

2018 SUMMER INTERNSHIP APPLICATION

MAIL TO: Kids Department – Arizona Ministry Network – 2601 E. Thomas Rd. Suite 210 – Phoenix, AZ 85016 – 602.343.4011

Attach Current
Self-Portrait
(Selfie)

I understand that by filling out this form in no way obligates me or the AZMN, but merely furnishes useful information in selecting Summer Interns.

You MUST be at least 16 years old to apply for the Summer Internship. Interns under 18 years old CANNOT stay on the campground during the weekends. We have a strict NO DATING policy with our interns.

SUMMER INTERSHIP DATES – Sunday, June 24 – Friday, July 20
CAMP DATES: Week 1: June 25-30 // Week 2: July 9-13 // Week 3: July 16-20

About Me

| | | | | | |
|-----------------------------------|--|--------------------------|-------------------------|------------------------------|----------------------------|
| Last Name | | First Name | | Middle Name | |
| Present Address, City, State, Zip | | | | How long at present address? | |
| Social Security Number | | Date of Birth (mm/dd/yy) | Driver's License Number | | State of License |
| Email | | | Cell Phone | | Gender at Birth: ___M ___F |

Please list your talents, abilities (i.e., instruments, singer, athlete, technical, secretarial, servant, organizer, etc):

Educational Background: HS Year Completed _____ College Year Completed _____ Major _____

Camp Experience: Year(s) _____ Camp Staff _____ Year(s) _____ Where? _____

Do you have any physical disabilities or limitations? Yes/No; if yes, explain _____

Do you feel you physically can keep up with the Camp schedule & activities? Yes / No; if no, please explain:

Our campground is located in the mountains. Do you have adverse reactions to higher altitudes? _____

Volunteer Experience: What type of volunteer services have you had before? List any special skills:

Emergency Contact: _____ Address _____

City _____ State _____ Zip _____ Phone _____ / _____

Email Address _____ Cell Phone # _____

Have you read the Camp Guidebook? ___Yes___ No Have you been background checked by the Network? _____

Have you ever been convicted of a felony or child abuse? ___Yes___ No If yes, explain _____
(Use separate piece of paper to explain)

Christian Experience: Home Church _____ Pastor _____

Church Address: _____ Church Ph#: _____

How long have you been saved? _____ Baptized in the Holy Spirit? _____

Please write a short paragraph sharing your salvation experience:

Do you live an active Christian life by being faithful to church, reading your Bible, and spending time in prayer? _____

What types of ministries are you involved with in your local church? _____

*****Please type out (12-14 point font) a 1-page personal essay answering the question, "Why do you desire to be an Arizona Youth Ministries Summer Intern?" and attach the page to this application.**

If I am selected as Summer Intern, I am under the full understanding that I will follow the manual's instructions and will be under the authority of the Camp Directors. As a Summer Intern, I understand that I am at camp so that students will learn about God, and I will direct their attention to the speaker, services, and events throughout the camp.

I, _____, hereby authorize Arizona Ministry Network/Assembly of God church and/or its agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming information contained on my Application and/or obtaining other information which may be material to my qualifications for service now. I release Arizona Ministry Network/Assembly of God and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regard to information obtained from any and all of the above reference sources used.

A. ASSUMPTION OF KNOWN RISKS. To induce the Arizona Ministry Network/Assembly of God church to permit me to serve as a Summer Intern, I agree to assume the "Known Risks" associated with AZMN facilities. Specifically:

1. If you are injured as a result of the occurrence of one of these Known Risks, then you will look first to your own insurance company for coverage. You will then look to the applicable insurance carried by Arizona Ministry Network, but only to the extent of applicable limits. As a condition precedent to your utilization of Arizona Ministry Network property, you agree that you will not assert any claim or judgment against the assets of the Arizona Ministry Network and its affiliates in excess of its applicable insurance coverage.
2. These "Known Risks" include, but are not limited to, indoor and outdoor sports, kitchen facilities and activities, showers and bath facilities and activities, swimming pool, ropes course, climbing wall, giant swing, playground facilities and activities, and all other necessary or related activities including, but not limited to, the set-up or clean-up of these facilities or activities.

Initials: _____

B. VOLUNTARY AGREEMENT TO LIMIT CLAIMS FOR NEGLIGENCE TO THE AMOUNT OF APPLICABLE INSURANCE. As consideration offered to induce Arizona Ministry Network to agree to accept this Application, you agree to voluntarily limit your "Claims" for damages to the amount of applicable insurance. All losses or expenses in excess of the amount of applicable insurance must be borne by you. The word "Claims" means costs, expenses, claims or damages arising from negligence, gross negligence, strict liability, derivative liability or otherwise, including injury, accident, sickness, loss or accident losses or additional expenses due to delays or changes in motor coach, train, airplane services, or that of any other conveyance, weather, strikes, war, quarantine, or other causes.

Initials: _____

C. DATING POLICY. I understand that there is a policy that Summer Interns may not date other interns or Church staff during the internship, and I agree to follow such policy.

Initials: _____

D. MEDIA PERMISSION. You grant a license and permission to Arizona Ministry Network or their designees, and their employees, successors, assignees, licensees and agents to utilize your appearance, image, voice and likeness, in perpetuity, in any and all manner and form and format of media throughout the world, now known or hereafter devised, including but not limited to recordings, television broadcasts, or web-casts of the event you are attending.

Initials: _____

E. ASSEMBLIES OF GOD CORE DOCTRINES AND POSITIONS PAPERS. During the internship, the Intern agrees to abide by the Core Doctrines and Position Papers:
http://ag.org/top/Beliefs/Our_Core_Doctrines/ & http://ag.org/top/Beliefs/Position_Papers/ .

Initials: _____

Signature of Applicant: _____ **Date:** _____

REFERENCES: (*Signatures of your Pastor, Parent/Guardian & an Unrelated Adult are required.*) Having confidence in this applicant's ability, qualification of education, training, and Christian experience, I recommend the consideration of his/her application for a Summer Intern. I further believe this individual has appropriate character and emotional stability to serve.

1. Name _____
(Signature of Pastor) (Phone) (Email) (Church)

How long have you known the Applicant? _____

2. Name _____
(Signature of Parent/Guardian) (Phone) (Email) (Relationship, i.e., Employer, Friend, etc.)

How long have you known the Applicant? _____

3. Name _____
(Signature of Unrelated Adult) (Phone) (Email) (Relationship, i.e., Employer, Friend, etc.)

How long have you known the Applicant? _____