



# STAFF | S.I.T APPLICATION

**Mail Applications:**  
 Camp Hickory Hills  
 c/o Tennessee Church of God of Prophecy  
 P.O. Box 2319 • Hendersonville, TN 37077-2319

**Online Applications:**  
<https://webapps.cogopmedia.com/campapp.html>

Last \_\_\_\_\_  
 First \_\_\_\_\_  
 Camp Year \_\_\_\_\_  
 FOR OFFICE USE ONLY

**Please select the camp you will be working.**

*(If you are working more than one camp, please fill out an application for each camp you will be working.)*

**SELECT ONE**      Staff Applicant:       Staff In Training Applicant:

<b>BIG SHOT</b> Ages 6 - 8 <input type="checkbox"/>	<b>JUNIOR</b> Ages 8 - 10 <input type="checkbox"/>	<b>PRE-TEEN</b> Ages 10 - 12 <input type="checkbox"/>	<b>TEEN CAMP</b> Ages 12 - 14 <input type="checkbox"/>	<b>SENIOR</b> Ages 15 - 18 <input type="checkbox"/>	<b>ENCOUNTER</b> Ages 19+ <input type="checkbox"/>
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**THIS APPLICATION IS NOT COMPLETE UNTIL THE PASTORAL ENDORSEMENT IS RECEIVED.**

Name (Last, First, Middle Initial):		Valid Driver's License #:		State Issued:	
Address:		Marital Status (single, married, widow, divorced):			
Address (Continued):		Employer:		Current Position:	
City:		Employer's Address (street, city, state, zip):			
State:		Zip Code:		Employer's Phone Numbers:	
Area Code / Telephone:		Area Code / Cell Number:		List Educational Background:	
Date of Birth (Month/Day/Year):		Present Age:	Gender (M/F):	Number of years you have worked camp:	Number of years you have attended as a camper:
Email Address:		List states/camps you have worked:			

**Check duties held in previous camps:**

<input type="checkbox"/> Cabin Leader	<input type="checkbox"/> Crafts	<input type="checkbox"/> Staff Cook	<input type="checkbox"/> Fun-time Director
<input type="checkbox"/> Devotional Leader	<input type="checkbox"/> Dean	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Head Cook
<input type="checkbox"/> Evangelist	<input type="checkbox"/> Secretary	<input type="checkbox"/> Concessions	<input type="checkbox"/> Recreation Director
<input type="checkbox"/> Music Director	<input type="checkbox"/> Worship Team	<input type="checkbox"/> Nurse	<input type="checkbox"/> Dining Room Host

Administrative Positions: \_\_\_\_\_

Other (Please Specify): \_\_\_\_\_

Position Preference: \_\_\_\_\_

Reason for Preference: \_\_\_\_\_

**Please check YES or NO:**

<b>YES</b>	<b>NO</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Do you accept the Bible as the Word of God?
<input type="checkbox"/>	<input type="checkbox"/>	Do you strive to live a lifestyle that reflects Christ inwardly and outwardly?
<input type="checkbox"/>	<input type="checkbox"/>	Do you accept Christ's redemption as mankind's only way of salvation?
<input type="checkbox"/>	<input type="checkbox"/>	Do you believe in, promote, and advocate Christian unity among believers?
<input type="checkbox"/>	<input type="checkbox"/>	Do you freely volunteer your time and best efforts to the camping ministry?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of the Church of God of Prophecy?
		If you are not a member, what is your church affiliation: _____
		Current local church membership: _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you consider yourself faithful to and in your local church?

Please write (Y) Yes or (N) No: Converted \_\_\_\_\_ Sanctified \_\_\_\_\_ Received Holy Ghost \_\_\_\_\_ Baptized in Water \_\_\_\_\_

**Pastor Endorsement Form**

The Pastoral Endorsement Form should be completed and signed by the applicant’s local church pastor. Pastoral approval should only be given if the pastor can in good faith endorse the character of the individual submitting this application as one who represents and lives the lifestyle of a Christian as outlined in the Word of God. **This application is not complete until the Pastoral Endorsement Form is received from the pastor.** Endorsement forms must be personally submitted by the pastor and mailed to the Tennessee COGOP State Headquarters.

**Please read carefully the following:**

Because of current issues and the love the camping ministry has for children, this block of information must be filled in and signed if you are to work in camp.

List Three personal references (Include address and phone number w/ area code)

1. \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Address (Street, City, State, Zip) \_\_\_\_\_ Area Code Phone Number: \_\_\_\_\_

2. \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Address (Street, City, State, Zip) \_\_\_\_\_ Area Code Phone Number: \_\_\_\_\_

3. \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Address (Street, City, State, Zip) \_\_\_\_\_ Area Code Phone Number: \_\_\_\_\_

Have you ever been formally charged with or convicted of child abuse or crimes against children?  Yes  No

I understand, in submitting this application, it will be given careful consideration by the directors. I pledge my complete support and cooperation to the camping ministry. I will abide by the rulings and policies of Camp Hickory Hills as interpreted by the directors. I understand that noncompliance to the camping rules and policies could forfeit my position as a staff member. The information on this application is true to the best of my knowledge and understanding.

Staff Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list below any medical information you feel we need to know in case of an emergency.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list emergency contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Office Use Only**

Date Application Received: \_\_\_\_\_ Application Valid until: \_\_\_\_\_

Memo | Comments:

\_\_\_\_\_

\_\_\_\_\_

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