

\* Please include a photo copy of your driver's license with this app

\* NE Assembly of God Ministers do not need to turn in a pastors reference or copy of their license

Camp Position(s) Assigned  
HS \_\_\_\_\_ July Camp \_\_\_\_\_  
Jr. Teen \_\_\_\_\_  
Kids 1 \_\_\_\_\_  
Kids 2 \_\_\_\_\_

## VOLUNTEER WORKER APPLICATION FOR NEBRASKA YOUTH AND KIDS CAMPS NEBRASKA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision of minors. It is being used to help the District provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. Any person who may pose a threat to minors will be prohibited from working with them. Your application is confidential. We have never made our staff volunteers pay to be at camp, but we do still pay fees on their behalf. If you would be so moved, would you consider a confidential suggested donation of \$100, which would cover your costs for the week? Please do not feel pressured to do this, we would love for you to possibly be a part of our camps this summer either way. Thank you.

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

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

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your church & city \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Email \_\_\_\_\_ Social Media/Username \_\_\_\_\_

**CAMP(S) YOU DESIRE TO VOLUNTEER FOR:** Please circle your choice(s).

- |   |                                       |
|---|---------------------------------------|
| High School Camp - 9th grade and up (June 5-9)  | Kids Camp 1 - grades 4-6 (June 19-23) |
| Jr. Teen Camp - 6th-9th grades (June 12-16)     | Kids Camp 2 - grades 2-4 (June 26-29) |
| July Youth Camp - 6th grade and up (July 24-28) |                                       |

PAST CAMP EXPERIENCE: \_\_\_\_\_ YEARS POSITION(S) HELD \_\_\_\_\_

POSITION(S) YOU ARE INTERESTED IN: (PLEASE PICK YOUR TOP 3 AND WE WILL DO OUR BEST TO ACCOMMODATE.)

\_\_\_ Dorm Leader \_\_\_ Nurse \_\_\_ Maintenance \_\_\_ Lifeguard \_\_\_ Popstand \_\_\_ Security \_\_\_ Audio/Visual  
\_\_\_ Go-Cart/Mechanics \_\_\_ Kitchen \_\_\_ Rec Staff \_\_\_ PreCamp \_\_\_ Announcer \_\_\_ Wherever Needed

- Do you smoke or use tobacco? . Yes . No
- Have you ever been convicted of a criminal offense (excluding minor traffic violations) or had a prior guilty/'no contest' plea to a criminal offense? Yes No If yes, please attach information.
- Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor, or had a prior guilty/'no contest' plea to such improper conduct? Yes No If yes, please attach information.
- Do you have any traits or tendencies you possess that could pose a threat to minors? Yes No If yes, please attach information.
- Do you voluntarily consent to a background check? Yes No
- Do you plan to bring a child with you as a precamper? Yes No If so, child's name/age? \_\_\_\_\_
- If you are a teenager, do you plan to attend High School Camp or the July Youth Camp as a camper? Yes No

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 children and/or youth work

\_\_\_\_\_

**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 children/youth work. 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 agree to read the Camp Staff Manual. 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 \_\_\_\_\_

\*Camp worker applicants who are 18 years of age or under must have parent sign below.

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 breakdown, 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 (19 years old or above)

I, \_\_\_\_\_, being an adult, do further give my consent for the director or properly appointed staff member of Nebraska Youth Ministries, to secure the administration of medical treatment or medication for myself in case of emergency, and I do further agree to the performance of such treatment, anesthetics and operations, as in the opinion of the attending physician, is deemed necessary for myself.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

### MEDICAL RELEASE (Under 19 years)

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.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## PASTOR'S REFERENCE

(Please print clearly and send/email/scan to us privately)

APPLICANT NAME \_\_\_\_\_

Dear Pastor:

The above individual has applied to work at our camps this summer. We would appreciate your confidential comments on the applicant's maturity, stability, temperament, ability to work with youth/children, 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 camp worker's 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 children/youth? Yes No

5. Does the applicant have any emotional, mental, or physical handicaps? Yes No If yes, please explain \_\_\_\_\_

6. To your knowledge, does the applicant smoke or use tobacco? Yes No

7. To your knowledge, has the applicant ever been convicted of a criminal offense? Yes No If yes, please explain \_\_\_\_\_

8. Would you allow this person to serve around young people in your church? Yes No If no, why?

9. Would you recommend the applicant, without reservation, to be part of our camp staff? Yes No

10. Is there any other information that would better enable us to evaluate this person?

11. The church has done a background check on this person. Yes No Cleared (y/n?) \_\_\_\_\_

12. 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

13. What position would you recommend they have at camp? (dorm leader, kitchen, rec, audio/visual, nurse maintenance, lifeguard popstand, gocarts, precamp.) \_\_\_\_\_

Pastor's Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Church/City \_\_\_\_\_

Email \_\_\_\_\_