



APPLICATION FOR VOLUNTEER CAMP WORKERS

This application is to be completed by applicants for any position (volunteer or compensated) involving the supervision or custody of minors. Its goal is to help provide a safe and secure environment for the children and youth that participate in our camp program and use our facilities.

Submission of application does not guarantee your selection as a volunteer staff member or volunteer work crew. Selection is based upon need and a positive recommendation by your pastor.

Age Requirements

Counselor/Counselor Assistant for Camp Adventure, Camp Journey, Camp Discover, Camp Inspire must be 21 years old. However, for Camp Adventure, Camp Journey, & Camp Discover those eighteen & older may be considered on an as-needed basis.

Volunteers for the work crew should be 16 years old to serve at Kids Camp Adventure, Camp Journey, & Camp Discover. However, based on need, workers may be considered who are at least 14 years old. Applicants 16 and older will be given first consideration.

Camp Information

Check week(s) you are applying for

- Camp Adventure:**
July 7-10
- Camp Journey:**
JULY 12-16
- Camp Discover:**
JULY 19-23
- Camp Inspire:**
JULY 26-JULY 31

CHECK THE AREA YOU WISH TO APPLY FOR

- Counselor**
- Counselor Assistant**
- Work Crew**
- Food Service**
- Sanitation**
- Nurse**
- Other**

explain other: _____
(this position may be recruited by director)

Personal Information

First Name

Last Name

Address

City State Zip Age Birthday

Home Phone Email

Work Phone Cell Phone

- (check what applies)
- Gender Male Female
 - Marital Status Married Single
 - Race White Black Hispanic Other _____

Group Information

Church Name _____ Church Phone Number _____

Senior Pastor _____ Group Leader's Name _____

Emergency Information

Parent's Name(s) if under age 18 _____

Name of Family Physician: _____ Phone (_____) _____

Do you carry family medical Insurance: YES / NO (circle one)

Carrier Name: _____ Phone (_____) _____

Group Policy Number: _____ Name of Policy Holder: _____

Contact Information

In the event of an emergency River Pointe will contact the parent or legal guardian immediately, if the worker is a minor. Other wise please list a contact person due to emergency if you are not a minor.

Name _____ Phone (_____) _____

Relationship _____ Evening Phone (_____) _____

Medial Information

Health History

Have you had any of the following? Polio _____ Epilepsy _____ Rheumatic Fever _____ Other _____
If any, when? _____

Does the applicant have:

Heart Trouble _____ Lung Trouble _____ Skin Trouble _____ Ear Trouble _____

Sinus Infection _____ Diabetes _____ Asthma _____ Allergies _____

Explain any of the above you have checked _____

Have you ever been diagnosed as HIV positive? **YES NO**

Has the applicant been under medical care within the past 3 months? **YES NO** If so, for what? _____

Applicant Questions

1. Have you ever been accused of, engaged in, or investigated for any sexual or physical offense involving a minor or adult, including but not limited to child abuse, child molestation, indecent liberties with a child, incest, sexual harassment, seduction, rape, assault, battery, murder, kidnapping, child pornography, sodomy, or sexual contact with a counselee or church member?

YES NO If **YES**, explain fully on a separate sheet (identify when & where each accusation was made and how each accusation was resolved.)

2. Have you ever been convicted of, or pled guilty or "no contest" to, any criminal offense described in question 1? **YES NO**

If **YES**, explain fully on a separate sheet (identify each conviction or plea of guilty, when & where each incident occurred, and the sentence received)

3. Have you ever been convicted of, or pled guilty or "no contest" to, any criminal offense not mentioned in question 1?

YES NO (excluding minor traffic offenses) If **YES**, explain fully on a separate sheet.

4. Do you use any tobacco products? **YES NO**

Do you use alcoholic beverages? **YES NO**

Do you use any illegal nonprescription drugs or prescription drugs illegally? **YES NO**

5. Do you have any physical, mental handicaps or conditions preventing your involvement in certain types of activities? **YES NO**

IF YES, explain _____

6. Have you had any Christian Camping experience? **YES NO**

Explain _____

7. To the best of your ability are you willing to follow all camp rules and submit to camp policies? **YES NO**

8. Do you have any special skills that might benefit the camp program?

9. Do you fully ascribe to the following doctrines as taught by the Pentecostal Church of God? (doctrinal guide is available by request)

Salvation **YES NO**

Baptism in the Holy Spirit **YES NO**

Second Coming **YES NO**

Divine Healing **YES NO**

Please explain any **NO** answers. Use additional sheet of paper.

10. Are you a born again Christian according to John 3? **YES NO**

When were you "saved"? _____

11. Are you baptized in the Holy Spirit with the external evidence of speaking in tongues according to Acts 2:4? **YES NO**

12. List the name, city and pastor of all churches you have attended in the past five years.

Currently attending: _____

Past churches: _____

13. List all previous church work, especially when involving students:

14. List any gifts, calling, training or other factors that have prepared you to work with students.

15. PERSONAL REFERENCES (not former employees or relatives)

Name _____

Name _____

Address _____

Address _____

Day Time Phone _____

Day Time Phone _____

Evening Time Phone _____

Evening Time Phone _____

Relationship _____

Relationship _____

16. I am able to stay until camp is dismissed on the final day? **YES NO**

17. I understand that my job assignment may be reassigned as needed by camp director or authorized camp personnel? **YES NO**

18. I understand that I am financially responsible for any/all medical claims procured. I waive any/all claims against the District/National PCG, the District Board, its representatives, and campground staff/workers because of any injury or other damage that may be incurred to me or my property in connection with, or incident to, the Pentecostal Church of God. **YES NO**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children

Return to office by JUNE 1st...

River Pointe Summer Camps * PO Box 1459 Steelville, MO 65565

Worker Fee's

Workers Registration fee is due by check-in on opening day of each camp. Each church is allowed a free registration for 1 guy and 1 girl counselor.

**** THESE FEES MUST BE PAID BEFORE A WORKER
WILL BE ALLOWED TO STAY ****

Camp Adventure \$30

Camp Journey \$35

Camp Discover \$35

Camp Inspire \$40

