



Mail Your Application To:

West Virginia Church of God State Office • Attn.: Y&D Department •
PO Box 2374 Beckley, WV 25802-2374 • 304-252-0622
fax 304-252-0665 • youthsec@wv.cog

IMPORTANT NOTE: Every worker receives a \$5 camp store credit. Also, due to limited space and for each staff member to be able to fully devote your time and energy to your area of responsibility, we are unable to provide a nursery or child care.

2021 Youth Camp Staff Application/Screening Form

TELL US ABOUT YOU All information is held strictly confidential. (Don't forget to fill out the back of this form!)

General Requirements For Youth Camp Workers

Must be at least 16 years of age (18 - 21 for cabin leaders) • Must be a regular attendee of a local church • Must submit a completed Screening Form/Application (front and back) • **Must have the endorsement of your local pastor** (Pastor will be contacted).

Name: _____ Email: _____

Gender Male Female Date of Birth _____ Age _____ T-Shirt Size _____

Address _____ City _____ State _____ Zip _____

Home # (____) _____ - _____ Work # (____) _____ - _____ Mobile # (____) _____ - _____

How long have you lived at the above address? _____

If less than two years, give previous address _____

Social Security # _____ Driver's License State and Number _____

*** Identity must be confirmed with a state drivers license or photo ID. Please INCLUDE A COPY OF YOUR PHOTO ID with this Application.**

Are you: Married Single Educational Background: High School Graduate College College Graduate

Church History and Prior Youth Work

Name the church of which you are a member _____

Pastor's Name _____ Pastor's E-mail _____

Have you been (check all that apply)... Saved (how long ____) Spirit Filled (how long ____) Baptized _____

List any gifts, training, education or special certifications which have prepared you for work in youth camp (especially any certifications such as CPR, First Aid, Life Guard, Nursing, Food Handler, CDL, outdoor activities etc.)

Camps You Wish To Work: (Check All That Apply. We would love to have you at all three!)

_____ Teen Camp	Ages 14 - 19	June 14-18
_____ Middle Camp	Ages 11 - 13	June 21-25
_____ Kids Camp	Ages 6 - 10	June 28- July 1

Choose As Many As Interest You

☐ Cabin Leader ☐ Assistant Cabin Leader ☐ Recreation ☐ Cafeteria ☐ Canteen ☐ Cafe ☐ Camp Store ☐ Other

Please Describe "Other" _____

TURN OVER

Personal Information questionnaire

1. Have you ever been convicted of or pleaded guilty to a sexual assault, sexual abuse or child abuse?..... ☐YES ☐NO
 2. Have you ever been convicted of or pleaded guilty to a felony?..... ☐YES ☐NO
 3. Have you ever been charged, arrested, convicted of, or pleaded guilty to any crime?..... ☐YES ☐NO
 4. Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing,
 5. or molesting a child or youth?..... ☐YES ☐NO
 6. Have you ever been a victim of abuse (verbal, physical, sexual)?..... ☐YES ☐NO
 7. Have you ever been involved in homosexual activity?..... ☐YES ☐NO
 8. Have you ever been accused, charged or alleged to have committed a theft?..... ☐YES ☐NO
 9. Are you addicted to prescription drugs?..... ☐YES ☐NO
Do you currently use, sell or traffic any form of illegal drugs?..... ☐YES ☐NO
 10. Has your driver's license ever been revoked or suspended?..... ☐YES ☐NO
- (If you answered YES to any of the above questions, or you would like to give a clearer picture of your background/ history, please attach an explanation on a separate page.)

Medical Information ** Please attach a copy of insurance card - front and back

ATTENTION: If you are under the age of 18, your parents are required to sign an emergency release form.

