



Paid Staff **Application**

**Do NOT mail this application with church camper
or volunteer staff applications.**

Paid Staff Applications must be mailed separately to:
Youth Camp - Paid Staff App
10924 Interstate 30
Little Rock, AR 72209

2019 Youth Camp

2019 Arkansas District Youth Camps

Paid Staff Information – **PLEASE READ!**

Minimum Age Requirements:

Nurse – 20 years old (LPN or RN certification)

Cook – 18 years old

Lifeguard – 18 years old (must by Red Cross Certified)

Dishwasher – 15 years old

Location:

All camps will be held at Mountain Valley Retreat Center, Hot Springs, AR. All persons are admitted without regard to race, color, national origin, sex, or handicap.

Mandatory Staff Orientation:

Staff orientation will be held at the retreat center on the first day of each camp starting at 1:30 PM in the cafeteria.

Staff Requirements:

Camp staff, new or returning, are required to send in ALL PAGES of the application completed to our office. The camp office will run all necessary background checks required.

Camp Training:

Camp Training video is available at araog.org. Please watch the video, review the form, then sign, date & mail the Camp Training Covenant form along with the rest of your application to: Youth Camp, 10924 Interstate 30, Little Rock, AR 72209.

Training must be completed & postmarked no later than March 25, 2019.

Camp Dates: All paid applications must be postmarked on or before March 25, 2019. Notification of job positions will be issued by mail sometime following April 1, 2019.

YC 1	June 3-7
YC 2	June 10-14
YC 3	June 17-21
YC 4	June 24-28

Medical Policy:

At least one qualified medical person is on duty during camp. Camp will provide a supplemental insurance for injuries that occur during camps. All medications, prescriptions and over-the-counter drugs must be brought in the original bottle to the camp nurse on the first day of camp in blister packs purchased from the youth department.

Emergencies, Visitors & Phones:

In case of an emergency, please call the campgrounds at 501.624.1542. Under normal circumstances, you should not be visited or contacted by phone while at camp. If it becomes necessary to use a cell phone please use discretion.

Opening & Closing of Camp:

All paid staff should plan to arrive at the campgrounds no later than 1:00 PM on Monday and be prepared for orientation at 1:30 PM; nurses should arrive by noon. Camp closes around 10:30am on Fridays. No lunch will be served on the first or last day of each camp. **ALL CAMPERS/STAFF MUST BE OFF THE GROUNDS BY 12 NOON ON THE LAST DAY OF CAMP.**

Camp Property Damage:

Charges for items broken or damaged will be billed to all parties and/or individuals involved.

Room Assignments:

Cook and dishwasher room assignments will be made by the camp director in assistance with the Head Cook. Nurses will be assigned to the Nurse's Station. No one else is allowed to room in the Nurse's Station.

What to bring:

Bible, sheets, blankets, pillow, towels, toiletries, personal laptops if needed, money (cash only; no checks will be cashed at camp), work clothes, and church clothes.

What to forget:

If improper magazines and books, illegal drugs, alcoholic beverages, fireworks, firearms, and cigarettes, e-cigarettes, or tobacco are found, they will be confiscated and employment will be immediately terminated.

Dress Code:

We take pride in the appearance of our campers and staff. **Your dress sets the tone and attitude of the students.** All campers and staff are expected to dress & groom themselves neatly.

ALL CLOTHING MUST BE NO SHORTER THAN 2" ABOVE THE KNEE. Shorts can be worn during the day. **Absolutely NO spandex shorts, athletic shorts, boxer shorts, or shorts shorter than 2" above the knee. Abbreviated attire such as half shirts, tank tops, sundresses, spaghetti straps or crop shirts will not be allowed, and should be left at home. Shirts and dresses that have ANY part of the back missing or the arm holes cut out will not be allowed. Tight fitting clothing (pants and shirts) should be left at home. If you bring it, you will be asked to change. ALL CLOTHING SHOULD BE MODEST. Close-toed shoes must be worn at all times when at the Go Kart track. Once your duties are completed you are allowed to attend evening services.** For evening services, young ladies may wear **modest** dresses or long pants. Young men must wear dress slack, clean jeans or long pants and a shirt. **Absolutely no shorts for evening services! No hats, sunglasses, or dew rags are allowed to be worn in the evening services.**

Rules & Guidelines:

Specific rules will be given at orientation and are available in your staff manual. Any infraction of these rules and guidelines will result in expulsion from the camp.

