

Postmarked no later than
APRIL 30, 2012!

Camp Agape 2012 Staff Application

The Camping Ministry of the
South Carolina Church of God of Prophecy

MAIL APPLICATIONS and RELEASE FORM TO: CAMP AGAPE * P.O. BOX 820 * ROCK HILL, SC 29730.

To work in Senior & Hispanic Camp, you must be at least 19 years of age. All other Camp Workers must be at least 16. Anyone under the age of 18 will be used in Support Staff Positions Only. Priority will be given to adult workers. No worker should report to camp without receiving official acceptance from the appropriate camp director. This form must be completed entirely and returned by your pastor before you can be considered for camp. Directors begin staffing camps months ahead; the sooner your application is received, the better your chances of being asked to work. This form will be kept in strict confidence. Each director will contact their respective workers.

Camp policy discourages you from working more than two consecutive weeks of camp.

Check the camp(s) in which you prefer to work:

- | | | | | | |
|--|--|----------------|---|--|-----------------|
| <input type="checkbox"/> Senior | Ages 15—18
Chucky Chandler (864) 836-3461 | June 17—22 | <input type="checkbox"/> Short Staff | Ages 5—8
Kim Manley (864) 276-1412 & Lisa Cooley (864) 296-9043 | July 7—10 |
| <input type="checkbox"/> Junior | Ages 12—14
Rhonda Cooper (864) 710-3882 | June 23—28 | <input type="checkbox"/> Freshman | Ages 9—11
Phil and Denise Bolin (803) 996-3851 | July 11—July 14 |
| <input type="checkbox"/> Hispanic | Ages 15—25
Chucky Chandler (864) 836-3461 | June 29—July 1 | | | |

STAFF INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)

Name _____ Male Female Birth Date ____/____/____ Age _____
 Address _____ City _____ State _____ Zip _____
 Email _____ County _____
 Home Telephone (____) _____ Work Telephone (____) _____ Cell (____) _____

Health Information

Are you physically fit to handle the camp schedule and participate in your designated assignment? yes no
 Please list any medical conditions, allergies, etc. we should be aware of. _____
 Please list any meds you may be allergic to. _____
 Please list any food allergies you may have. _____
 I am presently taking the following medicine (s) (please list) _____
 Date of Last Tetanus Shot _____ * NOTE: The camp nurse must administer all medications—no exceptions!

STAFF T-SHIRT?

If you'd like to order a
special t-shirt (\$10) with
STAFF printed on the back,
please select size:

S M L XL XXL
(must be order by April 30th)

Emergency Release

In the event of an accident, injury, sickness, or any medical emergency, I understand that reasonable effort will be made to contact my spouse/parents. I give my permission to the camp administration and physician selected to secure proper treatment for, to hospitalize, and order injection, anesthesia, or surgery for me. I also understand my insurance company will be given as the "Primary" and Camp Agape's insurance as the "Secondary." I further understand that if any sickness or if any accident should occur prior to camp, these are the cases for which the camp insurance is not responsible. These pre-existing conditions are my responsibility and the camp will not be liable for any of the expenses incurred in such cases. I understand that a head check for lice will be performed on all staff members. My signature below also gives the camp nurse permission to administer over-the-counter medications (Aspirin, Tylenol, Pepto Bismol, etc.) as I may need them, with the exception of any medication listed on this application.

Signature _____ Date _____ Parent's Signature _____ Date _____
(if under 18)

Do you have any CPR or Emergency Cardiac Care Training? yes no If so, how many hours? _____ Are you certified? yes no

Have you completed any lifeguard courses? yes no Date of completion _____

Have you ever worked in a Christian camp? yes no If so, how many years? _____ States worked in? _____

What responsibilities have you accepted in previous camps?

- | | | | |
|---------------------------------------|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> banquet | <input type="checkbox"/> devotions | <input type="checkbox"/> music | <input type="checkbox"/> secretary |
| <input type="checkbox"/> cabin leader | <input type="checkbox"/> errands | <input type="checkbox"/> news editor | <input type="checkbox"/> security |
| <input type="checkbox"/> cook | <input type="checkbox"/> fun time | <input type="checkbox"/> nurse | <input type="checkbox"/> snack shack |
| <input type="checkbox"/> coordinator | <input type="checkbox"/> kitchen | <input type="checkbox"/> recreation | <input type="checkbox"/> teacher |
| <input type="checkbox"/> dean | <input type="checkbox"/> lifeguard | <input type="checkbox"/> registration | <input type="checkbox"/> other (please list _____) |

List personal preferences from above list. _____

What skills, talents, and interests do you have?