Date of Last Tetanus Shot _____ Allergies _____

Other Medical Problems or Conditions _____

List any medications currently taken & reason _____

Do you carry any personal medical insurance? YES NO Insurance Company _____

Policy # _____ Group # _____

Physician's Name _____ Physician's Phone _____

Emergency Contact Information

If for some reason, in an emergency, we need to reach a family member or friend, on your behalf, please list an emergency contact:

Name _____ Relationship _____ Phone (____) _____ - _____

FINAL STEP: sign below

Please Read Carefully: While no one is rejected to work or attend Church of God youth camp on the basis of race, color, or creed, 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 or would not be in the best interest and success of the camp.

Request for Criminal Records Check & Authorization: As a condition of the Church of God's consideration of my application to render services at 2019 Youth Camp, I give permission to the Church of God to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information given by me to the Church of God.

Applicant Statement: The information contained in this application is true and 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 for the receipt and evaluation for 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 authorization. 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.

Pledge: By making application to be a camp worker at the WV Church of God Youth Camp, I agree to abide by the rules set forth by the camp administration. I will conduct myself in a Christ-like manner at all times. I realize that **camp is for the camper** and that I will act and behave like an adult while at camp. I also agree to prepare myself through prayer and Bible study to minister to those at camp. I will attend the pre-camp training session at 9am the first day of my camp.

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 Signature _____ Date _____

Maiden/ Other Name _____

Pastor's Signature Endorsement Form

For Prospective Camp Workers

INSTRUCTIONS

NO STAFF APPLICANT can be accepted without the endorsement of their local church pastor. This form is to be given to the pastor, filled out in its entirety, and mailed BY THE PASTOR. Applicants will not and should not have access to this form after completed. It must be mailed by the pastor directly to the State Office. The endorsement is not only required, but allows for the protection of children and other workers in the camp setting. **The information on this form will be kept confidential.**

Answers and comments will be taken very seriously. Pastors with questions should direct them to the State Director's office at 304-252-0622. This completed form should be mailed immediately by the pastor to:

West Virginia Y&D Department // PO BOX 2374 // Beckley, WV 25802-2374.

QUESTIONNAIRE

Pastor's Name: _____ Church: _____

Pastor's Email: _____ Phone: _____

Applicant's Name: _____

How well do you know this applicant?

☐ Very Well ☐ Rather Well ☐ Casually ☐ Do Not Know This Person

Please check yes or no to the following questions about prospective camp worker.

The individual is a Christian. ☐ YES ☐ NO

This individual is a member of my church. ☐ YES ☐ NO

Please answer the following by placing a circle around one number on each question that best describes the applicant.

5 - Strongly Agree 4 - Agree 3 - Disagree 2 - Strongly Disagree 1 - No Opinion On This Item/ Not Applicable

- | | | | | | |
|---|---|---|---|---|---|
| 1. This individual is responsible and trustworthy..... | 5 | 4 | 3 | 2 | 1 |
| 2. This individual has a good attitude..... | 5 | 4 | 3 | 2 | 1 |
| 3. This individual works well with others..... | 5 | 4 | 3 | 2 | 1 |
| 4. This individual is faithful in tithing and attendance to our church..... | 5 | 4 | 3 | 2 | 1 |
| 5. This individual has experience working with children or youth in our church..... | 5 | 4 | 3 | 2 | 1 |
| 6. To my knowledge this individual has never displayed any type of questionable
behavior, nor has been convicted of any crime..... | 5 | 4 | 3 | 2 | 1 |
| 7. In my opinion, this person would make a good camp worker/cabin leader..... | 5 | 4 | 3 | 2 | 1 |

Comments or Helpful Observations (include further dialogue on back of this sheet or attach if needed)

FINAL STEP

☐ **I DO NOT** endorse this person to work in West Virginia Church of God Youth Camp.

☐ **I DO** endorse this person to work in West Virginia Church of God Youth Camp.

I certify that the above applicant is a capable and qualified person to work in West Virginia Church of God Youth Camp and I give them my recommendation to serve in any capacity deemed necessary by the State Director of Youth Ministries & Discipleship.

Pastor's Signature: _____ Date _____