

# 2012 Kentucky Summer Camp Staff Application (Ages 19 and Older)

2012 Youth Camp - 3500 Versailles Road - Lexington, KY 40510

**ONLY CONFIRMED STAFF SHOULD ARRIVE FOR ORIENTATION/CAMP—BRING CONFIRMATION LETTER  
APPLICATION MUST BE POSTMARKED BY MAY 5, 2012**

## General Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ - \_\_\_\_\_

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

## Personal Information:

Birthdate: Month/Day/Year \_\_\_\_\_ Age: \_\_\_\_\_

SS#: \_\_\_\_\_

### Required for mandatory background checks.

*Your SS # is kept strictly confidential in the State Office.*

- |                                  |        |       |
|----------------------------------|--------|-------|
| <input type="checkbox"/> Male    | Height | _____ |
| <input type="checkbox"/> Female  | Weight | _____ |
| <input type="checkbox"/> Married | Hair   | _____ |
| <input type="checkbox"/> Single  | Eyes   | _____ |

Do you have any health problems or physical limitations?

- Yes  
 No If yes, explain: \_\_\_\_\_

List any allergies you may have:  
\_\_\_\_\_

List any physical handicaps you may have:  
\_\_\_\_\_

Name any medication you are taking and purpose for taking them:  
\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

\*I Understand that the camp insurance policy provides secondary medical coverage. My insurance is primary. I accept any and all medical costs. In case of an accident or a serious illness, you have my permission to secure the proper medical treatment.

Signature: \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a felony?

- Yes  
 No

Have you ever been charged with or pleaded guilty to an assault, sexual abuse or child abuse?

- Yes  
 No

If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

## Spiritual Status:

(Check appropriate spaces.)

- |   |  |
|---|--|
| <input type="checkbox"/> Saved              | <input type="checkbox"/> Baptized in Water |
| <input type="checkbox"/> Sanctified         | <input type="checkbox"/> Church Member     |
| <input type="checkbox"/> Holy Ghost Baptism |  |

## Circle T-Shirt Size: Adult: S M L XL 2X 3X

\*It is very important you provide your t-shirt size. These are pre-ordered and it is more cost effective for the camp if we have each worker's size in advance.

Name of Church you attend:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

## Camp(s) I would like to work:

- |                                      |               |            |
|--------------------------------------|---------------|------------|
| <input type="checkbox"/> Senior Teen | June 25-29    | Ages 15-17 |
| <input type="checkbox"/> Young Teen  | July 2-July 6 | Ages 12-14 |
| <input type="checkbox"/> Pre-Teen    | July 9-13     | Ages 9-11  |
| <input type="checkbox"/> Mini Camp   | July 16-19    | Ages 6-8   |

Church activities: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Occupation: \_\_\_\_\_

Previous youth camp experience: \_\_\_\_\_

## Position Desired:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Counselor  | <input type="checkbox"/> Food Service (Kitchen) |
| <input type="checkbox"/> Canteen    | <input type="checkbox"/> Nurse                  |
| <input type="checkbox"/> Camp Store | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Recreation |   |

**\*PLEASE NOTE:** All staff members are **required** to attend the Pre-Camp Training Session at 10:00 a.m. on Monday before your camp begins.

**It is mandatory that you attend.**  
**(Campers must arrive on Monday)**

I certify that all of the above information is true. I agree to comply with and abide by any and all rules and regulations of the Church of God Youth Camp as set forth by the State Youth and Discipleship Director and Board. I further agree to any and all background checks which shall be deemed necessary by the Church of God. I will attend the mandatory Pre-Camp Training Session on the Monday before my camp begins.

APPLICANT SIGNATURE: \_\_\_\_\_

## Church of God Pastor's Recommendation Required

I certify that I know the above applicant and he/she is a capable and qualified person to work in the Church of God Youth Camp. I give them my **highest** recommendation to serve with youth/children in any capacity deemed necessary by the State Director.

PASTOR'S SIGNATURE: \_\_\_\_\_

(Required to be accepted)

## Statement of Reservation

While no one is rejected to work or attend Church of God Youth Camp on the basis of gender or race, the State Director of Youth and Discipleship does reserve the right to accept or reject any application for volunteer work at Church of God Youth Camps after review of said application reveals that the services of the applicant would not be needed or are not in the best interest and success of the camp.

**For Camp Office Use Only. Please do not write in this area.**

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

Application Status: \_\_\_\_\_ Approved  
\_\_\_\_\_ Not Approved

If approved, area applicant is assigned :  
\_\_\_\_\_

**Name:** \_\_\_\_\_

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New In 2012

**On-line Staff Pre-Orientation**

**Monday Staff Orientation @ 10:00 a.m.**

**PIZZA LUNCH FOR STAFF ON MONDAY @ 12:00 - 12:30 P.M.**

**Camper Registration @ 1:00-3:00 p.m.**

**NEW CAMP MENU**

***First Meal of Camp:  
Monday Dinner***

**Ga Ga Ball**