Staff Mail:

Friends and family can write you at: Staff's Name - Camp #, c/o Mountain Valley Retreat Center, 1366 N Highway 7, Hot Springs, AR 71909. (Please allow 3-4 days for delivery.)

Questions? Call us at 501.455.5444 or email at mclegghorn@araog.org.

2019 Paid Staff Application – Youth Camp

(FOR OFFICE USE ONLY)

Postmarked _____

Authorization/Rel	Yes	No
Nat. Background Ck	Yes	No
CMCR	Yes	No
Pastoral Rec	Yes	No
Camp Training	Yes	No

Postmarked deadline to return Paid Staff applications for ALL camps is March 25, 2019.

Applications postmarked after March 25, will NOT be accepted.

NO Paid Staff applications will be accepted onsite the first day of camp.

This is strictly a pre-approval application process.

Complete ALL pages of this application and sign. Those who are able to work multiple camps will be considered first. If you are approved, you will be notified by mail and additional paperwork must be completed before you begin your position at youth camp.

(Initial to show you read and agree to the above statement.)

Minimum age requirements for Paid Staff:

Nurse- 20 yrs (LPN or RN certification), Cook- 18 yrs, Dishwasher- 15 yrs, and Lifeguard-18 yrs (must be Red Cross Certified)

Position Applying for:

Nurse _____ Cook _____ Dishwasher _____ Lifeguard _____

Camp Dates

YC 1 June 3-7

YC 2 June 10-14

YC 3 June 17-21

YC 4 June 24-28

Camp(s) Applying for:

YC 1 _____ YC 2 _____ YC 3 _____ YC 4 _____

If you or your spouse are credentialed with the Arkansas A/G -please check here

PERSONAL INFORMATION – All information below must be completed

Social Security Number

Home Phone Number

Cell Phone Number

Last Name

First Name

MI

Female Maiden Name

Birth date (MM/DD/YR)

Age

Sex (M/F)

Mailing Address

City

State

Zip

Email Address

Emergency Contact

Emergency Phone Number

Church

City

How long have you been attending? _____ If less than ten years, list name and location of other churches in which you were a member or regularly attended during the past ten years: _____

Do you have medical training? (i.e. RN, LPN, EMT, Paramedic, First Aid Certification) ___ Yes ___ No

If yes, please explain. _____

Conversion date _____ Date received Holy Spirit _____

Have you worked an Arkansas district camp(s) in the past? ___ Yes ___ No

If yes, list positions. _____

Arkansas District Events

PERSONAL INFORMATION

Do you currently use tobacco, alcohol, or any illegal drugs? ___Yes ___No

Have you ever been accused, charged, or convicted of a criminal offense, excluding traffic violations? ___Yes ___No
If yes, please explain _____

Have you ever been accused, charged, or convicted of child abuse or a crime involving any sexual misconduct of/with a minor or any other person? ___Yes ___No if yes, please explain _____

MEDICAL INFORMATION

Do you have any physical handicaps or conditions, which limit your performance? ___Yes ___No
If yes, please explain _____

List any medication you are allergic to: _____

Insurance Carrier Insurance Co. Phone Number

Policy Number Group Number

Subscribers Name DOB SS#

Name and address of Family Physician: _____ Phone: (____) ____ - _____

Employer Name and Address: _____ Phone: (____) ____ - _____

IF YOU ARE STILL UNDER YOUR PARENT'S INSURANCE COVERAGE, THE FOLLOWING INFORMATION IS REQUIRED:

Father or Guardian name: _____ Phone: (____) ____ - _____
Employer Name and Address: _____ Phone: (____) ____ - _____
Mother or Guardian name: _____ Phone: (____) ____ - _____
Employer Name and Address: _____ Phone: (____) ____ - _____

I hereby certify that all above information is true and complete.
Please provide a copy of your insurance card (front and back).

