

Rocky Mountain Region Summer Camp 2018

Camp Staff Application

Monday, June 25 - Thursday, June 28

Solid Rock Camp // 2728 Lower Twin Rocks Rd // Florissant, CO 80816

To work camp one must be a committed Christian and at least 18 years of age.
NO WORKER SHOULD REPORT TO CAMP WITHOUT RECEIVING OFFICIAL
ACCEPTANCE FROM THE ROCKY MOUNTAIN REGION OFFICE

Last Name _____ First Name _____ Male__ Female__ Married__ Single__
Address _____ City _____ State__ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____

Date of Birth ___/___/___ Age ___ City, State and Country of Birth _____

Educational Background: (Enter highest year completed) _____

Present Occupation: _____ Employer _____

Driver's License #: _____ State _____ SSN _____ - _____ - _____

Picture ID will be required upon arrival at camp

Do you have any health problems or physical limitations? YES or NO, If yes please explain:

List any allergies you may have: _____

List any medication you are taking: _____

In case of an accident or a serious illness you have my permission to secure the proper medical treatment. (If under 18, parental signature is required.)

Signature/Parent signature _____

Camp I would like to work:

___ Senior Camp (ages 12-18)

___ Junior Camp (ages 6-11)

Position I would like to work (Select top two choices)

___ Counselor ___ Canteen ___ Security

___ Recreation ___ Nurse ___ Support Staff

Name of your local church: _____ Pastor: _____

Local church experience - List areas of current or past ministry experience or leadership:

I pledge to abide by all camp guidelines in both action and attitude, and dedicate myself to the success of the camp. I will be a Christ-like example to all campers and staff in all that I say and do. I will do my best to be present and on time for all scheduled worker's trainings, meetings, and orientations.

SIGNATURE

DATE

Statement of Reservation

While no one is rejected to work or attend RMR Summer Camp on the basis of race, color, or creed, the RMR offices do reserve the right to accept or reject an application for volunteer work at RMR Summer Camp after review of said application reveals that the services of the applicant would or would not be in the best interest and success of the camp.

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character or fitness for children or youth work. In consideration of the receipt and evaluation of this application by the Church of God, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damage of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should my application be accepted, I agree to be bound by the Bylaws and policies of the Church of God, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant's Signature _____
Date ___/___/___

Signature of Witness _____
Date ___/___/___

Pastoral Endorsement

I verify that this person attends my local church. I am aware that it is my responsibility to return the Confidential Pastoral Endorsement Form provided to me by the applicant, to the RMR Offices prior to Camp.

Pastor's Signature _____
Date ___/___/___

Addendum to Youth Camp Worker Application

All questions are placed here at the advice of legal counsel. All questions must be answered. All responses are kept in strict confidence.

1. Have you ever been charged, arrested, convicted, or plead guilty to any crime?
___Yes ___No
If yes, would you be willing to discuss this matter with a pastor or ministry leader?
___Yes ___No
2. Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing, or molesting a child or youth?
___Yes ___No
If yes, would you be willing to discuss this matter with a pastor or ministry leader? ___Yes ___No
3. Have you ever been involved in homosexual activity? ___Yes ___No
If yes, would you be willing to discuss this matter with a pastor or ministry leader? ___Yes ___No
4. Have you ever been accused, charged or alleged to have committed a theft?
___Yes ___No
5. Are you addicted to prescription drugs?
___Yes ___No
6. Do you use tobacco in any form?
___Yes ___No
7. Do you drink alcoholic beverages?
___Yes ___No
8. Do you take illegal drugs?
___Yes ___No
9. Do you have problems sleeping?
___Yes ___No
10. Do you have recurring nightmares or sleep disturbances?
___Yes ___No
11. Do you have a history of use of pornographic materials? ___Yes ___No
12. Have you ever been charged with a moving traffic violation? ___Yes ___No
13. Has your driver's license ever been revoked or suspended? ___Yes ___No

Applicant's Signature _____
Date ___/___/___

Please check to be sure that all spaces are complete, your application can not be processed until it is completed

Confidential

Print Name _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Month/Year) (Street) (City) (State/Zip)

Previous Address From: _____
(Month/Year) (Street) (City) (State/Zip)

Previous Address From: _____
(Month/Year) (Street) (City) (State/Zip)

Social Security Number: ____ - ____ - ____ Date of Birth: ____ - ____ - ____

Telephone Number: (Home) ____ - ____ - ____ (Cell) ____ - ____ - ____ (Work) ____ - ____ - ____

The information contained in this application is correct to the best of my knowledge. I hereby authorize THE ROCKY MOUNTAIN REGION CHURCH OF GOD STATE OFFICE and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment; history education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to THE ROCKY MOUNTAIN REGION or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release THE ROCKY MOUNTAIN REGION, the Social Security Administration, and its agents officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature _____ Date _____