

NJ District Camp Counselor Application

CHECKLIST

- ✓ Application Form w/ Recent Photo
- ✓ \$180 Check From Church For Room & Board
(Contact NJYM if problem providing)
- ✓ Health Information Form
- ✓ Notarized Authorization For Release of Information
 - ✓ Pastor's Reference
 - ✓ Ministry Leader's Reference
 - ✓ Non-Church Reference
(To be completed by an employer, educator, or friend)

Please photocopy additional forms as needed
for potential camp counselors.

Make note that forms are two-sided.

Check One:

- ☐ SR HIGH CAMP COUNSELOR (July 20-24)
☐ JR HIGH CAMP COUNSELOR (July 20-24)
☐ KIDS CAMP COUNSELOR (July 27-30)
☐ KIDS CAMP JR. COUNSELOR (July 27-30)

*Please affix
a recent photo
of yourself here.*

**DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD
CAMP COUNSELOR & STAFF APPLICATION FORM**

PERSONAL INFORMATION

APPLICATION DATE _____ SOCIAL SECURITY NUMBER ____ - ____ - ____

NAME _____ DATE OF BIRTH ____ / ____ / ____ SEX: M / F

ADDRESS _____ CITY _____ ST _____ ZIP _____

EMAIL ADDRESS _____

HOME PHONE (_____) _____ - _____ CELL PHONE (_____) _____ - _____

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ OTHER T-SHIRT SIZE (circle one): S M L XL XXL

Do you use tobacco?__ Drink alcoholic beverages?_____ Use non-prescription drugs?_____

Have you any physical handicaps or conditions preventing you from performing certain types of activities?

☐ Yes ☐ No If yes, please explain: _____

Have you ever been convicted of a criminal offense (excluding minor traffic violations)?_____

If so, please explain: _____

CHURCH ACTIVITY

Are you a Christian?_____ Date of Salvation____/____/____ Baptized in Holy Spirit (Acts 2:4)?_____

Home Church _____ City _____ Pastor _____

EDUCATION

Circle the last year of education completed: HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4

Major/Degree: _____ School honors/activities: _____

WORK EXPERIENCE

Present Occupation: _____ Length of Service _____

Previous work experience: _____

List previous Camp experience:

COMPANY	POSITION	Dates of Employment
_____	_____	_____
_____	_____	_____

List any gifts, callings, training, education, or other factors that have prepared you for children/youth work:

-Continued on reverse-

PERSONAL REFERENCES

Please print name and complete address of a Pastor, Ministry Leader and Non-Church person who are not relatives. REFERENCE FORMS SHOULD NOT BE COMPLETED BY RELATIVES AND WILL NOT BE ACCEPTED. These references are required before your application can be considered.

Pastor's Name _____ Day Phone () _____ - _____
Church _____ Denomination _____
Address _____ City _____ ST _____ Zip _____

Ministry Leader _____ Day Phone () _____ - _____
Church _____ Position/Title _____
Address _____ City _____ ST _____ Zip _____

Non-Church _____ Day Phone () _____ - _____
Home Address _____ Evening Phone() _____ - _____
City _____ ST _____ Zip _____ Relationship _____

CAMP COUNSELOR REQUIREMENTS

Please note: The term **CAMP COUNSELOR** in no way denotes any formal training or certification as a professional counselor. **Camp Counselors** are simply volunteers helping with the Camping program in the supervision of campers.

Camp Counselor Age Requirements are as follows: SENIOR HIGH - 21 years & older; JUNIOR HIGH - 19 years & older; KIDS CAMP - 18 years & older. (Junior Counselors for Kids Camp ONLY - 16 & 17 years old)

Counselor Orientation: Youth Camp Counselors are required to arrive at the Camp on **Sunday evening by 6:30** for orientation, prior to the first day of the Camp week. Kids Camp Counselors are required to attend orientation on the Saturday before Kids Camp at the District Office. Campers must not arrive before registration on Monday. **NO EXCEPTIONS!**

APPLICANT'S STATEMENT OF TRUTH AND COMMITMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children/youth work, and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I pledge myself to a cooperative ministry with the director of the District Camp. I will maintain discipline and a spirit that exemplifies Christ at all times and refrain from unscriptural conduct in the performance of my services on behalf of the District. I will put the physical, mental and spiritual welfare of the campers as my first priority.

I also understand that without exception, I am expected to, and agree to arrive on Sunday by 6:30pm for Youth Camp counselor and staff orientation and on Saturday morning for Kids Camp counselor and staff orientation unless otherwise advised by the Camp Director.

