

Returning Cabin Staff Application



northwest children's ministry network

**NORTHWEST MINISTRY NETWORK
Of The Assemblies Of God
Disclaimer**

© 2011 Northwest Ministry Network

This manual is intended for the use of ministries and events sponsored by the Northwest Ministry Network of the Assemblies of God.

CABIN STAFF APPLICATION PACKET 2011

This packet is to be completed by all applicants for any position at a NWMN Kids Camp involving the supervision or custody of minors. **Applications are due by the early registration date for the camp you are attending. Late applications may be accepted at the full camp fee.**

Procedure:

- Complete the **Returning Application for Ministry to Minors** (Please *print legibly*)
- Complete the **Statement and Consent to Release of Information Form**
- Obtain confidential **Church Leadership Reference Form** as well as one personal **Volunteer Reference Form**
- Mail the completed forms along with your registration fee to:

Northwest Ministry Network
Attn: Cubby Graham/Kids Camp 2011
35131 SE Douglas St, Suite 200
Snoqualmie, WA 98065

Please keep in mind, no application will be considered until **ALL** the attached forms have been sent in. Only those approved for staff positions will be allowed at the camps. You will be contacted by a member of the Northwest Ministry Network Staff in regards to your acceptance or denial.

It is a requirement that churches send their own cabin staff to camp. the appropriate leader to student ratio is **one leader to every eight students**. Churches with less than eight students must bring two staff members of opposite genders. Additional staff beyond the 1 to 8 ratio may be accepted at the full camp cost (Silver Lake - \$210.00/Camp Berachah - \$225.00).

The age requirement for all cabin staff is 21 years old. If there are leaders in your ministry that are over the age of 18 who would like to act as cabin staff, they may be utilized as an assistant. Each church will still be **required** to bring an adult cabin staff to accompany those who are under the age of 21.

If you have any questions, please contact Cubby Graham at cubbyg@northwestministry.com or 425.888.4800.

Check

_____ Silver Lake
July 25th – July 29th

Director
Craig Geis

_____ Camp Berachah
August 1st – August 5th

Shelly Sundberg

APPLICATION FOR MINISTRY TO MINORS

(This Application must be completed every year)

This application is to be completed by all applicants who desire to serve in any position (volunteer or compensated) involving any access to children (minors under 18 years of age) in *Northwest Ministry Network sponsored events/activities and ministries*. It is being used to help the Northwest Ministry Network of the Assemblies of God ("NWMN") provide a safe and secure environment for those children and youth who participate in our Network sponsored events and programs and use our facilities.

The Northwest Ministry Network reserves the right to reject this application for any reason.

PERSONAL

The information contained below is to be used only for identification and investigative purposes.

TO BE COMPLETED BY APPLICANT ONLY

(All Fields REQUIRED)

Date	Cell Phone	Work Phone	Email Address
------	------------	------------	---------------

Last Name	First Name	MI	Date of Birth	Race	Sex M / F	Soc. Sec. #
Place of Birth (City/State)	Home Street Address	City	State	Zip	Drivers License #	

Has your Last Name changed in the past year? Yes No If yes, please provide pervious last name: _____

Has your employer changed in the past year? Yes No If yes, please provide the company name, address, and phone number of your current employer: _____

Have you ever been convicted of or pleaded guilty to a criminal offense (not traffic violations)? Yes No

If yes, please explain (attach a separate page if necessary): _____

Have you ever had your driver's license suspended or revoked for any reason? Yes No If yes, please explain: _____

MEDICAL

Do you use any prescription drugs on a regular basis? Yes No If yes, please state the name and reason for its use: _____

Please list any medical conditions we should be aware of: Yes No If yes, please explain: _____

Do you have any physical or medical condition(s) that would limit your ability to do this job? Yes No (For example: If teaching/supervising children, will you be able to run short distances in an emergency?) If yes, please explain: _____

If yes, what can be done to accommodate your limitation? _____

Are you currently covered by a medical/hospital insurance? Yes No If Yes, please provide the following information:

Name of Carrier: _____ Phone #: _____ Policy #: _____

In Case of Emergency Contact:

Name: _____ Phone #: _____ Relationship: _____

Medical Consent

If it should become necessary for me to receive medical treatment for any reason, I understand that the medical insurance policy for THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD (NWMN) acts in a primary position only when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my personal insurance company and then to the insurance company for THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD.

I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the event which is over and above that which is covered by insurance.

In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my health, and it is not advisable to take the time to contact another in advance. I waive my right to informed consent for such treatment.

Moreover, I understand that temporary emergency measures may be necessary to safeguard my health, and do hereby authorize and request THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD personnel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as I can be safely transported to a doctor or hospital.

Signature: _____ Date: _____

Printed Name: _____ Date: _____

CHURCH ACTIVITY

Has your church attendance changed in the past year? Yes No If yes, please specify which church you currently attend: _____

Has your church involvement changed in the past year? Yes No If yes, please explain: _____

REFERENCES (at least 2)

Please secure no less than 2 references.

- At least 1 reference should come from an organization that you have worked in relating to Minors if possible. (**Relatives shouldn't be used as references**)

Provide your Personal Reference with the Reference Form or ask them to download it from the Northwest Ministry Network Website. They should send the Reference Form directly to the Northwest Ministry Network office per the instructions on the form.

<i>NAME</i>	<i>ADDRESS</i>	<i>TELEPHONE</i>	<i>Office Use Note Date of Contact</i>

STATEMENT AND CONSENT TO RELEASE OF INFORMATION

In consideration of the receipt and evaluation of this Application by The Northwest Ministry Network of the Assemblies of God, I agree and represent that:

- The information contained in this Application is correct to the best of my knowledge.
- I authorize any references or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for service knowing that I do not have the right to inspect the information about me provided by any person or The Northwest Ministry Network of the Assemblies of God. I hereby release any individual, church denominational agency or office, reference or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this Application, from any and all liability for damages 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, except for the communication of knowingly false information. **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 release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS, AND AGREE TO THEM.

