

Arkansas District 2023 Kids Camps Volunteer Packet



*And I heard the voice of the Lord saying,
"Whom shall I send, and who will go for us?"
Then I said, "Here I am! Send me."
Isaiah 6:8 ESV*

2023 Arkansas District Kids' Camps

Volunteer Staff Information and Important Dates

Age Requirements:
Kids' Camp – 18 years and older

Staff Requirements:

All background checks are required annually. This includes the National Background, Child Maltreatment, & Pastoral Recommendation. *Some forms need a notary.*

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 or gender.

Camp Training is Mandatory:

Camp training video is available on-line at www.araog.org/kidscamp. A form will be provided for you to sign that will validate your viewing of the video. This form must accompany your application.

Volunteer Application Guidelines:

Please mail volunteer applications and all cleared backgrounds with the camper registration forms by the April 5th postmarked deadline date. *Applications received after the deadline, if accepted, will result in an automatic \$25 non-refundable late fee if a bed is available. If NBC & or CMCR backgrounds are not received in the KC office by April 5th postmarked, our office will automatically run those for you and a \$25 fee will be added to your application.*

KC 1	July 3-7	KC 4	July 17-21
KC 2	July 9-12	KC 5	July 24-28
KC 3	July 12-15		

Medical Policy:

At least one qualified medical person is on duty during camp. Camp will provide secondary insurance for those injured at camp.

Prescriptions/Meds:

If you choose for the nurse to keep your meds, please have them in a zip-lock bag with your name clearly marked on the outside and the nurse will have to dispense your meds to you. If you would rather keep your meds yourself you may do so but they **MUST** be kept locked in your vehicle at all times. **NO** meds of any kind are permitted in the dorms.

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.

Camp Property Damage:

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

Room Assignments:

At least two (2) staff will be bedded in each room. Our goal is to get at least one of those staff members with their own church.

What to bring:

Bible, sheets, blankets, pillow, towels, toiletries, cash for debit cards (cash only; no checks will be cashed at camp), casual clothes, church clothes if desired, swimming trunks and suits, and bag for wet clothes. Closed toe shoes for riding the go-carts is mandatory.

What to forget:

Improper magazines, books, illegal drugs, alcoholic beverages, fireworks, firearms, and cigarettes/tobacco if found, they will be confiscated and your employment will be immediately terminated. No food or drinks may be kept in the dorms. If you bring drinks/food they must be stored in your vehicle or at the designated area in the cafeteria.

Dress Code:

We take pride in the appearance of our campers and staff. Your dress sets the tone and attitude of the students. Volunteers as well as campers may be asked to change clothes if they do not meet the dress code listed below.

Rules & Guidelines:

Specific rules will be given at orientation. Any infraction of these rules and guidelines could result in expulsion from the camp.

Camper & Staff Mail:

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 3-5 days for delivery).

The AR District will not be responsible for lost or stolen personal items.

ALL CLOTHING MUST BE MODEST. Shorts should be mid thigh length or longer. Shorts can be worn during the day. Absolutely NO spandex, athletic shorts or leggings. 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 the 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. Closed toe shoes must be worn at the go-cart track.

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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Arkansas District Events

Pastoral Recommendation for 2023 (Kid's Camp and 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

Grid for last and first names

MAILING ADDRESS

Grid for mailing address

CITY

STATE

ZIP

Grid for city

Grid for state

Grid for zip

AREA CODE + PHONE NUMBER

Grid for area code and phone number

Senior Pastor please answer all 14 questions and sign the section below.

Pastor: Please complete and return this form to AR KIDS' Camp, 10924 Interstate 30, Little Rock, AR 72209

The afore mentioned 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 2023.

- 1. How long have you known this applicant? Does this applicant attend all church services faithfully? Yes No
2. In what capacity does he/she currently minister in your church?
3. Has the applicant ever worked with student ages: (check all that apply). 5-6 years 7-10 years 11-12 years 13-18 years
4. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor? Yes No
5. Would you feel comfortable leaving your children in his/her care? Yes No
6. List any tendencies or traits that you feel might reduce the effectiveness of the applicant in this position.
7. To your knowledge, is the applicant free from the use of tobacco, alcohol, or other drugs? Yes No
8. In the past five years has the applicant had any negative changes in moral, marital, or other life situations? Yes No
9. Can you vouch for the moral integrity of this applicant? Yes No
10. Does this applicant have adequate spiritual maturity to pray with students in the altar? Yes No
11. Has this person been cleared through your church child/adolescent abuse prevention policy? Yes No
12. Is there any information about this applicant you feel would be necessary for us to know? Yes No
13. If yes, please explain.
14. Do you recommend this individual to work at an Arkansas District event? Yes No

PASTOR'S NAME (First, Last)

Grid for pastor's name

DAYTIME PHONE NUMBER

Grid for daytime phone number

SENIOR PASTOR SIGNATURE

Date

The CMCR online background screening is free to the churches.

You will need the churches 501c3 non-profit form with the number on it. Your church secretary should be able to provide that for you. Keep it on your desktop because they will ask for it the first several times you run a background. At some point it will stop asking for the 501c3.

Before you begin the online background process, scan, and save the completed and notarized CMCR form for each person you are running the background on. You will need to attach this form when you request the background.

This is the phone number if you need assistance getting set up. 501-682-0405 or 501-396-6201. Monica is the office manager.

This is the link for the Child Maltreatment background clearance.
<https://ardhs.quickbase.com/db/bqqmshgyk?a=dbpage&pageID=19>

Below is how to answer the online questions when running the report after you get set up and you open the page to run a background.

- On the **Please Select** section you will select the **None** of the above applies, ...
- **Applicant Type** - select Religious Organization
- **Are you non-profit** - yes
- **Are you currently indigent** - no
- **Is this a resubmission** - no (if this is your first time to submit the name)
- **Company\Requester** - This will be the name of the person running the background check "Contact" name - This will be the name of the person running the background check Contact's email - same as above unless you want someone else to receive the results instead if the person running the report.
- **Applicant Information** - enter the information that it asked for on that person.

Below these questions, is the section that you will attach the filled out and notarized CMCR form.

Hit submit.

If you are running multiple backgrounds there is a place to run several at a time.

They will reply with the results to the email you provided them.

After you get set up it's very simple to use.

If I can help you further, please let us know.

CMCR FORM 2023

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: Kids' Camps

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)**

ARKANSAS DISTRICT COUNCIL
2023 CAMP TRAINING FORM
MINISTRY COVENANT AND AGREEMENT

I acknowledge that I have **watched the camp training video** 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 position due to lack of regard for or lack of diligence in fulfilling said policies.

I acknowledge my responsibility to report any and all suspicious activity to 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 Children's 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 _____

Print Name _____

Address, City, State, Zip _____

Phone: () _____ Alternate: () _____

Church, City First: _____

Camp Video Code: _____

This form **MUST** be returned to the AR District Office
with required camp forms prior to camp deadline.

Mail to: Kid's Camps
Arkansas District Council
10924 I-30
Little Rock, AR 72209