

# VIRGINIA CHURCH OF GOD YOUTH CAMP 2017 VOLUNTEER APPLICATION

CHURCH OF GOD YOUTH CAMP  
PO BOX 7547 ROANOKE, VA 24019  
(540) 362-1549 x 2  
youth@vacog.org  
camp.vacog.org

**Requirements for youth camp volunteers:**

- Committed Christian
- 16 years of age or older (cabin leaders must be 18 or older)
- Regular attender of a Church of God congregation
- Endorsement by local pastor
- Agree to and pass a background screening
- If under 18 years of age, you must be a camper during Extreme week

Your application is subject to approval of the camp administrator and the Virginia Church of God Youth and Discipleship Board.

While no one is rejected to work or attend Church of God youth camp on the basis of race, color, or creed, the state director of Youth and Discipleship and camp officials reserve the right to accept or reject any application for volunteer work at camps after review of said application reveals that the services of the applicant would not be in the best interest and success of the camp. This application is given every consideration, but its receipt does not imply that the applicant has been accepted as a 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 member 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 other 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. Applicants are not required to provide information which is prohibited by Federal, State, or Local law.

**APPLICANT INFORMATION**

Before you begin please read the camp information packet found at [camp.vacog.org](http://camp.vacog.org).

I certify that I have read the 2017 Youth Camp Information Packet:  Yes  No

Have you worked in Virginia Church of God Youth Camp in the past?  Yes  No

Applicant Full Name: (First, Middle, Last, Suffix) \_\_\_\_\_ Applicant Preferred Name: \_\_\_\_\_

Gender:  F  M Birthdate (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ T-shirt Size: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_  Cell  Home  Work Secondary Phone: (\_\_\_\_) \_\_\_\_\_  Cell  Home  Work Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If you have lived at this address less than two years please list previous address below.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**AVAILABILITY (Specify which camp(s) you are available to work. Choose your top three choices for position you'd like to fill.)**

**EXTREME CAMP (Ages 15-18) July 3-7**  Yes  No

Choose area of interest: Indicate 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices.

Cabin Leader	Registered Nurse	Canteen	Recreation
Asst. Cabin Leader	Nurse's Assistant (LPN, CNA, EMT)	Cafeteria/Dishroom	Lifeguard
Security Team	Clean-up/Custodial	Camp Store	Camp TV Staff
Social Media Correspondent	Any Available		

**VELOCITY CAMP (Ages 12-14) July 10-14**  Yes  No

Choose area of interest: Indicate 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices.

Cabin Leader	Registered Nurse	Canteen	Recreation
Asst. Cabin Leader	Nurse's Assistant (LPN, CNA, EMT)	Cafeteria/Dishroom	Lifeguard
Security Team	Clean-up/Custodial	Camp Store	Camp TV Staff
Social Media Correspondent	Any Available		

**ADVENTURE CAMP (Ages 9-11) July 17-21**  Yes  No

Choose area of interest: Indicate 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices.

Cabin Leader	Registered Nurse	Canteen	Recreation
Asst. Cabin Leader	Nurse's Assistant (LPN, CNA, EMT)	Cafeteria/Dishroom	Lifeguard
Security Team	Clean-up/Custodial	Camp Store	Camp TV Staff
Social Media Correspondent	Any Available		

**DISCOVERY CAMP (Ages 6-8) July 24-27**  Yes  No

Choose area of interest: Indicate 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices.

Cabin Leader	Registered Nurse	Canteen	Recreation
Asst. Cabin Leader	Nurse's Assistant (LPN, CNA, EMT)	Cafeteria/Dishroom	Lifeguard
Security Team	Clean-up/Custodial	Camp Store	Camp TV Staff
Social Media Correspondent	Any Available		

**BACKGROUND & EXPERIENCE**

Local Church you attend:	How many years have you attended this church:
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Spiritual Experiences: (Please check all that apply and list year, if known and applicable.)

<input type="checkbox"/> Saved	<input type="checkbox"/> Sanctified	<input type="checkbox"/> Water Baptism	<input type="checkbox"/> Holy Spirit Baptism	<input type="checkbox"/> Church Member
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Highest Education Level Completed:

<input type="checkbox"/> Did not complete High School	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree or higher
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Current Occupation:

  

List any other information regarding your experience, certifications, or qualifications here:

  

Place of birth:	City	County	State	Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
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1. Have you ever been convicted of or pleaded guilty to sexual assault, sexual abuse, or child abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been convicted of or pleaded guilty to a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been charged, arrested, convicted of, or pleaded guilty to any crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing, or molesting a child or youth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been accused, charged, or alleged to have committed a theft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been charged with moving traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has your driver's license ever been revoked or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been a victim of abuse (verbal, physical, sexual)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been involved in homosexual activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you currently addicted to prescription drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you use tobacco in any form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you drink alcoholic beverages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do you take illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you have problems sleeping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Do you have recurring nightmares or sleep disturbances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Do you have a history of using pornographic material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answering YES to any of the above will not automatically exclude you from consideration as a staff member. You may be asked to give clarification for your responses. You may discuss your answers with a pastor or ministry leader. If you would like to provide any further information, please do so in the space below:

  
  
  
  
  
  
  
  
  
  

**REFERENCES**

The pastor of the local Church of God congregation that you identified will be contacted as your primary reference. If you are under age 18 you must provide information for a secondary reference such as a teacher, employer, guidance counselor or similar. The secondary reference must also provide a written endorsement which can be attached to this form or sent directly to the youth camp office at PO Box 7547, Roanoke, VA 24019.

Secondary Reference Name:	Relationship to Volunteer:
Email Address:	Telephone: (            )

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name: (First Middle, Last, Suffix)

Relationship to volunteer:	<input type="checkbox"/> Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Sibling	<input type="checkbox"/> Friend	<input type="checkbox"/> Pastor	<input type="checkbox"/> Other _____
Primary Phone:	Secondary Phone:					
(            )	(            )					

**MEDICAL INFORMATION**

Use this area to share any health-related information we should know (medical conditions, allergies, etc...):

Complete the medication dispensing chart if you will bring medication to camp. Forms can also be downloaded from [camp.vacog.org](http://camp.vacog.org). Medication is any substance taken to maintain or improve health, including vitamins and natural remedies. Review the camp packet for required packaging/containers. Provide enough of each medication to last entire stay.

Name of Medication	Date Started	Reason for taking	When is it given	Amount or dosage given	How is it given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		

Please provide a photocopy of your insurance card, front and back.

Health Insurance Company:	Policy #:	Primary Care Physician:	Phone #: (        )        -
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If worker is under the age of 18, parent / guardian must complete the following medical consent section:

In the event that \_\_\_\_\_ requires medical attention, I hereby give consent for the camp officials to seek assistance.  
Volunteer's Name

I give the camp nurse permission to dispense the following over the counter medications:

<input type="checkbox"/> Antihistamine (Benadryl)	<input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Topical Ointments (Neosporin)	<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Antacid (TUMS)	<input type="checkbox"/> Eye Drops (Visine)
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Parent / Guardian Name (PRINT):	Parent / Guardian Signature:
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**APPLICANT'S STATEMENT AND RELEASE**

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 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.

I hereby consent for the State Director's 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 local or state police department from any or all liability resulting from such disclosure.

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.

In the event of an accident or serious illness, I hereby give my consent for diagnosis or treatment to be rendered to me by qualified medical personnel, both on and off campus, should such action be necessary in the opinion of camp officials.

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.

I certify the information contained in this application to be true and accurate. I also agree to the above stated conditions and stated releases/authorizations.

Applicant's Signature:	Date:	Witness Signature:	Date:
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