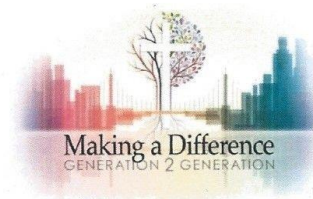


# Camp Nikao

KY COGOP  
Camping Ministries



# Mail To

Kentucky COGOP State Office  
PO BOX 220  
Elizabethtown, KY 42720

# Or Email To

kycogop@comcast.net

## STAFF/SIT Application

### STAFF APPLICATION

**NOT COMPLETE UNTIL BACKGROUND CHECK AND PASTORAL ENDORSEMENT IS RECEIVED**

Hot-Shot Camp Staff (18+) <input type="checkbox"/>	Junior Camp Staff (21+) <input type="checkbox"/>	Teen Camp Staff (20+) <input type="checkbox"/>
Hot-Shot Camp Staff-in-Training (16-17) <input type="checkbox"/>	Junior Camp Staff-in-training (17-20) <input type="checkbox"/>	

Application Type	Tuition- Checks made to KY COGOP, Inc
Staff	\$25 ( please include with application if possible)
SIT (Staff in Training)	\$40 ( Must be included with application)

**All parts of application must be complete and signed or application may be returned.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Text Messaging Yes No Current Age \_\_\_\_\_ Gender M or F

Email Address \_\_\_\_\_

Circle Shirt Size YS YM YL S M L XL 2XL 3XL

Church You Regularly Attend \_\_\_\_\_

Pastor Name and Number \_\_\_\_\_

Check all that apply: Saved \_\_\_ Sanctified \_\_\_ Holy Ghost Baptism \_\_\_ Water Baptism \_\_\_ Church Member \_\_\_

**Check all positions you desire to serve in:** (note this does not guarantee you will serve in this position)

- |   |                                       |  |                                   |  |
|---|---------------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> Cabin Guide    | <input type="checkbox"/> Worship Team | <input type="checkbox"/> Guide in Training | <input type="checkbox"/> Dean     | <input type="checkbox"/> Certified Nurse     |
| <input type="checkbox"/> Kitchen Worker | <input type="checkbox"/> Evangelist   | <input type="checkbox"/> Maintenance       | <input type="checkbox"/> Security | <input type="checkbox"/> Certified Lifeguard |
| <input type="checkbox"/> Teacher        | <input type="checkbox"/> Recreation   | <input type="checkbox"/> Concessions       | Other _____                       |  |

Position of Preference \_\_\_\_\_

Reason for Preference \_\_\_\_\_

### Please Check Yes or No:

- |     |    |   |
|-----|----|---|
| Yes | No | Do you accept the Bible as the Word of God  |
| Yes | No | Do you strive to live a lifestyle that reflects Christ Inwardly and Outwardly             |
| Yes | No | Do you believe in, promote, and advocate Christian unity among believers                  |
| Yes | No | Are you willing to abide by the rules and policies of Kentucky COGOP Camping Ministries   |
| Yes | No | Are you willing to assume any responsibility you may be placed in                         |
| Yes | No | Are you willing to put the needs of the camper first for the entire week                  |
| Yes | No | Are you willing to arrive on time for camp, attend any training, and stay the entire week |

**Health Insurance Information**

\_\_\_\_\_  
Name of Insurance Carrier Policy Holder Relationship

\_\_\_\_\_  
ID Number Group Number Address and Number

**In case of emergency please call:**

\_\_\_\_\_  
Name and Relationship Name

\_\_\_\_\_  
Home or Cell Number Work or Other Number

**In case of an emergency where I am unable to authorize medical treatment for myself and the above emergency contact person is not available, I authorize the camp nurse to provide emergency first aid and to authorize emergency medical treatment for me.**

\_\_\_\_\_  
**Staff or SIT Signature**

**Health History (Check all that apply)**

\_\_\_ Epilepsy \_\_\_ Asthma \_\_\_ Coma \_\_\_ Kidney Trouble \_\_\_ Convulsions \_\_\_ Heart Trouble  
\_\_\_ Tuberculosis \_\_\_ Diabetes \_\_\_ Fainting \_\_\_ Sleep Walking \_\_\_ Rheumatic Fever \_\_\_ HIV/AIDS  
\_\_\_ ADHD/ADD \_\_\_ Other \_\_\_\_\_

