

2018 Kentucky Church of God Youth Camp Volunteer Application

Note: Students UNDER 18 May NOT Complete this form.

No forms will be processed for those UNDER Age 18.
Students should camp to be considered and receive Extreme Team Application.

Mail completed application to:
KYC
3500 Versailles Road
Lexington, KY 40510

Faxed or emailed applications WILL NOT BE ACCEPTED

Please complete the entire application, ensuring NO spaces are left blank. Incomplete applications WILL NOT BE ACCEPTED. *Read through the entire application, as there have been changes and additions.*

If you are accepted to participate as a volunteer, you will receive a confirmation letter or email with your assignment for each camp. **The confirmation letter will be required at check-in.** This letter will also include information for arrival/departure times, training, and preparations for camp.

The application process may take several days to complete depending on camp, your application, available space, etc. Typically, you will receive notification within 10 days. Please be patient and understand that the Youth Department processes 1,000+ applications during the camp season. If you have not received a letter, email, or phone call by June 19, please contact us at 859.252.1793 ext. 5 or leann.holbrook@cogky.org.

QUALIFICATIONS FOR YOUTH CAMP VOLUNTEER

1. **MUST BE** a faithful attender/member of the Church of God and be at least eighteen (18) years of age to serve in a leadership position or as a counselor. NOTE: Walk on applications/registrations are not permitted or accepted for volunteers (background checks required prior to camp).
2. Shall complete an application form and have it signed by the pastor of his/her local church. A pastoral endorsement must be on file for each camp volunteer.
3. It is mandatory that volunteers complete the workers training prior to the camp session. Any exceptions must be made by the State Director.
4. All volunteers should carry their own hospitalization insurance.
5. All camp volunteers must meet screening requirements including, but not limited to, a criminal background check.
6. By agreeing to serve in the Church of God Youth Camp, it is expected that all volunteers will conduct themselves in a manner that exemplifies Christian character and that all youth camp guidelines will be obeyed.
7. Be willing to adhere to all general guidelines, policies and procedures.

STEPS OF ACTION

1. Complete the application. ***APPLICANT MUST BE AT LEAST 18 YEARS OF AGE TO COMPLETE THIS FORM.**
2. Submit your application to YOUR Pastor for his/her endorsement.
3. Complete and sign the Volunteer Waiver Form.
4. Mail to: **KYC, 3500 Versailles Road, Lexington, KY 40510.**
5. Wait for response from the Youth & Discipleship Department.

Please PRINT all information clearly and complete each section. Incomplete applications will not be accepted.

Full Legal Name _____ Male Female Married Single
Address _____ City _____ State ____ Zip _____
If less than 2 years, give previous address _____ City _____ State ____ Zip _____
Home Phone (____) _____ Cell Phone (____) _____ DOB ____/____/____ Age _____
SS# _____ T-Shirt Size Small Medium Large XL XXL
Email Address _____

****It is very important you provide your t-shirt size. These are pre-ordered . No T-shirt will be provided if a size is not listed since it cannot be ordered.***

Educational Background-Enter highest year completed Elementary Middle High College Graduate School

Health Information

Do you have any health problems or physical limitations? Yes No Date of Last Tetanus shot ____/____/____

Please list any health problems or limitations _____

Allergies _____

Current medications _____

In case of an accident or serious illness, you have my permission to secure the proper medical treatment.

Signature _____

Insurance Company _____ Phone Number (____) _____

Policy/Group Number _____

Spiritual Status Saved Sanctified Holy Ghost Baptism Baptized in Water Church Member

Name of Church _____ Pastor _____

Current Position _____ Volunteer Part Time Full Time

Local Church Involvement _____

Character Endorsement-Church of God Senior Pastor's Signature Required

I certify that the above applicant is a **capable and qualified** person to work in Church of God camp **because he/she is a faithful attender/member of my church**, and I give them **my highest recommendation** to serve in any capacity deemed necessary by the State Youth Director.

Pastor (Print Name) _____ Phone Number (____) _____

Pastor's Signature _____ Date ____/____/____

Pastor Church Name _____ City _____

Camp(s) I would like to work:

High School Camp June 25—29 Middle School Camp July 19—23 Elementary Camp July 16—20

Statement of Reservation

While no one is rejected to work or attend Church of God Youth Camp on the basis of race, color, or creed, the State Youth & Discipleship Director reserves the right to accept or reject an application for volunteer work at Church of God Youth Camps after review of said application reveals that the services of the applicant would or would not be in the best interest and success of the camp. An application may be rejected due to the fact that all positions have been filled for selected camp.

Desired Position

Counselor: assigned to a group of 10-12 students. Special qualities include: leadership and communication skills, a sense of humor, patience, and a deep Christian commitment to love young people.

Will your child be a camper the same week you work? _____ If so, do you want your child in your room? _____
 Will campers from your home church be in your camp? _____ If so, do you want them in your room? _____

Support Volunteers: Staff members are called upon to help wherever a need arises. Staff must be flexible and maintain a positive, second mile attitude.

