



Arkansas Youth Camp Staff Application Camp Kahoka

A Church of God of Prophecy Ministry
Regional Office: (918) 251-9667 Fax: (888) 285-1732

(Mail or Email Application directly to the Directors of the Camp for which you are applying.)

KID'S CAMP

Jason & LaCinda Whittington
7605 Geronimo Circle
North Little Rock, AR 72116
(870) 219-5635

Email: lacinda.whittington@heartlandcogop.org

SENIOR CAMP

Tom & Stephanie Thompson
1729 Osceola Drive
North Little Rock, AR 72116
(501) 833-2828

Email: stephanie.thompson@heartlandcogop.org

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

General Information

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: _____ Kid's Camp _____ Senior

Church You Attend: _____

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

Are you physically fit to participate in camp? _____ Are you willing to attend Staff Training Sessions? _____ Are you willing to be at camp on time and stay until 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.

Staff Applicant: _____ (If Under 18) Parent/Guardian _____ Date _____

Medical Information

Please indicate with a check mark any of the following medical problems that apply to the camper. 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 _____

MEDICAL CONSENT: In case of an emergency, I understand that every effort will be made to contact me (parent or guardian). In the event I cannot be reached, I hereby give permission to the Camp Director, Camp Nurse, and physicians selected by the camp to secure proper treatment for, to administer "over-the-counter" (OTC) or prescription medications, to hospitalize, order injection, anesthesia, and/or surgery for the camper. I understand that my insurance has the primary responsibility of payment should my child need treatment. The camp insurance is secondary. I understand that all medications, including OTC must be administered by the camp medical personnel and that medications will be collected at time of registration.

Parent or Guardian Signature _____ Date _____

Staff Signature (If over 18) _____ Date _____

FOR OFFICE USE ONLY

Application: Date Received _____

Pastor's Endorsement: Date Received _____ **Pastor Approved:** ____ Yes ____ No

Staff Acceptance Signature _____ **Date** _____