**Allergies (Check all that apply)**

\_\_\_ Bee/Wasp Sting \_\_\_ Pollens \_\_\_ Poison Ivy/Oak/Sumac \_\_\_ Penicillin \_\_\_  
Other Drugs \_\_\_\_\_ Foods \_\_\_\_\_  
Other Allergies \_\_\_\_\_

**Other Medical Information**

Most Recent Tetanus \_\_\_\_\_ Recent Operations \_\_\_\_\_  
Special Diet \_\_\_\_\_ Physical Restrictions \_\_\_\_\_  
Medications Taken \_\_\_\_\_

How would you rate your present physical condition? Poor Fair Average Good Excellent

Do you give permission for nurse to give you over the counter medications: Yes No

By signing this form, you confirm that the above information is updated and accurate. I understand that my completion of these application in no way obligates the camp coordinator and or any camp director to use me as a camp staff person I also understand that I will be subject to a criminal background check. Also, by signing you give permission to Camp Nikao and its affiliate COGOP to use any pictures or videos for promotional purposes, including but not limited to websites, flyers, and social media. Should you not want to be photographed or videotaped, please provide a written/signed statement.

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Signature** **Date**

**\*If under 18 years of age, a parent/guardian signature is REQUIRED\***

**For Office Use Only**

Date Received \_\_\_\_\_

Amount Due \_\_\_\_\_

Payment Type \_\_\_\_\_

Check # \_\_\_\_\_

Amount \_\_\_\_\_

**Applications are  
NOT COMPLETE  
Until Background Checks and  
Pastoral Endorsements are  
received by the State Office.**

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## Covid-19 Guidelines

**We value the health of our campers and staff. Due to Covid-19 regulations and health department restrictions the following questions need to be answered.**

Yes      No    \* Do you give permission for the Staff Members temperature to be taken daily with a no contact thermometer?

Yes      No    \* Does the Staff Member agree to follow all posted guidelines on the campgrounds?

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**Camper Signature**

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**Parent/Guardian Signature (Camper if over 18)**

---

**Date**

**These questions will need to be answered at the time of the camper drop off.**

Yes      No    \* Has the camper or anyone in the household had any of the following symptoms in the last 14 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit?

Yes      No    \* Has the camper or anyone in your household been tested for COVID-19 in the past 14 days?

Yes      No    \* Has the camper or anyone in your household visited or received treatment in a hospital, clinic or other health care facility in the past 14 days?

Yes      No    \* Do you have any reason to believe that the camper or anyone in your household has been exposed to or acquired COVID-19 in the past 14 days?

Yes      No    \* To the best of your knowledge, has the camper been in close proximity to any individual who tested positive for COVID-19?

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**Camper Signature**

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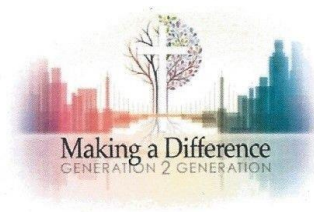
**Parent/Guardian Signature (Camper if over 18)**

---

**Date**

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### STAFF/SIT Pastoral Endorsement

Pastors: Please complete this endorsement and approval form within five days of reception. This is an evaluation of a prospective staff member who has applied to volunteer in the camping ministry of Camp Nikao for the Church of God of Prophecy in Kentucky. Please complete this the best of your knowledge. Please personally send this endorsement to the State Office. It must be received before the applicant can be considered for service.

Name of Applicant \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Is this applicant \_\_\_ Saved \_\_\_ Sanctified \_\_\_ Holy Ghost Baptism \_\_\_ Water Baptized \_\_\_ Church Member

How long have you known this applicant? \_\_\_\_\_

Does the applicant hold any positions or participate in any ministries at the local church? If so, what?

\_\_\_\_\_  
\_\_\_\_\_

Please answer the following:		
Do you believe that the candidate works well with children and/or young people?	YES	NO
Does the candidate work well in a team environment?	YES	NO
Is the candidate trustworthy and responsible?	YES	NO
Does the candidate have a positive attitude?	YES	NO
Does this person attend and participate in your local church faithfully?	YES	NO
Do you endorse in good faith the character of the applicant as striving to live a Christian lifestyle as outlined in the Word of God?	YES	NO

Is there any reason we should not consider this applicant for service as a staff member for Camp Nikao?

\_\_\_\_\_  
\_\_\_\_\_

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_

Pastor Signature \_\_\_\_\_

Date \_\_\_\_\_



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 charges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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 \_\_\_\_\_