Applicant's signature _____

Date _____

PLEASE MAIL BY May 1st TO:

NJYM CAMPS

PO Box 100

Burlington, NJ 08016

****ALL applicants must include a recent photo.**

Your application will be considered incomplete without it.

HEALTH INFORMATION

Applicant's Name _____ Date of most recent Tetanus Shot ____/____/____

Have you received the Varicella virus (chicken pox) ☐ Yes ☐ No

Is your health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Please check if you suffer from any of the following chronic conditions:

- | | |
|--|---|
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Kidney condition |
| <input type="checkbox"/> Asthmatic | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Epileptic | <input type="checkbox"/> Hypertension/High Blood Pressure |
| <input type="checkbox"/> Insect sting reaction | <input type="checkbox"/> Fainting/dizzy spells |
| <input type="checkbox"/> Tubes in ears | <input type="checkbox"/> Sinus / Migraine headaches |
| <input type="checkbox"/> Overheat easily | <input type="checkbox"/> Allergies - List: _____ |

Have you been hospitalized or had major surgery in the last six months? _____

If yes, please explain: _____

Other medical facts we should know in the event that you would require emergency medical treatment (e.g. drug allergies, prescription drugs you are currently taking): _____

EMERGENCY CONTACT INFORMATION

(to be notified in the event of an emergency or illness)

Name _____ Relationship _____ Phone (____) _____ - _____

Address _____ City _____ State ____ Zip _____

Business Name _____ City/State _____ Phone (____) _____ - _____

INSURANCE INFORMATION

Insured by: _____ Policy # _____

Note: Camp Insurance covers accidents or illnesses that occur at Camp only. Pre-existing conditions such as colds, coughs, etc., are not covered.

MEDICAL RELEASE**

In the event that I am unable to respond and my spouse (if applicable) can not be notified of necessary emergency surgery or other medical treatment, I desire to be treated in the manner recommended by the attending physician or certified medical.

Signature required _____ Date _____

*****If you are under 18 years of age, your parent or guardian must sign the Parental Consent/ Medical Release statement on the back of this form.***

PARENTAL CONSENT / MEDICAL RELEASE

Individuals under 18 years of age **must** have the following statement signed by your parent or legal guardian.

As parent or guardian of _____, I hereby grant permission for my son/daughter to serve as a camp counselor for the week(s) of _____. I also hereby authorize and request any hospital emergency staff physician to administer such treatment and any procedure which in their judgment is necessary for the well-being of my son/daughter.

Signature of Parent or Guardian

Date

Please print name

Please return this form with your application and recent photo to:

**NJYM CAMPS
PO Box 100
Burlington, NJ 08016**

NEW JERSEY ASSEMBLIES OF GOD CAMPS

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with any application for volunteer service with NJ Assemblies of God Camps, I authorize NJ Assemblies of God Camps and their respective agents to solicit background information relative to my criminal history, driving record, and reference(s).

I AUTHORIZE, WITHOUT RESERVATION, ANY PERSON, AGENCY, OTHER ENTITY CONTACTED BY THE NJ ASSEMBLIES OF GOD CAMPS OR THEIR AGENTS, TO FURNISH THE ABOVE MENTIONED INFORMATION.

I release NJ Assemblies of God Camps, their respective employees, agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the release of any such information or reports.

INFORMATION REQUIRED	PLEASE COMPLETE INFORMATION BELOW
Full Name (Please Print):	
Date of Birth:	
Place of Birth: (City, County, State)	
AKA or Maiden Name:	
Social Security:	
Current Address: (Address, City, State, Zip Code, County)	
Length of time at present address:	
Previous Address: (Address, City, State, Zip Code, County) • If current address it less than two years	

AUTHORIZATION SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18)

DATE

NOTARY PUBLIC

STATE OF _____)
) ss.
COUNTY OF _____)

On this ____ day of _____, 20__, before me, _____, a Notary Public in and for said state personally appeared _____, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

WITNESS my hand and official seal the day and year in this certificate first above written.

(SEAL)

Notary Public in and for said County and State

My commission expires

- ☐ SR HIGH CAMP
- ☐ JR HIGH CAMP
- ☐ KIDS CAMP
- ☐ KIDS CAMP JR. COUNSELOR

NJ District Council Assemblies of God
PASTOR'S REFERENCE FORM
For Screening Camp Staff



TO BE COMPLETED BY APPLICANT

Position you are applying for: ☐ **Camp Counselor*** ☐ **Other Staff** _____

I, _____ (*print applicant's name*) am applying to serve on staff at the NJ District Camps in the capacity indicated above. My service will involve the supervision or custody of minors. The NJ District cannot process my application any further until this reference, fully completed and signed, is received at the District Office. I have carefully read this entire form and authorize the release of any/all given herein to the District to be deemed confidential between you and the NJ District Council of the Assemblies of God.

