# 2024 Camp Volunteer Staff Application

Volunteer applications must be submitted at time of camper registrations. Postmarked deadline to return applications for ALL Youth Camps is March 28. Postmarked deadline to return applications for ALL Kids Camps is April 4. ALL background information must be submitted with this application (or \$25 payment & request to run the Nat'l Background Check) or it will be returned to the sender for completed info and this may result in the applicant not getting a bed.

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

Complete ALL pages of this application and sign as needed. Our staff is chosen on availability of beds once ALL forms have been received. Note: Meeting the deadline does NOT secure admittance to camp. Minimum age requirement: Youth Camp – 20 yrs | Kids Camp – 18 yrs

Camp	(s) Apj	plying	for:

YC 1 YC 2	YC 3	_ YC 4	YC 5	KC 6	_ KC 7	KC 8	_ KC 9	KC 10
Date Child Maltreatme	nt Central R	egistry (CM	CR) Form wa	s mailed to c	our office:	/ /20	24	

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

If you or your spouse are credentialed with the Arkansas A/G -please check here \_\_\_\_\_\_
 National Background Check (unless a valid one is provided) - Include \$25 for this service

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•	Pre-Purchase Camp T-Shirt:	<mark>\$15</mark> `	Yes No	T-Shirt Size	S	М	L	XL	2X	3XL	4XL	5X

#### PERSONAL INFORMATION - All information below must be completed

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#### 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

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 \_\_\_\_\_

contents.

#### Arkansas District Event - 2024

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

#### **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

I,, of	f,		having filed
(Applicant's name)	(City)	(State)	-
an application as a volunteer/paid worke	r at an event of Arkansas I	District of the Assemblie	es of God / Arkansas
Assemblies of God, consent to have an i	nvestigation made as to th	e conduct of my persona	al affairs, motor vehicle records,
my moral character, professional reputat	tion, fitness for the ministr	y, and such further infor	mation relating to my criminal
history, social security number verificati	on, or other background c	hecks, may be received l	by or reported to the Arkansas
District of the Assemblies of God / Arka	unsas Assemblies of God, t	from any acceptable nati	onal background research
organization. I agree to give any further	information that may be 1	required in reference to r	ny 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 Arkansas Assembl

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

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:	

Page | 1

### 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			
<b>REQUIRED</b> AN	NUALLY FOR A	ALL APPLICANTS	
		For Office Use Only: Date Received:	
		Department	

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.

Applic	cant's Name (print or type)	Social Security Number
	n Name/Aliases	Applicant's Email Address
	Age/DOB nt Address:	Full Name/DOB children
	to	Full Name/DOB children
	ddress:	
	to	Has the applicant lived out of state in the past 5 years?
From_	to	
	to	Applicant's Signature
	County of Acknowledges before me this My commission expires:	State of day of20
	Notary Pub (REQUIREI	

#### Arkansas District Event - 2024

## **Pastoral Recommendation**

Student Ministries Dept. / other District Events 2024

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DAYTIME PHONE NUMBER

### 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 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.

Signature	Date
	First-Year Applicant:
	Returning Applicant:
	Online Video Training Code (only list one code)
Phone :(	) Alternate :( )
City:	State: Zip:
Address:	

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