

**STUDENT CAMP CREW APPLICATION 2017
NEBRASKA YOUTH AND KIDS CAMPS
NEBRASKA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD**

This application is to be completed by all applicants for our student camp crew program. The crew members will stay onsite at the camp and serve during our busy season in the month of June. They serve on behalf of the Campgrounds and will help with various tasks including recreation, dishes and food prep, cleaning, activity management, maintenance, care for the grounds, and weekend preparations. The cost is \$230, which includes the High School Camp as a camper. They will be supervised by our camp staff, adhere to a special code of conduct, enjoy fun area outings on the weekends, and participate in daily group devotions. The Camp Crew will help students looking to complete community service requirements, and could also be a benefit for those students looking for special educational honors in school. The students will get time with quality leaders from across our state and they will be able to see the behind the scenes details of what it takes to run a camp. The Camp Crew is from Thursday, June 1st, 5:00pm - Thursday June 29th, 12:00pm, and each student is required the weekend of Father's Day to be home. This application is confidential, we have 12 spots available for students 15-18 years old first come first serve, and the deadline is May 12th.

PERSONAL INFORMATION

(Please print clearly) Name _____ Social Security No. _____
(Last, First, Middle Initial)

Address _____ Gender at Birth: M F
(Mailing address) (City) (State) (Zip)

Cell Phone _____ Home Phone _____ Age: _____ Date of Birth _____

Church & city _____ Pastor's Name _____

Email _____

PAST CAMP EXPERIENCE: _____ YEARS POSITION(S) HELD _____

Give a brief summary of your salvation experience. _____

List previous church work and any gifts, callings, training, education or other factors that have prepared you for ministry work. _____

List any ministry dreams and goals for your future: _____

APPLICANT'S STATEMENT:

The information contained in this application is correct to the best of my knowledge. I authorize references and churches listed in this application to give you any information they may have regarding my character and fitness for the Camp Crew. I release all such references from liability for any damage that may result from furnishing such evaluations to you. Should my application be accepted, I agree to be bound by the Constitution and Bylaws and policies of the Nebraska District Council. I will refrain from unscriptural conduct in the performance of my services on behalf of my church. I understand, agree with, and am willing to abide by the expectations for staff set by the Nebraska District Council of the Assemblies of God.

Applicant's Signature _____ Date _____

Parent or Guardian Signature _____

Date _____

WORKER HEALTH RECORD

Do you or have you had: Epilepsy Diabetes Asthma Heart Trouble Thyroid Trouble Other _____

Any other medical conditions we should know about _____

Have you been exposed to a contagious disease recently? Yes No If yes, what? _____

Within the last year, have you had problems with nervous breakdowns, extreme depression, extreme anxiety, attempted suicide, or destructive temper? Yes No If yes, please explain. _____

Do you have any physical limitations that would prevent you from participating in camp activities? Yes No If yes, please explain. _____

In case of accident/sickness, whom should we notify? _____
(name and phone)

Do you have a hospitalization or accident policy in force? No Yes _____
(company name, policy number)

(Please be sure to bring your insurance card with you to camp in case of a medical emergency.)

MEDICAL RELEASE

I/We _____, being the parent or legal guardian of _____, do further give my/our consent for the director or properly appointed staff member of Nebraska Youth Ministries, to secure the administration of medical treatment or medication for the above named child, and I/we do further agree to the performance of such treatment, anesthetics and operations, as in the opinion of the attending physician, is deemed necessary for our child.

Applicant's signature _____ Date _____

Parent or Guardian signature _____ Date _____

Please send completed form to: NYM, PO Box 1965, Grand Island, NE, 68802
We will notify you of our decision once we process the application and pastor's reference.
Please allow up to two weeks for processing

PASTOR'S REFERENCE
(Please print clearly)

APPLICANT NAME _____

Dear Pastor:

The above individual has applied to work with our Student Camp Crew this summer. We would appreciate your confidential comments on the applicant's maturity, stability, temperament, ability to work with others, and any other traits or qualities which might be assets or liabilities. It is impossible for us to become personally acquainted with all the applicants. Therefore, we rely heavily on your recommendation. Please complete the form and return it to us as soon as possible. The application cannot be processed until your evaluation is received. Thanks for your help!

PLEASE RETURN TO: NYM- P.O. BOX 1965 - GRAND ISLAND, NE 68802

1. How long have you been acquainted? _____
2. State briefly your opinion of the applicant's dedication to Christ.

3. What leadership abilities has the applicant evidenced?

4. Does the applicant interact in a kind and loving manner with others? Yes No
5. Does the applicant have any emotional, mental, or physical handicaps? Yes No If yes, please explain _____
6. Would you allow this person to serve around others in your church? Yes No If no, why?

7. Would you recommend the applicant, without reservation, to be part of our camp internship? Yes No
8. Is there any other information that would better enable us to evaluate this person?

9. Please answer the following questions by circling one.

Ability to get along with others:	Excellent	Good	Fair	Poor
Attitude:	Excellent	Good	Fair	Poor
Conduct with the opposite sex:	Excellent	Good	Fair	Poor
Conduct with the same sex:	Excellent	Good	Fair	Poor
Cooperation:	Excellent	Good	Fair	Poor
Faithfulness to church:	Excellent	Good	Fair	Poor
Flexibility in stressful situations:	Excellent	Good	Fair	Poor
Follows through on instructions:	Excellent	Good	Fair	Poor
General appearance:	Excellent	Good	Fair	Poor
Respect for authority:	Excellent	Good	Fair	Poor
Spiritual depth and maturity:	Excellent	Good	Fair	Poor
Teachability:	Excellent	Good	Fair	Poor

Pastor's Name (please print) _____

Signature _____

Church/City _____

Daytime phone _____