Applicant's Signature

Date

TO THE APPLICANT'S PASTOR

We would appreciate your complete and confidential answers to the following questions. IF YOU ARE RELATED TO THE APPLICANT, PLEASE GIVE THIS FORM TO A STAFF PASTOR OR BOARD MEMBER.

1. How long have you known the applicant? _____
How well do you know the applicant? _____
2. Do you believe the applicant is a committed Christian? ☐ Yes ☐ No ☐ Not sure
3. To what extent is the applicant involved in your church?
☐ No involvement ☐ Slightly involved ☐ Involved Very involved
4. In what form of Christian service has the applicant been engaged? Briefly evaluate his/her success:

5. What leadership abilities and special talents has he/she shown? _____

6. Have you ever observed, associated or worked with the applicant in any connection with working with children and/or youth? If so, explain the situations? _____

7. In your opinion, is the applicant able to control children without going to extremes? _____
8. Are you aware of any emotional, mental or physical limitations of the applicant that would hinder the applicant's effectiveness? If so, please explain: _____

9. To your knowledge, has the applicant ever been convicted of child neglect, child abuse or a crime involving actual or attempted sexual molestation of a minor? ☐ Yes ☐ No
If YES, explain: _____

10. To your knowledge, has the applicant ever been charged, convicted or pled guilty to a criminal offense (excluding minor traffic violations). ☐ Yes ☐ No
If YES, please explain: _____

11. To your knowledge:

Is the applicant presently dependent upon illegal substance/drugs, alcohol or tobacco?

☐ Yes ☐ No

Ever been hospitalized or treated for alcohol or substance abuse?

☐ Yes ☐ No

Ever been arrested or convicted for the sale of drugs?

☐ Yes ☐ No

If your answer is "YES" to any of these, please explain on a separate page.

12. How do you rate this person in the following areas?

	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
Christian Life					
Social depth and maturity					
Ability to get along w/ others					
Follows through on instructions					
Cooperation / Teachability					
Emotional stability					
General appearance					
Attitude toward authority					
Mental ability					
Health					

13. Do you believe there is anyone else we should contact to verify the applicant's suitability for close work with and supervision of minors? If so, please list name and address: _____

14. Does your church have a Screening Policy in effect? ☐ Yes ☐ No

Has this applicant been screened, including checked references (w/ forms on file)? ☐ Yes ☐ No

15. Knowing the applicant as you do, what recommendation would you make for them serving on our Camp Staff? ☐

Strongly Recommend ☐ Recommend ☐ Recommend w/ reservation (may encounter some difficulty) ☐ Do not recommend ☐ Prefer not to make a recommendation

Great reliance is placed on the representation of each applicant's pastor that there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. THE PASTOR must complete the following certification.

☐ I am personally acquainted with the applicant, and in my opinion, he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity. I therefore recommend, without reservation, the above named applicant to serve as a member of the staff of this event and to work with minors in any situation.

☐ I prefer to discuss my response by telephone.

Signature

Date

Printed Name

Position/Title

Church Name

Denomination

Street Address

Day Phone #

City, State, Zip

Evening Phone #

****Please note: The term "camp counselor" in no way denotes any formal training or certification as a professional counselor. "Camp Counselors" are simply volunteers helping with the Camping program.***

- ☐ SR HIGH CAMP
- ☐ JR HIGH CAMP
- ☐ KIDS CAMP
- ☐ KIDS CAMP JR. COUNSELOR

NJ District Council Assemblies of God
MINISTRY LEADER'S REFERENCE FORM
For Screening Camp Staff



TO BE COMPLETED BY APPLICANT

Position you are applying for: ☐ Camp Counselor* ☐ Other Staff _____

I, _____ (*print applicant's name*) am applying to serve on staff at the NJ District Camps in the capacity indicated above. My service will involve the supervision or custody of minors. The NJ District cannot process my application any further until this reference, fully completed and signed, is received at the District Office. I have carefully read this entire form and authorize the release of any/all given herein to the District to be deemed confidential between you and the NJ District Council of the Assemblies of God.

Applicant's Signature

Date

TO THE MINISRY LEADER

We would appreciate your complete and confidential answers to the following questions. IF YOU ARE RELATED TO THE APPLICANT, PLEASE GIVE THIS FORM TO LEADER IN THE CHURCH.

