

**Staff Tuition**  
**\$50.00**

**The Church of God**  
**FL/GA Regional Youth Camp**

**Staff Application**

For Office use only

Paid by \_\_\_\_\_ cash

\_\_\_\_\_ check

Staffs 1st snack card is free. They are \$5.00 each after that. Staffs children are not allowed to use this free card. Thank you.

**Please Complete and turn into your Pastor for endorsement  
Before mailing in your application**

**Section 1:**

<b>Name:</b>			<b>Date of Birth:</b>		<b>Age:</b>	<b>Sex:</b>	<b>Shirt size:</b>
<b>Address:</b>			<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Phone Number</b>	
<b>Saved:</b>	<b>Sanctified</b>	<b>Filled With Holy Ghost:</b>		<b>Email:</b>		<b>Church Member</b>	
<b>How Long</b>	<b>Local Church</b>	<b>Pastor</b>		<b>Current Position in Local Church</b>			

**Section 2:**

**In what capacity do feel best suited? (Circle all that apply)**

<b>Teacher</b>	<b>Counselor</b>	<b>Dean</b>	<b>Recreation</b>	<b>Cook</b>	<b>Night watchman</b>
<b>Snack Shack</b>	<b>Nurse: LPN RN</b>	<b>Arts/Crafts</b>	<b>Evangelist</b>	<b>Worship/ Devotion</b>	<b>Other: (Please specify)</b>

1. Have you worked In Youth Camp before? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_
2. What positions have you held In Youth Camp? \_\_\_\_\_
3. What age groups are you most qualified to work with? \_\_\_\_\_
4. Are there any positions at Youth Camp that you CANNOT fill for either medical, physical or any other reasons? \_\_\_\_\_ If so, please explain \_\_\_\_\_
5. Are you willing to assume any and all responsibilities and perform all duties that relate to the position you hold in Youth Camp? \_\_\_\_\_
6. Are you willing to Pitch in' and help with other tasks around the camp when the need arises? \_\_\_\_\_
7. Are you willing to participate in all camp activities as far as you are physically able? \_\_\_\_\_
8. Can you arrive at Camp on time and stay until you have been released from duties? \_\_\_\_\_
9. Can you accept and follow Instructions? \_\_\_\_\_
10. Do you understand the Youth Camp rules? \_\_\_\_\_ Dress code?' \_\_\_\_\_ (Advice to Members) \_\_\_\_\_  
Are you willing to follow these rules and guidelines? \_\_\_\_\_
- 11 Are you willing to put yourself last and make the needs of the campers **FIRST PRIORITY**? \_\_\_\_\_
- 12 Are you First Aid and/or CPR Certified? \_\_\_\_\_ If yes what is the expiration date \_\_\_\_\_

**Section 3: Medical Information**

Health History (Check all that apply to you)		Epilepsy	Diabetes	seizers	Kidney Trouble	Asthma
Heart Trouble	Rheumatic Fever	Sleep Walking	Allergies: (Ivy, Poison Oak, Ect)		Date of Last tetanus shot:	
Allergies:(medication)	If yes please specify:					
Are you currently taking any medication?	If yes please specify:					
Are you currently on a special diet?	If yes please specify:					
Do you have health Insurance		Insurance Company		Policy#		

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PASTOR'S ENDORSEMENT**

Name of applicant \_\_\_\_\_

Local Church: \_\_\_\_\_

Pastor's name \_\_\_\_\_ Telephone #: \_\_\_\_\_

Dear Pastor, Greetings in the name of Jesus!!

Please take the time to answer these questions regarding one of the members of your local church. These questions are not meant to be "rough" or "invasive", but rather are given in the meekest of spirits with the wellbeing of our youth campers in mind. We are in a position of great responsibility and must take great care in choosing the right people for Youth Camp staff. Please give earnest, prayerful consideration to this evaluation/endorsement. We are relying on you. Thank you and May God richly bless you as you labor for Him!!

Lawrence Munoz  
Camp Director

While, only God can truly know ones heart, a Pastor who is In touch with God can discern many things. Please answer the Questions to the best of your knowledge.

Is applicant.....?

Saved? \_\_\_\_\_ Sanctified? \_\_\_\_\_ Filled with the Holy Ghost? \_\_\_\_\_ A faithful member? \_\_\_\_\_  
(In good standing?) \_\_\_\_\_

How is his/her current spiritual condition? \_\_\_\_\_

Does he/she attend all regular church services as far as possible? \_\_\_\_\_

Is he/she a faithful, dependable Christian and church member all throughout the year? \_\_\_\_\_

Does he/she cooperate, and participate in all local church activities? \_\_\_\_\_

Would you describe the applicant as a hard worker in the local church? \_\_\_\_\_

Does this Individual have a good relationship with the children and young people in the local church?  
\_\_\_\_\_

Does he/she show Interest and concern for the spiritual wellbeing of others, particularly young people \_\_\_\_\_?

Does he/she exhibit leadership Abilities In the local church? \_\_\_\_\_

Does he/she understand and take Instruction well? \_\_\_\_\_

Does the applicant support the rulings of the General Assembly Including the Advice to Members?  
\_\_\_\_\_

Would you, as the applicant's pastor recommend him/her as a Youth Camp staff member? \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor 'signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR YOUR HELP**