

# 2023 STAFF APPLICATION



**MAIL APPLICATION TO:**  
**YOUTH CAMP 2023**

796 N. Santa Fe  
Edmond, OK 73003

**Application Deadline:**  
**May 26, 2023**

**PLEASE PRINT:**

Name \_\_\_\_\_ Gender at Birth \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security Number (must be disclosed for background check) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Did you work camp last year?  Yes  No

Do you meet the General Requirements described below?  Yes  No

**GENERAL REQUIREMENTS FOR YOUTH CAMP WORKERS:**

- Must be at least 16 years of age (18 for Cabin Leaders)
- Must attend the required Staff Orientation Meeting at 11:00am on the first day of camp
- Must be a christian
- Must be a regular attendee of a local church
- Must have the endorsement signature of the local pastor (pastor may be contacted)
- If enrolled in high school, applicant must attend Senior Camp as a camper to be eligible to work other camps

**CAMPS YOU WISH TO WORK: (check all that apply)**

Kids Camp: July 3-7 (ages 7-12)

Senior Camp: July 10-14 (ages 13-18)

**AREA OF INTEREST: (Indicate your primary preference as 1, 2, 3, etc)**

Cabin Leader

Cafeteria

Nurse (certified)

Lifeguard (must be certified)

Asst. Cabin Leader

Recreation

Canteen

Wherever Needed

**PERSONAL INFORMATION**

Have you ever been arrested, convicted or plead guilty to a crime?

Yes  No (\*if yes, please explain, attach a separate page if necessary)

Have you ever been investigated by any federal, state, or local agency for neglect or child abuse?

Yes  No

I understand and agree that no tobacco, alcohol, illegal drugs or substances, vapes, firearms, or weapons are tolerated on the campground. All of my medications (prescription AND non-prescription) will be kept at the nurse's station to ensure safety of the campers.  yes  No

Do you have a current driver's license?  Yes (copy of Drivers License must be included with this application)

***Identity must be confirmed with***  No (a picture ID must be included with this application)  
***state drivers license or photo I.D.***

**FOOD ALLERGY ALERT**

Do you have any food allergies we should be aware of? \_\_\_\_ yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\*you are responsible for any allergy exposure, although the camp kitchen staff will attempt to inform you of obvious issues

**CHURCH HISTORY AND PRIOR YOUTH WORK**

Name of the church where you are a member or regularly attend \_\_\_\_\_

Name of Senior Pastor (signature must appear at the bottom of this form) \_\_\_\_\_

List any gifts, training, education, or other factors, which have prepared you for work in youth camp

**TWO PERSONAL REFERENCES (not former employers/relatives)**

Name \_\_\_\_\_

Email or Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Email or Address \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION** *Note: camp insurance policy coverage is secondary to your primary insurance coverage*

Insurance Company \_\_\_\_\_ Policy ID / Group Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Pre-Authorization required? \_\_\_\_\_ If yes, what limits? \_\_\_\_\_

Doctor's Name/Phone Number \_\_\_\_\_

*\*Attach copy (front & back) of insurance card to this application*

**REQUIRED: If you are under the age of 18, your parents MUST complete and sign this medical release statement below:**

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

**PRINT** Parent/Guardian Name \_\_\_\_\_ **PHONE** \_\_\_\_\_

**SIGNATURE** Parent/Guardian \_\_\_\_\_ **DATE** \_\_\_\_\_

**RELEASE FOR CRIMINAL RECORDS CHECK (Required)**

I hereby consent for the Church of God Heartland Region office to seek from local law enforcement any information which pertains to any record of conviction contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release the Police Department from any and all liability resulting from such disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 may 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 attempt to comply with this authorization. I waive any right that I may have to inspect any 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 laws 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 training, enhancement programs, and the Staff Orientation meeting provided by the Regional Director's office in preparation of my participation this summer. **(This meeting will be on the first day of camp at 11:00 AM and is MANDATORY for all workers!)**

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

\_\_\_\_\_  
**Applicant's Signature**

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

\_\_\_\_\_  
**Pastor Endorsement Signature (Required)**

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