

Mail To: YD Department  
Church of God State Offices  
1000 Lake Village Circle  
Brandon, MS 39047

# Mississippi Church of God Youth Camp 2020 Staff Application

For Office Use Only:  
Date Received:

## NAME/CRIMINAL RECORDS CHECK (please print)

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

MAIDEN NAME \_\_\_\_\_ ALIASES \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_

IF LESS THAN TWO YEARS, GIVE PREVIOUS ADDRESS

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR CITY STATE COUNTRY

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*Identity must be confirmed with a valid state drivers license or photo ID.**

HOME PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_

## POSITIONS FOR WHICH YOU MAY APPLY

\_\_\_\_ Cabin Leader \_\_\_\_ Recreation \_\_\_\_ Camp Store

## CAMPS YOU WISH TO WORK (check all that apply)

\_\_\_\_ Teen Camp (Ages 15 - 18) June 8-12, 2020  
\_\_\_\_ Middle Camp (Ages 12 - 14) June 15-19, 2020  
\_\_\_\_ Junior Camp (Ages 7 - 11) June 22-26, 2020

## SPIRITUAL INFORMATION

\*Please list the year, if known, and if applicable.

\_\_\_\_ SAVED

\_\_\_\_ SANCTIFIED

\_\_\_\_ BAPTIZED IN HOLY GHOST

\_\_\_\_ BAPTIZED IN WATER

\_\_\_\_ CHURCH MEMBER

NAME OF CHURCH YOU ATTEND? \_\_\_\_\_

HOW LONG HAVE YOU ATTENDED? \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_

## PERSONAL REFERENCES

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

## CHILDREN UNDER YOUTH CAMP AGE

Due to limited space and for each staff member to be able to fully devote your time and energy to your area of responsibility, we are unable to provide a nursery or child care. So, prior to your arrival at camp, please make arrangements for the care of your children that are under camp age not to be at camp.

## STATEMENT OF RESERVATION

While no one is rejected to work or attend Church of God youth camps on the basis of race, color, or creed, the State Youth and Discipleship Director does reserve the right to accept or reject any application for volunteer work at Church of God youth camps after review of said application reveals that the services of the applicant would or would not be in the best interest and success of the camp.

## EDUCATIONAL BACKGROUND (enter highest number completed)

ELEMENTARY (through grade 6) \_\_\_\_\_ MIDDLE SCHOOL (grade 7 - 9) \_\_\_\_\_

HIGH SCHOOL (10 - 12) \_\_\_\_\_ COLLEGE (1 - 4) \_\_\_\_\_ GRADUATE SCHOOL \_\_\_\_\_

Applicants are not required to provide information which is prohibited by Federal, State or Local law. This application is given every consideration, but its receipt does not imply that the applicant has been accepted for a camp worker. Applicants are accepted on a "trial basis" and if in the final judgment of the camp officials, it is found that the applicant/staff worker is not adaptable to the assignment and cannot be reassigned, or that the information given has been misrepresented, the acceptance of this application can be terminated without cause or reason. In addition, investigation will be made as to your character, general reputation, personal characteristics and adaptability to the particular position assigned. All applicants are required to undergo training and orientation provided by the State Youth Director's office and under the supervision of the State Youth Board.

## GENERAL REQUIREMENTS FOR YOUTH CAMP WORKERS

List all previous church work involving youth/children (list each organization's name/address, type of work performed and dates).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What made you decide to work camp this year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What part of the camp position/work do you most look forward to?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously worked in any of the Mississippi Church of God Youth Camps? What years? In what areas or capacities have you worked?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION AND BACKGROUND**

1. Have you ever been charged, arrested, convicted of or pleaded guilty to any crime? Yes \_\_\_ No \_\_\_  
If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes \_\_\_ No \_\_\_
2. Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing, or molesting a child or youth? Yes \_\_\_ No \_\_\_  
If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes \_\_\_ No \_\_\_
3. Have you ever been a victim of abuse (verbal, physical, sexual)? Yes \_\_\_ No \_\_\_  
If you prefer, you may discuss this answer with a pastor or ministry leader. Answering "Yes" or leaving it unanswered would not automatically disqualify you from the privilege of working in any ministry capacity. However, you may be asked to clarify your response.
4. Have you ever been involved in homosexual activities? Yes \_\_\_ No \_\_\_  
If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes \_\_\_ No \_\_\_
5. Have you ever been accused, charged, or alleged to have committed a theft? Yes \_\_\_ No \_\_\_  
If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes \_\_\_ No \_\_\_
6. Are you addicted to prescription drugs? Yes \_\_\_ No \_\_\_
7. Do you use tobacco in any form? Yes \_\_\_ No \_\_\_
8. Do you drink alcoholic beverages, including social drinking? Yes \_\_\_ No \_\_\_
9. Do you take illegal drugs? Yes \_\_\_ No \_\_\_
10. Do you have problems sleeping? Yes \_\_\_ No \_\_\_
11. Do you have recurring nightmares or sleep disturbances? Yes \_\_\_ No \_\_\_
12. Do you have a history of use of pornographic materials? Yes \_\_\_ No \_\_\_
13. Have you ever been charged with moving traffic violations? Yes \_\_\_ No \_\_\_  
If so, when and why? \_\_\_\_\_
14. Has your driver's license ever been revoked or suspended? Yes \_\_\_ No \_\_\_  
If so, why and when? \_\_\_\_\_
15. Do you have a current driver's license? Yes \_\_\_ (List your DL# and State) \_\_\_\_\_  
No \_\_\_ (Some other form of picture ID may be required.)
16. Are you presently employed? Yes \_\_\_ No \_\_\_  
If so, where? \_\_\_\_\_  
Job Description \_\_\_\_\_  
How long? \_\_\_\_\_

17. May we contact your employer? Yes \_\_\_ No \_\_\_  
Supervisor's Name \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
18. List any physical limitations you may feel need to be considered in your placement, if accepted.  
\_\_\_\_\_
19. Are you presently under doctors' care for any ailments? Yes \_\_\_ No \_\_\_ If yes, list. \_\_\_\_\_  
List any medications. \_\_\_\_\_
20. Do you carry any personal medical insurance? Yes \_\_\_ No \_\_\_  
Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
List any preauthorization requirements? \_\_\_\_\_
21. Physician's Name \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The answers to the above questions are correct to the best of my ability.

