



KANSAS / MISSOURI Youth Camp Staff Application

A Church of God of Prophecy Ministry

(Mail Application directly to the Director of the Camp for which you are applying.)

SENIOR CAMP: (July 23-27; Ages 12-21)
Rodney & Dawn Wilcox
14319 174th
Bonner Springs, KS 66012
(913) 634-7877
dawn.wilcox@heartlandcogop.org

KIDS CAMP EAST: (July 20-23; Ages 6-11)
Eric & Shawna Kaut
207 S Jackson St
Mountain View, MO 65548
(417) 247-1188
shawna.kaut@heartlandcogop.org

KIDS CAMP WEST: (June 13-15; Ages 6-11)
Scott & Crystal Fuller
1609 Santa Fe
Olathe, KS 66061
(913) 608-1116
crystal.fuller@heartlandcogop.org

Please include the following with this application: **Affidavit of Good Moral Character** and **Camping Ministry Covenant**

General Information

T-Shirt Size: Small ___ Medium ___ Large ___ X Large ___ 2X ___ 3X ___

Name: _____ Male: ___ Female: ___ Marital Status: Single ___ Married ___

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Date of Birth: ___/___/___ Present Age: _____ Email Address: _____

Insurance Company: _____ Policy Number: _____

Camp You Would Like To Work In: Kids Camp East ___ Kids Camp West ___ Senior ___

Church You Attend: _____

Pastor: _____ Pastor's Phone: (____) _____ Email: _____

Are you physically fit to participate in camp? _____ Are you willing to participate in staff training sessions? _____ Are you willing to be at camp on time and stay until the director releases you from duty? _____ Will you agree to abide and promote camp rules? _____ Is this your first camp to work as staff? _____

Please list prior experience: _____

Why do you want to work in youth camp? _____

Who to contact in case of emergency: Name: _____ Phone: (____) _____

Have you ever been charged with a crime against children? ___ Yes ___ No (If yes, please explain fully on a separate sheet of paper.)

Have you ever been charged with a felony? ___ Yes ___ No (If yes, please explain fully on a separate sheet of paper.)

Have you ever been convicted of a felony? ___ Yes ___ No (If yes, please explain fully on a separate sheet of paper.)

Are you willing to allow a background check to be done? ___ Yes ___ No

Statement of Certification and Understanding

I certify that all the information provided on this application is accurate to the best of my knowledge. I have read and understand the camp rules and regulations, and also understand that by signing this application I am agreeing to abide by those rules. I understand that failure to do so could result in dismissal from camp. I also agree that the Church of God of Prophecy (local, regional, and international offices), and its officers, servants, or staff shall not be held responsible for damages for any accident or sickness involving me.

Signed:

Staff Applicant: _____ Date _____

Medical Information

Staff Name: _____

Please indicate with a check mark any of the following medical problems that apply. If it is a current problem, please provide date of the most recent occurrence; if a past problem, approximate date.

Rheumatic Fever	TB
Diabetes	Heart Trouble & Related Problems
Asthma	Ivy, Oak Sumac Poisoning
Convulsions	Fainting
Sleep Walking	Kidney Trouble
Recent Illness	Other:

Allergic Reactions to: _____

Most Recent tetanus shot: _____ Blood Type _____

Medications taken on a regular basis:

_____	Treating _____	Frequency _____
_____	Treating _____	Frequency _____
_____	Treating _____	Frequency _____

Other Pertinent Information _____

NOTE: Medications must be in original container & administered by camp medical staff no exceptions!

****** PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD ******

MEDICAL CONSENT: In case of an emergency, I hereby give permission to the Camp Director, Camp Nurse, and physicians selected by the camp to secure proper treatment including, but not limited to, pre-hospital transport, hospitalization, ordering injections and/or anesthesia, surgery for me, and all treatment directed by proper medical professionals. I understand that my insurance has the primary responsibility for any treatment, and I am responsible for all medical charges, and I will reimburse the Heartland Camping Ministries for any charges paid. I will not hold the Heartland Camping Ministry, the Church of God of Prophecy, or its officers, liable for any injury that might occur during camp, or in the transport to camp.

Signature _____ Date _____

Parent's Signature (If staff member is under 18) _____ Date _____

FOR OFFICE USE ONLY

Application Received: _____ Date _____

Pastor's Recommendation Received: _____ Date _____

Background Check: _____ Date _____

Director _____