

# Arkansas District Events - 2024

## 2024 Camp Paid Staff Application

(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 21, 2024.**  
Applications postmarked after March 21, 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 can 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**  
**Lifeguard-18 yrs (Youth Camp) 16 yrs (Kids Camp) (must be Red Cross Certified)**

**Position Applying for:**  
Nurse \_\_\_\_\_ Cook \_\_\_\_\_ Dishwasher \_\_\_\_\_ Lifeguard \_\_\_\_\_ Athletics \_\_\_\_\_ Admin \_\_\_\_\_

**Camp(s) Applying for:**  
YC 1 \_\_\_\_ YC 2 \_\_\_\_ YC 3 \_\_\_\_ YC 4 \_\_\_\_ YC 5 \_\_\_\_ KC 6 \_\_\_\_ KC 7 \_\_\_\_ KC 8 \_\_\_\_ KC 9 \_\_\_\_ KC 10 \_\_\_\_

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  Biological 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. \_\_\_\_\_

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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 [grid] Insurance Co. Phone Number [grid]

Policy Number [grid] Group Number [grid]

Subscribers Name [grid] DOB [grid] SS# [grid]

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 the risk of physical injury. I attest that I am physically capable of participating 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 recordings 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 personal property belonging to another individual. I permit the camp director and/or assistant camp director to inspect the contents of any or all 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 - 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 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: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(REQUIRED if applicant is under 18 year of age)**

# Arkansas District Events - 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: Student Ministries Dept.  
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 \_\_\_\_\_

Acknowledges before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
**Notary Public (REQUIRED)**

Pastoral Recommendation

Youth Dept. / other District Events 2023

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

Grid for last and first name

MAILING ADDRESS

Grid for mailing address

CITY

STATE

ZIP

Grids for city, state, and zip

AREA CODE + PHONE NUMBER

Grid for area code and 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 21, 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.

- 1. How long have you known this applicant?
2. Does this applicant attend all church services faithfully?
3. In what capacity does he/she currently minister in your church?
4. Has the applicant ever worked with students ages: (check all that apply)
5. To your knowledge, has the applicant ever displayed inappropriate behavior toward a minor?
6. Would you feel comfortable leaving your children in his/her care?
7. List any tendencies or traits that you feel might reduce the effectiveness of the applicant in this position.
8. To your knowledge, is the applicant free from the use of tobacco, alcohol, or other drugs?
9. In the past five years has the applicant had any negative changes in moral, marital, or other life situations?
10. Can you vouch for the moral integrity of this applicant?
11. Does this applicant have adequate spiritual maturity to pray with students in the altar?
12. Has this person been cleared through your church child/adolescent abuse prevention policy?
13. Is there any information about this applicant you feel would be necessary for us to know?

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

SENIOR PASTOR'S NAME (First, Last)

Grid for senior pastor's name

DAYTIME PHONE NUMBER

Grid for 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 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 always 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 Kids Ministries 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** (only list one code)

Returning Applicant: \_\_\_\_\_

First Year Applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This form MUST be returned to the AR District Office postmarked by March 21, 2024.**