*\*Your Signature*

Round the clock medical care is provided and secondary insurance coverage for those accidents which sometimes occur to our staff and campers.

If you are under the age of 18, please have your parent(s) or guardian(s) sign this medical release and fill in the proper insurance information.

*In the event that my child, \_\_\_\_\_, needs emergency medical attention, I hereby give my consent for the officials of the camp to seek such medical assistance. I further understand that the camp will make every attempt to notify me of such action as soon as possible.*

*\*Parent(s) or Guardian(s) Signature*

*Date*

***Please note that all information given will be strictly confidential.***

***Thank you for your assistance!***

**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they have regarding my character and fitness for youth camp work. In consideration of the receipt and evaluation of this application by the Church of God, I hereby release to any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at this time result to me, my heirs or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I have to inspect information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the bylaws and policies of the Church of God and to refrain from any unscriptural conduct in the performance of my services on behalf of the church. I also agree to participate in the training and enhancement programs provided by the State Youth and Discipleship Director's office in preparation of my participation this summer.

***I HEREBY CONSENT FOR THE CHURCH OF GOD STATE YOUTH AND DISCIPLESHIP DIRECTOR OF THE STATE OF MISSISSIPPI TO SEEK FROM LOCAL LAW ENFORCEMENT AGENCIES ANY INFORMATION WHICH PERTAINS TO ANY RECORD OF CONVICTION ON ITS FILES OR IN ANY CRIMINAL FILE MAINTAINED ON ME WHETHER LOCAL, STATE, NATIONAL, OR INTERNATIONAL. I HEREBY RELEASE ANY POLICE DEPARTMENT FROM ANY AND ALL LIABILITY RESULTING FROM SUCH DISCLOSURE.***

\_\_\_\_\_  
*Applicants Signature*

\_\_\_\_\_  
*Applicants Name (Please Print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*

**PASTOR'S RECOMMENDATION**

I certify that the above applicant is a capable and qualified person to work in Church of God youth camp and I give them my highest recommendation to serve in any capacity deemed necessary by the state director of youth and Christian education.

Pastor's Signature \_\_\_\_\_

Pastor's Ministerial file number \_\_\_\_\_

Date \_\_\_\_\_

**2020**  
**Mississippi Church of God**  
**Youth Camp Volunteer Application**

Mail completed application to:  
Dept. of Y & D  
1000 Lake Village Circle  
Brandon, MS 39047

Faxed or emailed applications WILL NOT BE ACCEPTED

Please complete the entire application, ensuring NO spaces are left blank. Incomplete applications WILL NOT BE ACCEPTED. *Read through the entire application, as there have been changes and additions.*

If you are accepted to participate as a volunteer, you will receive a confirmation letter or email with your assignment for each camp. This letter will include information for arrival/departure times, training, and preparations for camp. You will be required to attend youth camp training and orientation on the first day of each camp you work. This orientation will begin at **9:00am** and is not optional. Lunch will be provided for you. Please make arrangements for your students to have a chaperone with them and for their own lunch.

The application process may take time to complete depending on camp, your application, available space, etc. Typically, you will receive notification after May 7th. Please be patient and understand that the Youth Department processes 1,000+ applications during the camp season. If you have not received a letter, email, or phone call by May 17, please contact us at 601.372.2714 or [ydsec@mscog.org](mailto:ydsec@mscog.org).

**QUALIFICATIONS FOR YOUTH CAMP VOLUNTEER**

1. Should be a member of the Church of God and should be at least eighteen (18) years of age to serve in a leadership position or as a cabin leader. Personnel must be at least sixteen (16) years of age to be considered for other areas of assistance. Any exception must be approved by the State Director.

**NOTE: WALK ON APPLICATIONS/REGISTRATIONS ARE NOT PERMITTED OR ACCEPTED.**

2. Shall complete an application form and have it signed by the pastor of his/her local church. A pastoral endorsement must be on file for each camp volunteer.
3. It is mandatory that volunteers complete the orientation training prior to the camp session. Any exceptions must be made by the State Director.
4. All volunteers should carry their own hospitalization insurance.
5. All camp volunteers must meet screening requirements including, but not limited to a criminal background check.
6. By agreeing to serve in the Church of God Youth Camp, it is expected that all volunteers will conduct themselves in a manner that exemplifies Christian character and that all youth camp guidelines will be obeyed. The Camp Administration reserves the right to dismiss any staff member at any time at their discretion.
7. Be willing to adhere to all general guidelines, policies and procedures.

**STEPS OF ACTION**

1. Submit your application to your Pastor for his/her endorsement.
2. Complete the application and return it by **MARCH 22, 2020**.
3. Wait for response from the Youth & Discipleship Department which is sent AFTER May 7, 2020.