

2017 Camp Staff Application

Florida Church of God of Prophecy

Please carefully and neatly complete all parts of this application.



Last Name	First Name	M.I.
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Address	City	State	Zip
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Home Phone	Cell Phone	Email
Age	Gender	

Church You Regularly Attend	Pastor's Name	Pastor's Phone Number		
Are you:	Saved	Sanctified	Holy Ghost Filled	Church Member

In what capacity do you believe you are best suited and/or qualified? (please circle all that apply)

Teacher Dean Recreation Kitchen (cook) Kitchen (worker) Program Director Worship Director Evangelist
 Nurse Life Guard Security Staff-In-Training Dorm Manager

Do you have previous camp staff experience? YES NO If "YES" please list:

Are you willing to abide by the rules and policies of Florida Camping Ministry? YES NO
 Are you willing to assume any responsibility you may be placed in? YES NO
 Are you willing to put the needs of the camper first for the entire week? YES NO
 Are you physically capable (fit) to participate in all camp programming and activities? YES NO
 Are you willing to arrive on time for camp and stay the entire week? YES NO
 Are you willing to attend the Pre-Camp training session, if scheduled? YES NO
 Are you willing to participate in camp training? YES NO

Which summer camp are you interested in working:

_____ C ³ Encounter Camp (Ages 20-25) Rodney and Christina Bevis, Directors	June 02-04, 2017
_____ Hot Shot Camp (Ages 5-8, Parent Optional) Shellie and Scott Creasy, Directors	June 10-12, 2017
_____ Senior Camp (Ages 15-19) Aaron and Angela Taylor, Directors	June 12-17, 2017
_____ Intermediate Camp (Ages 12-14) Rick and Von Davis, Directors	June 19-24, 2017
_____ 'I Can' Camp (Ages 5-18, with adult) Marco and Angela Dominguez, Directors	June 24-26, 2017
_____ Junior Camp (Ages 8-11) Sandy and Barbara Gamble, Directors	June 26-July 1, 2017

I understand that my completion of this application in no way obligates the camp coordinator and/or any camp director to use me as a staff person. I understand that I will be subject to a criminal background check.

Applicant: Complete this application and the Background Check Permission form (pages 1-4 of this document) and mail to:
 Summer Camp c/o Church of God of Prophecy
 PO BOX 783156, Winter Garden, FL 34778

Please give the Pastor Endorsement form (page 5 of this document) to your Pastor for his/her endorsement and they will mail that to the State Office separately. If you find that you will not be able to work in summer camp after submitting this application, please contact the appropriate Camp Director and/or Camp Coordinator as soon as possible.

Personal Information:

Social Security Number and/or Driver's License Number: _____

Have you ever been convicted of a child related felony? ___ Yes ___ No. If "Yes," please explain:

Have you ever been convicted of a crime, related to a minor? ___ Yes ___ No. If "Yes," please explain:

In case of a personal emergency, call: _____

Home number: _____ Cell Number: _____ Work Number: _____

Medical Release

Health History (check all that apply to you)

___ Epilepsy ___ Convulsions ___ Diabetes ___ Asthma ___ Tuberculosis ___ Kidney Trouble
___ Heart Trouble ___ Sleep Walking ___ Rheumatic Fever ___ Coma ___ Fainting ___ HIV/Aids
___ Other: _____

Allergic Reactions:

___ Bee/Wasp Stings ___ Pollens ___ Poison Ivy/Oak/Sumac ___ Penicillin

___ Other Drugs (names): _____

Allergies (names): _____

Last Tetanus Shot (date): _____ Recent Surgery/Illness: _____

Restrictions (Physical): _____ History of Mental Illness: ___ Yes ___ No

Special Diet (Restrictions): _____

- How would you rate your present physical condition: ___ Poor ___ Fair ___ Average ___ Good ___ Excellent
- I give my permission to receive any over-the-counter medications by the camp nurse: ___ Yes ___ No
- In the case of an emergency, where I am unable to authorize medical treatment for myself and the above emergency contact person is not available, I authorize the camp nurse to provide emergency first aid and to authorize emergency medical treatment for me.
- It is to be understood that all staff members will need to report to camp in "good" physical condition. The camp nurse is authorized to provide emergency medical treatment to camp staff only. It is not the responsibility of Camp SonShine and/or the camp nurse to provide medical treatment for pre-existing and/or chronic medical conditions. Staff members with pre-existing and/or chronic medical conditions which are manifested during camp will be immediately referred to an appropriate medical provider. Under no circumstances are camp nurses allowed to prescribe and/or write medical prescriptions without the direct authorization of a physician.
- It is understood by the camp administration that medical information provided is private according to Health Insurance Portability and Accountability Act (HIPPA). I hereby grant permission to camp administration to share pertinent health information with those who must ensure the health and safety of the applicant.

