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 leggins. 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

2023 Volunteer Staff Application - Kids' Camp

NBCs, CMCRs, Authorization & Release, Pastoral & Camp Training forms must accompany this application.

Volunteer applications must accompany camper applications and be postmarked by April 5, 2023.

(FOR OFFICE US Postmarked	E ONLY)
Pastoral Rec.	
Training	
Nat. Bckgrnd Ck	
CMCR	
Authorization	

Complete both sides of this application and sign. Our staff is chosen on availability of beds and qualifications. Minimum age requirements: Kids Camp – 18 yrs. **Check Camps Applying for:** _KC 1-July 3-7 ____KC 2-July 9-12 ____KC3-July 12-15 ____KC 4-July 17-21 KC 5-July 24-28 PLEASE SEND VOLUNTEER APPLICATIONS WITH CAMPERS APPLICATIONS. If you or your spouse are credentialed with the AR A/G please check here _____ Are you working/volunteering for any of the youth camps? If your church requests our office to run your NBC check here _____ If yes, Please include the \$25 fee. If your church requests our office to run your CMCR check here _____ If yes, please include the \$25 fee. **DVD's are \$10** _____ Staff shirts \$10 (Circle Size) M \mathbf{XL} XXL XXXL PERSONAL INFORMATION - All information below must be completed. Social Security Number Daytime Phone Number Last Name First Name ΜI Female Maiden Name Birth date (MM/DD/YR) Gender at birth (M/F) Mailing Address City State Zip **Email Address Emergency Contact Emergency Phone Number** Church City If less than FIVE years, list name and location of other churches in which you were a member or How long have you been attending? ___ regularly attended during the past five years: Do you have medical training? (i.e. RN, LPN, EMT, First Aid Certification) Yes ___ No ___ If yes, please explain. ___ _____ Date received Holy Spirit _____ Have you ever worked an Arkansas district camp? Yes ___ No ___ Conversion date If yes, list positions. Please select from the list below and place a number by the duties you prefer in order of choice beginning with #1 being your first choice.

Athletics Clerical Concessions Medical Team Leader Go Karts Store Banker

MEDICAL INFORMATION Do you currently use tobacco, alcohol, or any illegal drugs? Yes No
Have you ever been charged with or convicted of a criminal offense, excluding traffic violations (i.e. speeding tickets)? Yes No If yes, please explain
Have you ever been accused, charged, or convicted of child abuse or a crime of any kind involving sexual misconduct with a minor or any other person? Yes No If yes, please explain:
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
Subscriber DOB SS#
Name and address of Family Physician:
Physician's phone # ()
Spouse's Employer Name and AddressPhone# ()
Insurance: Camp provides supplementary or secondary insurance for those injured at camp.
IF YOU ARE STILL UNDER YOUR PARENT'S INSURANCE COVERAGE THE FOLLOWING INFORMATION IS REQUIRED.
Father or Guardian name
Employer, Name and Address:
Mother's namePhone #()
Employer Name and AddressPhone # ()
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 (for myself as well as for my child, his heirs and assigns) hereby release, discharge, and hold harmless Arkansas District Camps and its employees, volunteers, and other representatives or affiliates from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in an Arkansas District sponsored event, including any physical injury by negligence of any paid or volunteer staff while performing his/her duties. 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

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

I, ,of	(Authorization & Release Form)	having filed
(Applicant's name) an application as a volunteer/paid worker at a God, consent to have an investigation made as professional reputation, fitness for the minist number verification, or other background che God / Arkansas Assemblies of God, from any information that may be required in reference	to the conduct of my personal affairs, more ry, and such further information relating cks, may be received by or reported to the acceptable national background research of	nblies of God / Arkansas Assemblies of tor vehicle records, my moral character, to my criminal history, social security Arkansas District of the Assemblies of
Such reports may be obtained at any time after edgement and Authorization and if I am sele service as permitted by law, and unless revoke within a reasonable time after receipt of this report of any outside organization. You show nature and scope of any investigative consumptions.	cted to serve as a volunteer/paid worker, ed by me in writing. I understand that I ha otice, to request disclosure of the nature a ald carefully consider whether to exercise	throughout the course of my volunteer we the right, upon written request made and scope of any investigative consumer
ACKNO	WLEDGMENT AND AUTHORIZATIO	<u>ON</u>
By signing below, I hereby release, discharge, blies of God, its agents and representatives an kind arising out of the furnishing or inspection by or on behalf of this district. I hereby authorize by the Company at any time after receipt of the cable. To this end, I hereby authorize, without institution, school or university (public or printernish any and all background information of behalf of Arkansas District of the Assemblie God / Arkansas Assemblies of God itself. The not be required to verify any information receipt the basis of any information which later appears.	d any person furnishing information from on of such documents, records, and other rize the obtaining of "consumer reports" a his authorization and throughout the time t reservation, any law enforcement agency vate), information service bureau, employ equested by any acceptable national back is of God /Arkansas Assemblies of God, are Arkansas District of the Assemblies of Ceived during the course of its investigation	any and all liability of every nature and information or the investigations made and/or "investigative consumer reports" in which I am volunteer/paid, if applicy, administrator, state or federal agency, er, insurance company or other party to ground research organization acting on and/or Arkansas District Assemblies of God / Arkansas Assemblies of God shall
Oklahoma residents and volunteers/paid	·	you would like to
receive a copy of a consumer report if or I have read and signed the foregoing Authorization		ed.
Signature:	Date:	
Print Name:		
Parent/Guardian Signature: (REQUIRED if a PLEASE PRINT CLEARLY!	Date: pplicant is under 18 years of age)	
Last Name:	() Male () Female
First Name:	Middle Name/I	nitial:

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:			
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 Re	quired		

REQUIRED ANNUALLY FOR ALL APPLICANTS

For Office Use Only: Date Received:	
Department:	
Follow-Up:	
Completed/coded to ACS:	

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.

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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

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.

Applic	ant's Name (print or type)	
• •	,	Social Security Number
	n Name/Aliases	Applicant's Email Address
	Age/DOB	Full Name/DOB children
	to	Full Name/DOB children
	to ddress:	
	to	Has the applicant lived out of state in the past 5 years?
	to	
		Applicant's Signature
From_	to	
	County of	day of20
	Notary Pub (REQUIRE)	o <mark>lic</mark>

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