



Volunteer Worker **Application** **Packet**

This application must be completed in full and returned with your church's camper forms. DO NOT send separately.

2019 Youth Camp

2019 Arkansas District Youth Camps

Volunteer Staff Information – **PLEASE READ!**

Age Requirement:

Youth Camp Worker – 20 years and older

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.

Camp Dates: All volunteer applications are to be postmarked on or before March 25. Applications postmarked **AFTER March 25** will be charged a \$25.00 late fee. No Volunteer Application will be accepted after April 1, 2019 or be accepted on site the first day of camp.

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 camp. 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. No cell phones are to be used in the presence of campers.

Opening & Closing of Camp:

Please plan to arrive at the campgrounds by 12:30PM on Monday. Our staff meeting will begin promptly at 2:30PM. This meeting is mandatory for ALL staff. **Registration begins at 12:30 PM & closes at 2:30PM. If you are unable to arrive during these times because of an emergency, please call the Camp Office at 501.624.1542.** Staff who have not arrived during these times will forfeit their beds. No lunch will be served the first or last day of any camp. **ALL CAMPERS/STAFF MUST BE OFF THE GROUNDS BY 12:00 NOON ON the LAST DAY OF CAMP.**

Room Assignments:

All staff will be roomed by the camp director. Two (2) staff members will be in each room. **WHENEVER POSSIBLE** at least one staff member will be roomed with his/her church.

What to bring:

Bible, sheets, blankets, pillow, towels, toiletries, money (cash only; no checks will be cashed at camp), casual clothes, church clothes, swimming trunks and suits, and bag for wet clothes.

What to forget:

If electronics, inappropriate magazines and books, illegal drugs, alcoholic beverages, fireworks, firearms, and cigarettes, e-cigarettes or tobacco are found, they will be confiscated and may not be returned.

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 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. Shoes must be worn at all times at the Go-Karts.

For evening services, ladies may wear modest dresses (top of the knee in length) or long pants. Young men must wear dress slacks or clean jeans (no holes allowed) and a shirt. **Absolutely no shorts for evening services! No hats, sunglasses, or dew rags are allowed in the evening service.**

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:

No food, including candy, should be brought or mailed to campers or staff. 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.)

Camp Property Damage:

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

Staff Application Requirements:

The application needs to be complete with:

1. Background Authorization and Release forms
2. Pastoral Recommendation returned from your Senior Pastor
3. National Background Check --if you want us to run one for you please add \$25
4. Arkansas Child Maltreatment form that has been approved from the APMC Registry or a notation showing the date it was mailed from your church.

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 long with your application to:

Youth Camp, 10924 Interstate 30, Little Rock, AR 72209

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

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

Arkansas District Event

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 to 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 Event

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

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: _____
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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

Pastoral Recommendation

Youth Dept. / other District Events

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):

LAST NAME

FIRST NAME

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MAILING ADDRESS

--

CITY

STATE

ZIP

--	--	--

AREA CODE + PHONE NUMBER

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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? ___Yes ___ No

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? ___Yes ___No

Would you feel comfortable leaving your children in his/her care? ___Yes ___No

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? ___Yes ___ No

In the past five years has the applicant had any negative changes in moral, marital, or other life situations? ___Yes ___ No

If yes, please explain. _____

Can you vouch for the moral integrity of this applicant? ___Yes ___No

Does this applicant have adequate spiritual maturity to pray with students in the altar? ___Yes ___ No

Has this person been cleared through your church child/adolescent abuse prevention policy? ___Yes ___ No

Is there any information about this applicant you feel would be necessary for us to know? ___Yes ___ No

If yes, please explain. _____

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

SENIOR PASTOR'S NAME (First, Last)

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DAYTIME PHONE NUMBER

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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