

2021 ENCOUNTER YOUTH CAMP: "LIVING IN 3-D"

STAFF APPLICATION

JULY 19TH – 23RD

Mail To: GLR Camp 2019, 17W735 D Butterfield Rd., Oakbrook Terrace, IL 60181 (Application Deadline: Postmarked by July 5th)

ONLY CONFIRMED STAFF MAY ARRIVE FOR ORIENTATION & CAMP

Name: _____

Address: _____

City: _____ St. _____ Zip: _____

Gender: M / F Age: _____

Birthdate: ____ / ____ / ____

Married Status: Single / Married / Divorced

Cell: (____) ____ - ____

Email: _____

Personal Information:

Social Security #: _____
(Required for Mandatory Background Check & Kept Strictly Confidential)

Do you have any health problems or physical limitations that would affect your ability to lead or the determination of your role?

☐ YES ☐ NO

If yes, Please explain: _____

List any allergies that you may have: _____

Medications:

Prescriptions: _____ Purpose: _____

Dose: _____ Frequency: _____

Prescriptions: _____ Purpose: _____

Dose: _____ Frequency: _____

Health Insurance Company: _____

Policy #: _____ Group #: _____

Have you ever been convicted of or pleaded guilty to a felony?

☐ YES ☐ NO

If yes, Please explain: _____

Have you ever been charged with or pleaded guilty to an assault, sexual abuse or child abuse?

☐ YES ☐ NO

If yes, Please explain: _____

Spiritual Status: (check all appropriate boxes)

- ☐ Saved ☐ Baptized in Water ☐ Filled with the Holy Spirit
☐ Church Member ☐ Lay Minister ☐ Church Staff
☐ Credentialed Minister

Name of Local Church: _____

City: _____ State: _____

Name of Local Pastor: _____

Church Activities: _____

Hobbies: _____

Occupation: _____

Position Desired: (you may check more than one)

- ☐ JR. Cabin Leader ☐ SR. Cabin Leader ☐ Nurse
☐ Canteen (Concessions) ☐ Recreation
☐ OTHER: _____

CAMP T-SHIRT (circle appropriate size)

Adult: S M L XL 2XL 3XL

Acknowledgments & Understandings

**I Understand that the camp insurance policy provides secondary medical coverage, and that my insurance policy listed above is primary. I accept any and all medical costs. In case of an accident or serious illness/injury, you have me permission to secure the proper medical treatment.*

***I certify that all of the above information is true. I agree to comply with and abide by any and all rules and regulations of the Church of God Youth Camp as set forth by the State Youth Department. I further agree to any and all background checks which shall be deemed necessary by the Church of God. I will attend the mandatory Pre-Camp Training Session prior to registration.*

Staff Applicant Signature:

Church of God Pastor's Recommendation Required

I certify that I know the above applicant and he/she is a capable and qualified person to work in the Church of God Youth Camp. I, hereby, recommend them to serve with youth/children in any capacity deemed necessary by the State Youth Director.

Pastor's Signature:

While no one is rejected to work or attend the Church of God Youth Camp on the basis of gender or race, the State Youth Director and State Bishop does reserve the right to accept or reject any application for volunteer work after review of said application reveals that the services of the applicant would not be needed or not be in the best interest of the camp.

For Office Use Only: Postmarked: ____/____/____ Background Check Date: ____/____/____ Status: ☐ Approved ☐ Not Approved Area Assigned: _____