

Arkansas District Events

# Camp 4:13

## 2024 Volunteer Staff Application (ages 18 & up)

at Mountain Valley Retreat Center, 1366 N Hwy 7, Hot Springs, AR 71909

Camp Date: July 29 – August 2, 2024

(FOR OFFICE USE ONLY)

Postmarked	_____
Pastoral Rcmdtn	Yes No
Nat. Bckgrnd Ck	Yes No
CMCR	Yes No
Authorization	Yes No
Participation Rel	Yes No

### Deadline to return this form is July 15th

Send application to: Camp 4:13, 10924 INTERSTATE 30, Little Rock, AR 72209

Required Orientation begins at 10:00 Monday morning, July 29th . T-Shirt Size \_\_\_\_\_

\*If you are credentialed with the AG please check here \_\_\_\_\_

#### PERSONAL INFORMATION

Social Security Number

Home Phone Number

Cell Phone Number

Last Name

First Name

MI

Female Maiden Name

Birth date (MM/DD/YR)

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: \_\_\_\_\_

Have you worked an Arkansas district camp this year?  Yes  No

Do you know Jesus as your Savior?  Yes  No

#### PERSONAL EXPERIENCE-

Circle your experience. 0-no experience 3 -very experienced.

With Physically Disabled	0	1	2	3	Wheel Chair Manipulation	0	1	2	3
Transferring People	0	1	2	3	With Hearing Impaired	0	1	2	3
Sign Language	0	1	2	3	With Visually Impaired	0	1	2	3
With Intellectually Disabled					<input type="checkbox"/> Youth				
					<input type="checkbox"/> Adult				
Low functioning	0	1	2	3					
High functioning	0	1	2	3					

Can you lift a person from a wheelchair with assistance?  Yes  No

I am a certified and/or licensed (Please send a copy of your license with this application):

CNA LPN EMT RN Lifeguard Willing to be used in this capacity? Yes No

I prefer to work with Physically Disabled Intellectually Disabled No preference (Preferences are not guaranteed)

**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: \_\_\_\_\_

Can you sleep in a top bunk? \_\_\_\_\_ Climb stairs? \_\_\_\_\_

Insurance Carrier  
[Grid for Insurance Carrier name]

Insurance Co. Phone Number  
[Grid for Insurance Co. Phone Number]

Policy Number  
[Grid for Policy Number]

Group Number  
[Grid for Group Number]

Subscribers Name  
[Grid for Subscribers Name]

DOB (MM/DD/YR)  
[Grid for Date of Birth]

SS#  
[Grid for Social Security Number]

Name and address of Family Physician: \_\_\_\_\_

\_\_\_\_\_ Physician's phone # (     ) \_\_\_\_\_

Employer, Name and Address: \_\_\_\_\_

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

Please provide a copy of your insurance card (front and back).

I hereby certify that all above information is true and complete.

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** \_\_\_\_\_

**A CONFIRMATION OF ACCEPTANCE WILL BE SENT TWO WEEKS PRIOR TO CAMP**

### Pastoral Recommendation

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

VOLUNTEER APPLICANT'S LAST NAME

FIRST NAME

MAILING ADDRESS

CITY STATE ZIP

AREA CODE + PHONE NUMBER

**The section below is to be filled out by the applicant's Pastor.** The applicant is applying for a staff position at Camp 4:13. Please understand that the applicant **will not be approved** without this form on file for **2024**. A member of the church's pastoral staff who has known this applicant for a minimum of 6 months should fill out this reference. This recommendation should be mailed to the AR District **without returning it to the applicant** as soon as possible. **Please complete and return this form to: AR DISTRICT EVENTS, 10924 INTERSTATE 30, LITTLE ROCK, AR 72209.** We appreciate your opinion in order to utilize them in the proper capacity. He/she will be working with people who have intellectual and/or physical disabilities. We will be conducting a criminal background check. **Please return this form NO LATER than July 15th. Please understand that your responses will be held in strictest confidence.**

How long have you know 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 ages: (check all that apply) 10-18 years  19-40  over 40

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 people 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

**PASTOR'S NAME (First, Last)**

**DAYTIME PHONE NUMBER**

POSITION \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE \_\_\_\_\_

Arkansas District Events  
INFORMATION AUTHORIZATION & RELEASE

I, \_\_\_\_\_, of \_\_\_\_\_ having filed an application  
(Name) (City, State)  
as a volunteer/paid worker at an event of the Arkansas District of the Assemblies of God consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation, fitness for the ministry, and such further information as may be received by or reported to the Arkansas District of the Assemblies of God. I agree to give any further information that may be required in reference to my past history.

I authorize and request every person, firm, company, corporation, governmental agency, court, association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me to furnish to the Arkansas District of the Assemblies of God any such information, including documents, records, or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the Arkansas district or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I specifically waive any or all rights I may have to inspect or review any information provided to this district, its agents or representatives by any person or organization.

I hereby release, discharge, and exonerate the Arkansas District of the 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. The Arkansas District of the 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.

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

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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

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

Arkansas District Events  
**Volunteer Staff Authorization Form**  
Background Investigation Consent

I, \_\_\_\_\_ hereby authorize Arkansas District Council of the Assemblies of God and/or its churches, ministers, agents, or representatives to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteer/staff ministry at local church events and/or Arkansas District Events.

I release Arkansas District Council of the Assemblies of God and/or its churches, ministers, agents, or representatives and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) \_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at Present Address? \_\_\_\_\_ *If present address is less than 10 years, list all former addresses. If needed, use back of this form.*

Former Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Former Address? \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Social Security Number\*: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer/Staff

\_\_\_\_\_  
Date

\*NOTE: The above information is required for identification purposes only.



## INFORMATION

National Background Checks and  
Child Maltreatment checks are required every year.  
**Both forms must be notarized before returning.**

**Deadline to return all forms is July 15th**

**Send ALL FORMS TO:**

**Camp 4:13, 10924 Interstate 30, Little Rock, AR 72209**

**Camp 4:13** will be held at  
Mountain Valley Retreat Center, 1366 N Hwy 7, Hot Springs, AR 71909  
**Camp Date: July 29 – August 2nd**  
Required Orientation begins at 10:00 Monday morning, July 29th .

For more information or  
questions email [pam@dagchurch.com](mailto:pam@dagchurch.com)  
or call Kirk 479-549-7409