Signature _____ Date _____

APPLICANT'S STATEMENT: The information contained in this application is correct to the best of my knowledge, information, and belief.

I, the undersigned, hereby authorize the director or other responsible staff acting on behalf of the Arkansas District Council, to act as my Agent, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency, please contact the above emergency contact.

I acknowledge that participation in all camp-related activities necessarily involves risk of physical injury. I attest that I am physically capable to participate in this event. However, should directors, representatives or volunteers determine in their sole discretion that completion or participation in any games or events would be injurious to my health, or should I become ill or injured, I consent to my removal and treatment by any physician or medical care provider at the direction of the event director and/or assistant.

I give my permission for free use of any videotape, photographs, audiotapes, or any other visual or audio reproduction in which I may appear by the Arkansas Assemblies of God. I release the Arkansas Assemblies of God from any liability connected with the use of picture or voice recording as part of any promotion.

I understand that the Arkansas District Camps and the rented facility make rules and guidelines that I will abide by while attending camp. I agree to be given any position or assignment, be placed in any room, and if need be, go beyond the duties of the assigned position.

In addition, I will pay for any damage I have done to the camp or to personal property belonging to another individual. I give permission to the camp director and/or assistant camp director to inspect the contents of any or all of my personal belongings, and to withhold and/or dispose of any improper or illegal contents.

Should my application be accepted, I agree to be bound by the policies of the Arkansas Assemblies of God, including all camp rules, and to refrain from unscriptural conduct in the performance of my services on behalf of the camp.

Applicant's Signature _____ Date _____

Arkansas District Events

Background Information Authorization & Release Form (2 pages)
Arkansas Assemblies of God - 2019

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

I, _____, of _____, _____ having filed
(Applicant's name) (City) (State)
an application as a volunteer/paid worker at an event of Arkansas District of the Assemblies of God / Arkansas Assemblies of God, consent to have an investigation made as to the conduct of my personal affairs, motor vehicle records, my moral character, professional reputation, fitness for the ministry, and such further information relating to my criminal history, social security number verification, or other background checks, may be received by or reported to the Arkansas District of the Assemblies of God / Arkansas Assemblies of God, from any acceptable national background research organization. I agree to give any further information that may be required in reference to my past history.

Such reports may be obtained at any time after receipt of this Disclosure Regarding Background Investigation and Acknowledgement and Authorization and if I am selected to serve as a volunteer/paid worker, throughout the course of my volunteer service as permitted by law, and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report of any outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

By signing below, I hereby release, discharge, and exonerate the Arkansas District of the Assemblies of God / Arkansas Assemblies of God, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of this district. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the time in which I am volunteer/paid, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by any acceptable national background research organization acting on behalf of Arkansas District of the Assemblies of God / Arkansas Assemblies of God, and/or Arkansas District Assemblies of God / Arkansas Assemblies of God itself. The Arkansas District of the Assemblies of God / Arkansas Assemblies of God shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete.

Oklahoma residents and volunteers/paid workers only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

I have read and signed the foregoing Authorization and Release as my own free act and deed.

Signature: _____ Date: _____

Print Name: _____

Arkansas District Events

Background Information Authorization & Release Form (2 pages)
Arkansas Assemblies of God

PLEASE PRINT CLEARLY!

Last Name: _____ () Male () Female

First Name: _____ Middle Name/Initial: _____

Maiden Name (if applicable): _____ Other Name(s) used: _____

Date(s) of use for previous names: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

SSN: _____ - _____ - _____

Full Date of Birth: _____ (Month) _____ (Day) _____ (Year)

Email address: _____

Notary Required

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires: _____

Notary Public Signature & Stamp Required

REQUIRED ANNUALLY FOR ALL APPLICANTS

For Office Use Only:

Date Received: _____

Department: _____

Follow-Up: _____

Completed/coded to ACS: _____

CMCR FORM

Authorization for Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry

*****Applicant - mail this form directly to Arkansas Child Maltreatment Central Registry*****

I hereby request that the **Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203**, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

