

# 2017 CAMP ECHECONNIE STAFF APPLICATION

## CAMPING MINISTRY OF THE GEORGIA CHURCH OF GOD OF PROPHECY

NAME:			NAME OF THE CHURCH WHERE YOU ATTEND:		
ADDRESS:			ARE YOU A MEMBER OF THE CHURCH OF GOD OF PROPHECY?		
CITY:	STATE:	ZIP CODE:	HOW LONG HAVE YOU BEEN A CHRISTIAN?		
PHONE: (INCLUDE AREA CODE)			ARE YOU..... <input type="checkbox"/> Saved <input type="checkbox"/> Sanctified <input type="checkbox"/> Baptized w/ Holy Ghost		
EMAIL: (PLEASE PRINT CLEARLY)			SEX: <input type="radio"/> Male <input type="radio"/> Female	MARITAL STATUS: <input type="radio"/> Married <input type="radio"/> Single	
DATE OF BIRTH:	AGE:	SHIRT SIZE: (CIRCLE ONE) SMALL   MEDIUM   LARGE   X-LARGE   OTHER: _____			
STAFF TRAINING: PLEASE INDICATE IF YOU HAVE TAKEN THE FOLLOWING CLASS in 2016 <input type="checkbox"/> ALTAR WORKERS (TAUGHT ALL CAMPS 2016)					
I AM INTERESTED IN WORKING IN THESE 2017 CAMPS & RETREATS: Summer Camps: <input type="radio"/> SENIOR <input type="radio"/> JUNIOR <input type="radio"/> FRESHMAN <input type="radio"/> EXPLORERS <input type="radio"/> CONNECT Retreats: <input type="radio"/> WINTER SLUMBER PARTY <input type="radio"/> GENERATION UNLEASHED (NOTE: MAXIMUM OF TWO WEEKS OF SUMMER CAMP AS STAFF OR AS CAMPER/STAFF) WHAT POSITION WOULD YOU LIKE TO BE CONSIDERED FOR DURING CAMP: _____					
STATEMENT OF CERTIFICATION AND UNDERSTANDING					
I certify that all the information provided on this application is accurate to the best of my knowledge. I understand that in signing this application, I am agreeing to abide by the policies and disciplines of the camp, its administration and staff personnel. I realize that completing this application does not mean I will automatically be used as a camp staff. I understand that if I am needed, I will be contacted by a Camp Director or by the Camp Coordinator. Applicant: _____ Date: _____					
<b>Camp Echeconnee must complete a background check on all staff every three years.</b>					
<b>Please mail this application to Ken Robinson 714 48th Street Tifton, GA 31794</b>					

## MEDICAL INFORMATION

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

Please list any health issues: \_\_\_\_\_

Medications currently taking, including dosage: \_\_\_\_\_

Medication or Food Allergies: \_\_\_\_\_

Date of most recent tetanus shot: \_\_\_\_\_

I understand that the camp has a No Nit policy and that a head-check for lice will be performed at registration

## INSURANCE INFORMATION

Do you have health insurance:  Yes  No

If yes, please provide insurance information below.

Name of insurance company: \_\_\_\_\_

Policy and/or Group #: \_\_\_\_\_

In the event of an accident, injury, sickness or any medical emergency, I give my permission to the camp administration and physician selected to secure proper treatment, to hospitalize, to order injection, anesthesia, and/or surgery. I also understand that my medical insurance will be given as the Primary Insurance followed by the camp insurance as the secondary. I further understand that if any sickness or if any accident should occur prior to camp, these are cases for which the camp insurance is not responsible.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PASTOR'S MANDATORY ENDORSEMENT**

**(CONFIDENTIAL)**

**Pastors, mail your recommendation form along with the completed staff application and the background check to the State Office.**

**Applicant's Name:** \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_

**Pastor's Signature:** \_\_\_\_\_

**Pastor Contact Number:** \_\_\_\_\_

**Church:** \_\_\_\_\_

Recommendation:

I recommend the applicant to work with Seniors (9th -12th grade).

I recommend the applicant to work with Juniors (6th - 8th grade).

I recommend the applicant to work with Freshman/Explorers (K - 5th grade).

I do not recommend the applicant to work in summer camps.

How long have you known the applicant? \_\_\_\_\_

Over the past year has this applicant attended church regularly? \_\_\_\_Yes \_\_\_\_No

Does he/she serve in a leadership role in the local church? \_\_\_\_Yes \_\_\_\_No

If yes, describe the role: \_\_\_\_\_

In the questions below please rate the applicant with regard to the following attributes.

	Excellent	Average	Poor
Enthusiasm for working with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm for working with teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual maturity and commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open and friendly personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork & Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Role model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Pastors, please mail the application, pastor endorsement, and background check (if over 18) to:**

**Ken Robinson 714 48th Street Tifton, GA 31794**