



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

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

**2024 Girls Ministries Retreat**  
**May 21 – June 1, 2024**

# 2024 Arkansas District Girls Ministries Retreat

## Volunteer Staff Information – **PLEASE READ!**

### Age Requirement:

Volunteer Worker – 20 years and older.

### Location:

The 2024 Girls Ministries Retreat will be held at Russellville First Assembly of God. 124 E G Street, Russellville, Arkansas. All persons are admitted without regard to race, color, national origin, or handicap.

**All volunteer applications are to be postmarked on or before May 1.**

### Medical Policy:

At least one qualified medical person is on duty during camp. All medications, prescriptions and over-the-counter drugs must be brought in the original bottle to the nurse upon arrival.

### Emergencies, Visitors & Phones:

In case of an emergency, please call the park office at 479-229-3655 or the District Girls Ministries Coordinator at 870-826-1988.

### What to bring (required):

Bible, sleeping bag/air mattress/cot, Pillow/blankets, 2 changes of clothing, no towels need due to no showing, tennis shoes. (Optionally, you might consider bringing snacks).

### 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.

### Camp Property Damage:

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

### Staff Application Requirements:

This application needs to be complete with:

1. Background Authorization and Release forms \*
2. Pastoral Recommendation returned from your Senior Pastor \*
3. Copy of Cleared National Background Check (NBC) \*
4. Arkansas Child Maltreatment form (CMCR)\*

\*If you recently submitted these same forms for the 2024 Camp Season, it is not necessary to submit them again. We will verify they are on file at the District Office. In this case, the application form is the only document necessary to submit.

Arkansas District Event - 2024

**2024 Volunteer Staff Application –Girls Ministries Retreat**

Volunteer applications must be submitted at time of retreat registrations.

**Postmarked deadline to return applications for the retreat is May 1, 2024. ALL background information must be submitted with this application.**

Please complete ALL pages of this application and sign as needed.

(FOR OFFICE USE ONLY)		
Authorization/Rel	Yes	No
Nat. Background Ck	Yes	No
CMCR	Yes	No
Pastoral Rec	Yes	No
Camp Training	Yes	No

**NO Volunteer Staff applications will be accepted AFTER postmarked date of May 1.**

**Retreat dates: May 31, 2024 - June 1, 2024. No onsite registrations.**

**Pre-Purchase T-Shirt:** \$20 Yes \_\_\_ No \_\_\_ **T-Shirt Size** \_\_\_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL \_\_\_ 4XL

*All profit from the volunteer staff T-shirt sells will go to Coins for Kids.*

**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  Gender at Birth (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, First Aid Certification) \_\_\_Yes \_\_\_No  
If yes, please explain. \_\_\_\_\_

Conversion date \_\_\_\_\_ Date received Holy Spirit \_\_\_\_\_

**Mail all forms to:  
Arkansas District Assemblies of God  
Girl Ministries  
10924 Interstate 30 – Little Rock, AR 72209**

Arkansas District Event - 2024  
**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: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Spouse's Employer Name and Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**I hereby certify that all above information is true and accurate to the best of my knowledge.**

**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 Event - 2024

Background Information Authorization & Release Form (2 pages)  
Arkansas Assemblies of God - 2024

**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 - 2024

Background Information Authorization & Release Form (2 pages)  
Arkansas Assemblies of God - 2024

**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 2024

**Applicant MUST mail this form directly to**

Arkansas District Assemblies of God, 10924 Interstate 30, Little Rock, AR 72209

## Authorization for Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the **Arkansas Child Maltreatment Central Registry**, 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. Attn: Arkansas Girls Ministries  
10924 I-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

\_\_\_\_\_  
Applicant's Email Address

\_\_\_\_\_  
Race                      Age/DOB

\_\_\_\_\_  
Full Name/DOB children

\_\_\_\_\_  
Present Address:

\_\_\_\_\_  
Full Name/DOB children

\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Past address:

\_\_\_\_\_  
Has the applicant lived out of state in the past 5 years? \_\_\_\_\_

\_\_\_\_\_  
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  
(REQUIRED)**

### Pastoral Recommendation

Arkansas District Events 2024

*If you are an Arkansas Assemblies of God credentialed minister or minister's spouse, you are not required to have this form on file.*

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

LAST NAME										FIRST NAME									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CITY										STATE		ZIP		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AREA CODE + PHONE NUMBER									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**Pastor: Please complete and return this form to: Girls Ministries, 10924 Interstate 30, Little Rock, AR 72209  
Postmarked NO LATER than May 1, 2024.**

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 **2024**. This recommendation should be sent to the AR District **without returning it to the applicant**. Please complete questions 1 – 14 below.

- 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. \_\_\_\_\_

**14. Do you recommend this individual to work at an Arkansas District event? \_\_\_Yes \_\_\_ No**

SENIOR PASTOR'S NAME (First, Last)																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DAYTIME PHONE NUMBER									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SENIOR PASTOR'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_