

2018 KIDS CAMP JR 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 16 & 17

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: \$210 PER JR DORM LEADER

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)

MEDICAL INFORMATION: All prescription medication must be in its original container labeled with the camper's name. Over the counter medication, vitamins, herbals and food supplements must be in original packaging. All medication, including vitamins, etc. must be turned into the nurse at the start of camp.

Medical Problem of Applicant _____

Medications Brought to Camp _____

Allergies: Medications _____ Food _____ Bee Stings Other _____

Insurance Carrier _____ *Insurance Phone Number* _____

Insurance Policy or Group Number _____

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 _____ (Signature of Pastor) _____ (Phone)
2. Name _____ (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 Ministry Network 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)