a camper the same week you work? yes no

If so, would you like your child to be in your room? yes no

Will children from your church be attending camp that week? yes no

If so, would you like them to be in your cabin? List _____ yes no

Have you been a part of our camp before? If you were a camper or a worker at Virginia Youth Camp, tell us about your experience. _____

Spiritual Data

Saved Sanctified Holy Ghost Church Member If so, Where? _____

Do you attend church regularly? _____ Are you faithful in supporting your church and church activities?
____ Will you adhere to and encourage the teachings of the Church of God of Prophecy? _____

What Leadership position(s) do you hold in the local church? _____

What ministries, outreaches, or evangelism opportunities have you been involved with, either with your church or another organization?

Why would you like to work in a Virginia Youth Camp this summer?

What are your strengths and weaknesses?

Can you describe your present relationship with God? _____

Background Information

Full Name (including maiden name) _____

Place of Birth _____ Marital Status _____
City County ST

Have you ever been convicted of or pleaded guilty to sexual assault, sexual abuse, or child abuse? yes no

Have you ever been convicted of or pleaded guilty to a felony? yes no

Have you ever been accused, charged, or alleged to have committed an act of neglect, abuse, or molestation with regards to a child or youth? yes no

Have you ever engaged in homosexual activity? yes no

Have you had a history of substance abuse? yes no

If you prefer, you may discuss the previous questions with a trusted ministry leader in your church. If you would like to clarify any information given, you may discuss it here or on a separate sheet of paper. Please understand that the ultimate purpose of this application is to provide a safe and positive environment for children, not to embarrass you. We will treat any information you give us with respect and consideration for your privacy. _____

Applicant's Statement

I certify that the information provided on this application is correct, to the best of my knowledge. I agree to comply with and abide by the rules and regulations of the Virginia Church of God of Prophecy Youth Camping Ministries as set forth by the State Offices. I authorize any references/churches listed in this application to give you any information regarding my character and fitness for youth camp work. I waive any right to inspect any information provided about me by any person or organization identified by me in this application.

In case of emergency, I authorize qualified medical personnel to render medical care and treatment to me, both on and off campus, should such action be necessary.

I hereby consent for the Church of God of Prophecy State Office to seek from local law enforcement, any information which pertains to any record of conviction contained in its files or in any criminal file maintained on me, whether state, local, or national. I hereby release the Police Department from any and all liability resulting from such disclosure.

I further state that I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

If applicant is under 18 years of age

Code of Conduct

- We expect that you will respect yourself, those around you and their property, Virginia Youth Camp Staff, God's Creation, and God Himself. Treat others as you would want to be treated. The following behavior will not be tolerated: racist or sexist remarks, fighting, threats, swearing, or any other act that is demeaning to another person. We want a warm and positive environment for all who attend and work camp this summer.
- We uphold the safety of our campers and staff as a top priority. Please obey the lifeguards while in the pool area. Do not deliberately do anything that would endanger another. When in doubt about the safety of an activity, please discuss it with those in authority over you.
- Staff members are not to leave the camp without permission from the camp directors. Please make sure someone is aware of your whereabouts at all times.
- We are pleased to offer an alcohol-free, tobacco-free, weapon-free, and substance-free environment.
- We have a high expectation for modesty in dress and attitude. Please avoid too-tight, too-short articles of clothing. When in doubt, leave it at home.

I have read and agree to abide by the above statements.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

If applicant is under 18 years of age

While no one is rejected to work or attend youth camp on the basis of race, color, or creed, the Church of God of Prophecy State Offices and camp officials reserve the right to accept or reject any application for volunteers at camp after review of said application reveals the service of the applicant would not be in the best interest and success of the camp. Investigation will be made as to the applicant's character, reputation, personal characteristics, and adaptability. All applicants are required to undergo training provided by the Virginia Youth Ministries office.

3. ___ YES ___ NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State:	County:	Date of Offense:
Details of supervision:		

4. ___ YES ___ NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country:	City:	Date of Offense:
Details of conviction:		

5. ___ YES ___ NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State:	County:	Date of Arrest
Details of pending charge-		

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE	YEARS LIVED

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE. I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE CHURCH.

Signed this _____ day of _____, 20_____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____

VIRGINIA CHURCH OF GOD OF PROPHECY

2015 Camp Worker Pastor Endorsement

This form must be completed for potential Virginia Youth Camp Workers and received no later than March 1, 2015. Return forms to:

Church of God of Prophecy State Offices
Camping Ministries P O Box 158
Troutville, VA 24175-0158

Note to Pastors:

This reference form is to evaluate a potential staff member for Virginia Church of God of Prophecy Summer Camp. Your honesty will help us in compiling an effective and caring camp staff for 2015. Please answer all questions to the best of your knowledge.

We ask that you personally seal and mail this form to us.
You may call 540-992-3696 with any questions or comments.

You may also fax this form to 540-992-2861. Thank you!

Name of Applicant _____

Church _____ Pastor _____ Phone _____

Do you endorse the above person to work in the 2015 Virginia Youth Camp?

Yes

No

How long have you known this applicant? _____ In what capacity? _____

How well do you feel you know them?

Very well

Rather Well

Casually

Not well/ not at all

What are his/her greatest strengths? _____

Is this individual faithful to your local church?

OYes ONo

Do you believe the candidate is good with children/young people?

OYes ONo

Does the candidate work well in a team environment?

OYes ONo

Is the candidate trustworthy and responsible?

OYes ONo

Does the candidate have a positive attitude?

OYes ONo

Is there any reason we should not consider this applicant as a staff member for Virginia Youth Camps? _____

Other Pastoral Comments: _____

Pastor's Signature _____

Date _____