☞ Applicant's Signature _____ Date _____

Printed Name: _____

Witness _____ Date _____
(if applicant is a minor, the witness must be a parent or legal guardian)

If Applicable,

Applicant has a Criminal History Inquiry for the State of Washington/Idaho [circle one] dated _____, 201____, already on file with _____ [church name]. I hereby agree to the release of that information to the NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD. (Must be current within the past 24 months)

☞ Applicant's Signature _____ Date _____

Printed Name: _____

CHURCH LEADERSHIP REFERENCE FORM

(To be completed by your pastor, staff member or board member)

Because of the large number of applicants, many of whom are unknown to us, it is impossible for the Northwest Ministry Network to check references on every applicant. As a result, it shall be the responsibility of each applicant's pastor, youth pastor, children's pastor, or church board member to certify that there are no facts or allegations that raise any question concerning the applicant's suitability for working with minors.

PLEASE HAVE YOUR SENIOR PASTOR, YOUTH PASTOR, CHILDREN'S PASTOR, OR A CHURCH BOARD MEMBER COMPLETE THE FOLLOWING CERTIFICATION. DO NOT USE SOMEONE WHO IS RELATED TO YOU.

In regards to _____

Print Applicant's Name
(Check all that apply)

- Our church has done the State name and address check or an equivalent background check on this individual within the past 24 months.
- I am personally acquainted with the applicant, and in my opinion he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following telephone number: _____
- Our church has completed personal reference checks on this individual.

Signature

Date

Print Name

- Senior Pastor
- Youth Pastor
- Children's Pastor
- Church Board Member
- Other: _____
(check one)

THANK YOU for taking the time and effort to complete this Application. It will be prayerfully considered as we endeavor to fill volunteer and/or compensated positions involving the supervision or custody of minors to provide them with a safe and secure environment.

(Please place in sealed envelope and give back to applicant or ask applicant where it can be mailed)

VOLUNTEER REFERENCE FORM

Please Return Completed Form to:

NORTHWEST MINISTRY NETWORK
35131 SE Douglas Street Suite 200
Snoqualmie, WA 98065-9233

(Name of Person you are providing a reference for): _____
has made application for a volunteer position with the Northwest Ministry Network of the Assemblies of God. You are being referred as one acquainted with the applicant and competent to express a trustworthy opinion regarding the applicant's qualifications to fill the position of a volunteer with the Northwest Ministry Network. We value your judgment and appreciate your cooperation. Thank you for taking the time to complete this form as fully as possible and returning it. Your reply will be regarded as confidential. (**NOTE:** The Authorization and Release forms signed by the applicant and spouse are on file in the Network Office. These guarantee that the applicant will not be aware of your responses.) Please return ASAP to:

NORTHWEST MINISTRY NETWORK
ATTENTION: KIDS CAMP 2011 - VOLUNTEER APPLICATION
35131 SE Douglas Street Suite 200
Snoqualmie, WA 98065-9233

1. In what capacity do you know the applicant?

- Personally Professionally Socially Casually

2. Are you related to the applicant? Yes No

3. How long have you known the applicant? _____

4. How frequently does the applicant participate in church?

- Regularly Occasionally Seldom Don't know

5. How does the applicant participate in church life?

7. How would you describe the applicant's spiritual maturity?

- Not Very $\xrightarrow{\hspace{2cm}}$ Very
 1 2 3 4 5 Don't know

8. If you assigned the applicant responsibilities how would you indicate his/her response?

- Not Very $\xrightarrow{\hspace{2cm}}$ Very
- | | | | | | | |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|
| Teachable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Loyal | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Sincere | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Dependable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Able to inspire others | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Capable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |

9. Please check all the words below which you believe accurately describe the applicant:

- | | | | |
|------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Timid | <input type="checkbox"/> Gentle | <input type="checkbox"/> Impatient | <input type="checkbox"/> Modest |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Nervous | <input type="checkbox"/> Loving | <input type="checkbox"/> Socially Awkward |
| <input type="checkbox"/> Tactful | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Mature | <input type="checkbox"/> Sarcastic |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Insecure | <input type="checkbox"/> Deliberate | <input type="checkbox"/> Compassionate |
| <input type="checkbox"/> Congenial | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Studious | <input type="checkbox"/> Verbal |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Selfish | <input type="checkbox"/> Secure | <input type="checkbox"/> Considerate |
| <input type="checkbox"/> Relaxed | <input type="checkbox"/> Abrasive | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Motivated |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Angry | <input type="checkbox"/> Strong-willed | <input type="checkbox"/> Consistent |

10. How well do you judge the applicant's level of integrity?

- Very Good Good Average Very Poor Poor Don't know

11. In your opinion is there any reason that you think this applicant should not work with minors? Yes No

If yes, explain: _____

12. Are you aware of any facts demonstrating that the Applicant should not be considered by the Northwest Ministry Network for this position? Yes No

If yes, explain: _____

13. Are you aware of any facts demonstrating that the Applicant's ministry should be restricted? Yes No

If yes, explain: _____

14. Based on your knowledge of the applicant, which of the following best reflects your evaluation of the applicant's suitability for a volunteer position with the Northwest Ministry Network?

- Highly Recommended Recommended Neutral Do not recommend Insufficient knowledge to form an opinion

15. Do you have any other comments regarding the applicant?

REFERENCE CONTACT INFORMATION:

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Name of Church: _____

Signature _____ Date: _____