- | | | | | |
|------------------------------------|---|-------------------------------------|--|--|
| <input type="checkbox"/> art | <input type="checkbox"/> computer | <input type="checkbox"/> leadership | <input type="checkbox"/> office skills | <input type="checkbox"/> video editing |
| <input type="checkbox"/> athletics | <input type="checkbox"/> drama/interpretive dance | <input type="checkbox"/> music | <input type="checkbox"/> speaking | <input type="checkbox"/> writing |

SPIRITUAL STATUS:

SAVED SANCTIFIED HOLY GHOST CHURCH MEMBER Where? _____

Do you attend church regularly? yes no Are you faithful in supporting your church and church activities? yes no

Will you adhere to and encourage the teaching of the church? yes no

What leadership position (s) do you hold in the local church? _____

What ministries, outreaches, or evangelism opportunities have you been involved with, either with your church or another organization? _____

Why would you like to work in a South Carolina Youth Camp this summer? _____

What are your strengths and weaknesses? (attach another sheet, if needed) _____

Please describe your present relationship with God. (attach another sheet, if needed) _____

STAFF COMMITMENT (PLEASE INITIAL)

Should my application be accepted, I agree to be bound by the teachings of the Church of God of Prophecy, and to refrain from unscriptural conduct in the performance of my services on behalf of the church. _____

I am willing to carry through all responsibilities requested by camp leadership. _____

I will arrive at the campgrounds at the time designated and stay until released by the Camp Director. _____

I will respect and abide by the rules as interpreted by the camp administration. _____

I understand I am donating my time without thought of being paid. _____

I understand that I am expected to dress in an appropriate and Christian manner. _____

Mail applications to: CAMP AGAPE * PO Box 820 * Rock Hill, SC * 29730

THE CHURCH OF GOD OF PROPHECY—Background Release Form

CONSENT TO PERFORM A HISTORY/BACKGROUND CHECK - IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

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Last Name

First Name

Middle Name or Initial

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Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address	City	County	State	Zip Code

** Date of Birth	Social Security Number	**Gender	**Race	**Driver's License Number	**State of Issue

***AS SHOWN ON THE ORIGINAL APPLICATION**

****TO BE USED FOR CRIMINAL HISTORY CHECKS / MOTOR VEHICLE REPORTS (if driving is needed) ONLY AND NOT A PART OF THE PERSONNEL FILE.**

I, _____, am an applicant for employment/volunteer service with the Church of God of Prophecy. As a part of the application process I have been advised that the district conducts a criminal history check that may include a credit report and or motor vehicle report. I do hereby consent to the use of any and all information provided to the district in the application process to be used in the criminal history/background check.

The following are my responses to questions about my criminal history (if any).

1. ___ YES ___ NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors). If yes, please provide details below.

State:	County:	Date of Offense: / /
Details of conviction:		

2. ___ YES ___ NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.

State:	County:	Date of Offense:
Details of offense:		

3. ___ YES ___ NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State:	County:	Date of Offense:
Details of supervision:		

4. ___ YES ___ NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country:	City:	Date of Offense:
Details of conviction:		

5. ___ YES ___ NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State:	County:	Date of Arrest
Details of pending charges:		

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18. If you need more room, USE BACK.

CITY/TOWN	COUNTY	STATE	YEARS LIVED

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE CHURCH.

Signed this _____ day of _____, 20____

APPLICANT (PRINT NAME) _____ APPLICANT SIGNATURE _____

PASTORAL ENDORSEMENT

NOTE TO PASTORS:

This reference form is to evaluate a potential staff member for South Carolina Church of God of Prophecy Summer Youth Camp. Your honesty will help us in compiling an effective and caring camp staff for 2012. **This form must be completed for ALL potential SC Youth Camp Workers!**

Please answer all questions *to the best of your knowledge.*

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We ask that you personally seal and mail this application to us.

Mail Endorsement to: CAMP AGAPE * PO Box 820 * Rock Hill, SC * 29730

Name of Applicant _____

Church _____ Pastor _____

Do you believe the candidate is good with children / young people?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does the candidate work well in a team environment?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is the candidate trustworthy and responsible?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does the candidate have a positive attitude?	<input type="checkbox"/> yes	<input type="checkbox"/> no

How well do you feel you know them? well casually not well/not at all

Does this person attend and participate in your local church regularly? yes no

How long have you known this applicant? _____ In what capacity? _____

What are his/her *greatest* strengths? _____

Do you endorse the above person to work in the 2012 South Carolina Youth Camp? yes no

Is there any reason we *should not* consider this applicant as a staff member for SC Youth Camps? _____

Other Pastoral Comments: _____

Pastor's Signature _____

Date _____