****For CMCR Office ONLY - This information should be addressed to:**

Arkansas District Council of the Assemblies of God, Inc. – Youth Dept.
10924 Interstate 30, Little Rock, AR 72209

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Full Name/DOB children

Race Age/DOB

Full Name/DOB children

Present Address:

Full Name/DOB children

From _____ to _____

Full Name/DOB children

Past addresses:

From _____ to _____

From _____ to _____

Applicant's Signature

From _____ to _____

County of _____ State of Arkansas
Acknowledges before me this _____ day of _____ 20____.
My commission expires: _____

Notary Public Signature & Stamp – REQUIRED

Arkansas District Events

Pastoral Recommendation

Youth Dept. / other District Events 2019

If you are an Arkansas Assemblies of God credentialed minister or minister's spouse, you are not required to fill out this form.

This section is to be completed by the applicant (please print):

VOLUNTEER APPLICANT'S LAST NAME FIRST NAME

MAILING ADDRESS

CITY STATE ZIP

AREA CODE + PHONE NUMBER

This section is to be filled out by the applicant's Senior Pastor.

Pastor: Please complete and return this form to: AR Youth Camp, 10924 Interstate 30, Little Rock, AR 72209 Postmarked NO LATER than March 25, 2019.

The aforementioned has applied for a volunteer/paid position with the Arkansas District Events Program. Please understand that the applicant will not be approved without this form on file for 2019. This recommendation should be sent to the AR District without returning it to the applicant.

How long have you known this applicant? Does this applicant attend all church services faithfully? In what capacity does he/she currently minister in your church?

Has the applicant ever worked with student ages: (check all that apply) 5-6 years, 7-10 years, 11-12 years, 13-18 years. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor? Would you feel comfortable leaving your children in his/her care? If no, please explain. List any tendencies or traits that you feel might reduce the effectiveness of the applicant in this position.

To your knowledge, is the applicant free from the use of tobacco, alcohol, or other drugs? In the past five years has the applicant had any negative changes in moral, marital, or other life situations? Can you vouch for the moral integrity of this applicant? Does this applicant have adequate spiritual maturity to pray with students in the altar? Has this person been cleared through your church child/adolescent abuse prevention policy? Is there any information about this applicant you feel would be necessary for us to know? If yes, please explain.

**Do you recommend this individual to work at an Arkansas District event? Yes No

SENIOR PASTOR'S NAME (First, Last)

DAYTIME PHONE NUMBER

SENIOR PASTOR'S SIGNATURE Date / /

ARKANSAS ASSEMBLIES OF GOD
MINISTRY COVENANT AND AGREEMENT

I acknowledge that I have **watched the video** for the Camp Staff Manual and Policy Statements of the AR District Council of the Assemblies of God. I acknowledge full agreement with said policies and state that I will totally adhere to them, conform to them and uphold them. I understand that at any time I may be asked to relinquish my staff positions due to lack of regard for or lack of diligence in fulfilling said policies.

I acknowledge my responsibility to report any and all suspicions and knowledge of the Camp Director.

I covenant to at all times represent myself in a Christ-like manner to the students that I am ministering to at Camp. I commit myself to a demonstration of a spirit of excellence and an appropriate representation of the Gospel of Christ.

I acknowledge my responsibility to care for and minister to those students I am given charge over, as well as, any other student, leader, or volunteer during Camp. I will strive at all times to see that they are treated with the utmost respect, consideration and care. AR District Christian Education and Youth Ministries will not tolerate any behavior that demeans, belittles, or injures in any way students, leaders or staff. I acknowledge that by assuming the role of a staff person at Camp that I am acknowledging and affirming my responsibility to encourage, lift up and minister to the students, leaders and staff.

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone :() _____ Alternate :() _____

Online Video Training Code: _____

Covenant/Agreement is not valid without this code

Signature

Date

This form MUST be returned to the AR District Office postmarked by Monday, March 25, 2019.

Mail form to: Youth Camp • 10924 Interstate 30 • Little Rock • AR • 72209