

# 2018 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.

*Dorm Leader: Youth Camp: Age 21 and 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      |                              |

**YOUTH CAMP – (Ages: 12-18)**

- Camp 1    \_\_\_\_    May 30 – June 2
- Camp 2    \_\_\_\_    June 3 - 6
- Camp 3    \_\_\_\_    June 6 - 9
- Camp 4    \_\_\_\_    June 10 - 13
- Camp 5    \_\_\_\_    June 13 - 16

**COST: \$110 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)