

# 2018 KIDS CAMP DORM LEADER APPLICATION

MAIL TO: Assemblies of God – Arizona Ministry Network – 2601 E Thomas Rd Ste 210 – Phoenix, AZ 85016 – 602.343.4000

I understand that filling out this form in no way obligates me or the Arizona District Council, but merely furnishes useful information in selecting camp staff.

STAFF: Kids Camp: Age 18 or older

Last Name		First Name		Middle Name	
Maiden Name or Other Name Used					
Address, City, State, Zip				How long at present address?	
Email Address					
Social Security Number*		Date of Birth (mm/dd/yy)*		Driver's License Number	
				State of License	
Home Phone		Work Phone		Sex: ____M ____F	

**KIDS' CAMP – (Ages: 8-12)**

- Camp 1 \_\_\_\_ June 25 - 29
- Camp 2 \_\_\_\_ July 9 - 13
- Camp 3 \_\_\_\_ July 16 - 20

**COST: \$135 PER STAFF MEMBER**

**Christian Experience:** Home Church \_\_\_\_\_ Pastor \_\_\_\_\_

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

**Emergency Contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Have you ever been convicted of a felony or child abuse? \_\_\_\_Yes\_\_\_\_No If yes, explain \_\_\_\_\_  
(Use back of this form to explain)

**REFERENCES:** *(Signatures of your Pastor & an unrelated person 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 staff at Youth Camp or Kids' Camp. I further believe this individual has appropriate character and emotional stability to serve.

1.Name \_\_\_\_\_ 2.Name \_\_\_\_\_  
(Signature of Pastor) (Phone) (Signature of Unrelated Person) (Phone)

If I am selected as camp STAFF I am under the full understanding that I will follow the manual's instructions and will be under the authority of the Camp Director. As a staff member, 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.

**AUTHORIZATION/CONSENT**

During the application process and at any time during the volunteer of my service with The Arizona District Council of the A/G, I hereby authorize ChoicePoint Services Inc., on behalf of The Arizona Ministry Network of the A/G to procure a background report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

\_\_\_\_\_  
*(Signature of Applicant)*