My Doctor's name is: _____ Phone: _____

My Medical Insurance Company is: _____

My Medical Insurance I.D. Number is: _____

My signature signifies that I have read, understand and agree to abide by the content of this application. I give emergency permission for needed medical treatment and verify that all information provided on this form is accurate and correct.

Signature: _____ Date: _____

Signature: _____ Date: _____

(NOTE: If under 18 years of age, a parent/guardian signature is required.)

The following Consent form for background checks is a standard form provided by the company performing those checks. We do not run credit checks on our Camp volunteers.

CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address	Apartment or #
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City	County	State	Zip
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** Date of Birth	Social Security Number	**Gender	**Race
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***AS SHOWN ON THE ORIGINAL APPLICATION**

****TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

I, _____, am an applicant for employment / volunteerism with _____ company and have been advised that as a part of the application process, the company conducts a criminal history background report that may include, but are not limited to, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to the company use of any information provided during the application process in performing the background report. The company has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment / volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the company. Under the fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any).

1. YES NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____ / _____ / _____

Details of conviction: _____

2. YES NO Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of offense: _____

3. YES NO Have you ever-received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision: _____

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE. I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE COMPANY.

Signed this _____ day of _____, 20 _____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____

2017 Camp Staff Pastoral Endorsement

Pastor, we rely heavily on your recommendation, please give us as much information as possible.

Applicant's Name:

Pastor's Name:

Pastor: Please complete and return this form within five days of reception. All information on this form is to be kept confidential. Please return the form as soon as possible to the State Office, and not to the applicant.

**Summer Camp c/o Church of God of Prophecy
PO BOX 783156
Winter Garden, FL 34778**

Is this applicant: Saved Sanctified Holy Ghost Baptized Church Member

Does this applicant attend church regularly? Yes No

Does this applicant financially support the local church? Yes No

Does this applicant cooperate with the Pastor and other church leadership? Yes No

Does this applicant exhibit a general positive attitude? Yes No

I personally recommend this person as a potential camp staff member? Yes No

Please briefly tell us why you feel this person would (or would not) be a good camp staff member:

Pastor's Signature: _____ Date: _____

Staff - What to Bring to Camp

- Bible
- Bedding – sleeping bag or sheets and blanket, pillow
- Towels and wash cloths
- Toiletries – toothbrush, toothpaste, soap, shampoo, deodorant, etc.
- Appropriate clothing for each day – shorts must be mid-thigh or longer, no sagging pants, no spaghetti strap tops, no plunging necklines, no offensive graphics, etc.
- Bathing suit (must wear cover-up or shorts and tee shirt to and from pool area)
- Dress clothes for Banquet Night (optional)
- Appropriate clothing for Baptismal if participating (bathing suits not acceptable, dark colored clothes recommended)
- All medications must be given to the Camp Nurse and will be administered as described in the Medical Information on page 2 of this document.
- Spending money for the Snack Shack (optional)

Directions to Camp Sonshine

24165 Dan Brown Hill Road
Brooksville, FL 34602

Camp Main Number 352-796-8600
Camp Coordinator 352-250-2527

From Orlando: Hwy 50 West (Approx. 40 miles from Winter Garden) Turn left onto County Road 541 (Spring Lake) - - Go approx. 4 miles and turn right onto County Road 576 (Hayman Road) - - Go approx. 3 miles and bear left onto Dan Brown Hill RD - - Youth Camp is approximately ¼ mile on the left.

If traveling on I-75 SOUTH: Exit on Hwy 50 West and follow above directions.

If traveling on I-75 NORTH: Exit on Hwy 50 West and follow above directions.

Coming in on U.S. 41: From Brooksville turn at County Road 576 (Ayers RD) name changes to Hayman RD. Turn right onto Dan Brown Hill RD. Youth Camp is approximately ¼ mile on the left.