- CIT Food Service (Kitchen) Canteen Logistics/Maintenance Camp Store Recreation
- Coffee Shop Day Watchman Night Watchman Nurse (RN/LPN/EMT Only) Staff R & R
- Special Activities Life Guard (Certified Only)

Ministry Electives: In addition to working in a specific area, some staff members are utilized in areas that are specific to certain talents. If you are talented in one of the following areas and would like to lead an elective, **please specify below:**

- Choir Drama Arts&Crafts Audio/Video
- Elective Ideas: _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character or fitness for children or youth work. In consideration of the receipt and evaluation of this application by the Church of God, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damage of whatever kind or nature which may at any time result to me, my heirs or family, on account of compliance or any attempts to comply with this organization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the bylaws and policies of the Church of God and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I have carefully read 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: _____
 Witness Name: _____ Witness Signature: _____
 Date: ____/____/____

Volunteer's Pledge

I pledge to abide by all volunteer guidelines in both action and attitude and dedicate myself to the success of camp. I realize that camp will require my full attention all day, every day. I will not invite family members or friends to visit me during camp.

After receiving my confirmation letter stating my application has been accepted to volunteer at Kentucky Church of God Youth Camp, I understand that my attendance to the staff orientation is mandatory. Staff orientation will be held at 10:00 am on the Monday camp begins.

Signature: _____

Office Use Only

Date Rec'd	Rec'd By	Incomplete	Date Returned	Assignment	Entered	Lodging	Confirmed

**Addendum to
Youth Camp Volunteer Application**

The following questions are placed here at the advice of legal counsel. All questions must be answered. All responses are kept in strict confidence. Please circle your answer.

- | | | |
|---|-----|----|
| 1. Have you ever been charged, arrested, convicted, or pled guilty to any crime? | Yes | No |
| If yes, would you be willing to discuss this matter with a pastor or ministry leader? | Yes | No |
| 2. Have you ever been accused, charged, or alleged to have committed any act of Neglecting, abusing or molesting a child or youth? | Yes | No |
| If yes, would you be willing to discuss this matter with a pastor or ministry leader? | Yes | No |
| 3. Have you ever been a victim of abuse (verbal, physical, or sexual)? | Yes | No |
| If you prefer, you may discuss the answer to the previous question with a pastor or ministry Leader. Answering "Yes" or leaving it unanswered would not automatically disqualify you From the privilege of working in any ministry capacity. However, you may be asked to clarify Yourself. | | |
| 4. Have you ever been involved in homosexual activity? | Yes | No |
| If yes, would you be willing to discuss this matter with a pastor or ministry leader? | Yes | No |
| 5. Have you ever been accused, charged, or alleged to have committed a theft? | Yes | No |
| 6. Are you addicted to prescription drugs? | Yes | No |
| 7. Do you use tobacco in any form? Electronic/Smokeless cigarettes? | Yes | No |
| 8. Do you drink alcoholic beverages? | Yes | No |
| 9. Do you take illegal drugs? | Yes | No |
| 10. Do you have problems sleeping? | Yes | No |
| 11. Do you have recurring nightmares or sleep disturbances? | Yes | No |
| 12. Do you have a history of use of pornographic materials? | Yes | No |
| 13. Have you ever been charged with a moving traffic violation? | Yes | No |
| 14. Has your driver's license ever been revoked or suspended? | Yes | No |

Applicant's Signature _____ Date ____/____/____

Volunteer's Waiver, Release and Indemnity Agreement

As a condition of my being allowed to volunteer my services and time to the above referenced church/camp, I hereby voluntarily and absolutely release and discharge the above-referenced church/camp, and its constituent organizations and their officers, agents, and employees, from any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death that I may suffer as a result of my volunteering at the above-mentioned church/camp, or by the use of facilities or equipment; whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individual named above. I agree to abide by the rules and regulations governing the above-mentioned church/camp and to obey any instructions given by the person or persons having supervision and control over my position.

I will indemnify and hold harmless the above-referenced church/camp and its officers, agents, servants, or employees from any and all claims or causes of action by myself or by any other person or entity, and under no circumstances will present any claims against said organization and said persons for personal injury, property damage, wrongful death caused by an accident or negligence by the church/camp.

I agree that in the event of an injury to myself as result of my volunteering at the church/camp, whether or not caused by the negligence (active or passive) of the church/school, or any of its agents or employees; recourse for the payment of any hospital, medical, dental, or related costs and expenses will be paid either by me or my spouse, accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I authorize the making of photographs, motion pictures, videotapes, recordings, or any other memorializing of said event and participation therein, and the publication or other use thereof. I waive any right to compensation therefore or any right that I authorize might have to limit or control such making or use.

I warrant and represent that I am eighteen (18) years of age or over, and am fully aware of and understand the terms and legal consequences of the signing of this Waiver and Release. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Applicant's Signature _____ Date ____/____/____

***APPLICANT MUST BE AT LEAST 18 YEARS OF AGE TO COMPLETE THIS FORM.**