

Arkansas District
2023 Kids Camps
Paid Staff 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*



*Then said I, Here am I; send me.
Isaiah 6:8*

2023 Arkansas District Kids' Camps Info For Paid Staff Hired

Thank you for applying for a paid position with the 2023 Kids' Camps. We are looking forward to a great summer!

- 1). Make sure you put a working phone number and a current email address on your application.
- 2). For the applicants that are hired, the forms below are required and must be in the district office by May 3, 2023.

Camp Training Form (Video and form available on the website)
<http://www.araog.org/kids-camp>

Authorization & Release Form - Must be notarized.

Child Maltreatment Form - This form **MUST** be notarized and mailed to the district office with your application.

National Background Check - Upon being hired our office will run this background for you at no charge, but we must have all forms in our office before this background can be run.

*Note: The Authorization and Release form is necessary to run the National Background check and also gives our office permission to have your information on file.

If you have any questions you may contact Karen at the Kids's Camp office or at kgilbert@araog.org or by phone at 501.455.5444

2023 Paid Staff Application – Kids' Camp

THIS FORM MUST BE POSTMARKED NO LATER THAN APRIL 5th.

(FOR OFFICE USE ONLY)

Postmarked _____
Pastoral Rcmdtn _____
Training _____
Nat. Bckgrnd Ck _____
CMCR _____
Author. & Release _____

Complete and sign this application. Those available to work multiple camps will be considered first. Once approved, we will mail paperwork to you that must be completed and returned before you start your position with us.

The signed and notarized Authorization Release Form and Pastoral Recommendations must accompany this application.

Minimum age requirements:

Nurse – Appropriate certification, Cook – 18 yrs, Dishwasher – 15 yrs, Lifeguard – 16 yrs. *(Must be Red Cross Certified)*

Position Applying for:

Nurse _____ Cook _____ Dishwasher _____ Lifeguard _____ Media/Sound _____

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

***If you are credentialed with the AG please check here _____**

If preordering a camp t-shirt, please include \$10 and shirt size. S M L XL XXL XXXL

(Circle Size)

PERSONAL INFORMATION

Social Security Number

Daytime Phone Number

Last Name

First Name

MI

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

How long have you been attending the church listed above? _____ If less than one year, list name and location of other churches in which you were a member or 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. _____

Conversion date _____ Date received Holy Spirit _____

Have you ever worked an Arkansas district camp? Yes ___ No ___

If yes, list positions and the year you worked. _____

MEDICAL INFORMATION

Do you currently use tobacco? 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 involving any sexual misconduct of a minor or any other person? Yes ___ No ___ If yes, please explain on an additional sheet of paper and attach to this application.

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
<input type="text"/>	<input type="text"/>

Policy Number	Group Number
<input type="text"/>	<input type="text"/>

Subscriber	DOB	SS#
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name and address of Family Physician: _____ Address: _____

Physician's phone # () _____

Spouse's Employer Name and Address _____ Phone# () _____

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 _____ Phone# () _____

Employer, Name and Address: _____

Phone# () _____

Mother's name _____ Phone # () _____

Employer Name and Address _____ Phone # () _____

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 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 that is 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 _____

*Parent's Signature if applicant is under 18 years of age _____ Date _____

Mail application to: Kids' Camps, 10924 Interstate 30, Little Rock, AR 72209

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 years of age)

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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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