1. How long have you known the applicant? _____
How well do you know the applicant? _____
2. Do you believe the applicant is a committed Christian? ☐ Yes ☐ No ☐ Not sure
3. To what extent is the applicant involved in your church?
☐ No involvement ☐ Slightly involved ☐ Involved Very involved
4. In what form of Christian service has the applicant been engaged? Briefly evaluate his/her success:

5. What leadership abilities and special talents has he/she shown? _____

6. Have you ever observed, associated or worked with the applicant in any connection with working with children and/or youth? If so, explain the situations? _____

7. In your opinion, is the applicant able to control children without going to extremes? _____
8. Are you aware of any emotional, mental or physical limitations of the applicant that would hinder the applicant's effectiveness? If so, please explain: _____

9. To your knowledge, has the applicant ever been convicted of child neglect, child abuse or a crime involving actual or attempted sexual molestation of a minor? ☐ Yes ☐ No
If YES, explain: _____

10. To your knowledge, has the applicant ever been charged, convicted or pled guilty to a criminal offense (excluding minor traffic violations). ☐ Yes ☐ No
If YES, please explain: _____

11. To your knowledge:
 Is the applicant presently dependent upon illegal substance/drugs, alcohol or tobacco? ☐ Yes ☐ No
 Ever been hospitalized or treated for alcohol or substance abuse? ☐ Yes ☐ No
 Ever been arrested or convicted for the sale of drugs? ☐ Yes ☐ No

If your answer is "YES" to any of these, please explain on a separate page.

12. How do you rate this person in the following areas?

	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
Christian Life					
Social depth and maturity					
Ability to get along w/ others					
Follows through on instructions					
Cooperation / Teachability					
Emotional stability					
General appearance					
Attitude toward authority					
Mental ability					
Health					

13. Do you believe there is anyone else we should contact to verify the applicant's suitability for close work with and supervision of minors? If so, please list name and address: _____
14. Does your church have a Screening Policy in effect? ☐ Yes ☐ No
 Has this applicant been screened, including checked references (w/ forms on file)? ☐ Yes ☐ No
15. Knowing the applicant as you do, what recommendation would you make for them serving on our Camp Staff? ☐
 Strongly Recommend ☐ Recommend ☐ Recommend w/ reservation (may encounter some difficulty) ☐ Do not recommend ☐ Prefer not to make a recommendation

Great reliance is placed on the representation of each applicant's pastor that there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. THE MINISTRY LEADER must complete the following certification.

- ☐ I am personally acquainted with the applicant, and in my opinion, he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity. I therefore recommend, without reservation, the above named applicant to serve as a member of the staff of this event and to work with minors in any situation.
- ☐ I prefer to discuss my response by telephone.

Signature

Date

Printed Name

Position/Title

Church Name

Denomination

Street Address

Day Phone #

City, State, Zip

Evening Phone #

****Please note: The term "camp counselor" in no way denotes any formal training or certification as a professional counselor. "Camp Counselors" are simply volunteers helping with the Camping program.***

- ☐ SR HIGH CAMP
☐ JR HIGH CAMP
☐ KIDS CAMP
☐ KIDS CAMP JR. COUNSELOR

NJ District Council Assemblies of God
NON-CHURCH REFERENCE FORM
For Screening Camp Staff



TO BE COMPLETED BY APPLICANT

Position you are applying for: ☐ Camp Counselor* ☐ Other Staff _____

I, _____ (print applicant's name) am applying to serve on staff at the NJ District Camps in the capacity indicated above. My service will involve the supervision or custody of minors. The NJ District cannot process my application any further until this reference, fully completed and signed, is received at the District Office. I have carefully read this entire form and authorize the release of any/all given herein to the District to be deemed confidential between you and the NJ District Council of the Assemblies of God.

Applicant's Signature

Date

TO THE EMPLOYER / EDUCATOR / FRIEND

We would appreciate your complete and confidential answers to the following questions. IF YOU ARE RELATED TO THE APPLICANT, PLEASE GIVE THIS FORM TO ANOTHER INDIVIDUAL WHO KNOWS THE APPLICANT WELL.

1. How long have you known the applicant? _____
2. In what relationship? _____
3. What leadership abilities and special talents has he/she shown? _____

4. State briefly your opinion of the applicant's dedication to complete an assigned task: _____

5. To your knowledge, does the applicant have any emotional, mental, or physical handicaps that would hinder their effectiveness? ☐ Yes ☐ No
 If the answer is yes, please explain : _____

6. Have you ever observed, associated or worked with the applicant in any connection with working with children and/or youth? If so, explain the situations? _____

7. In your opinion, is the applicant able to control children without going to extremes? _____
 If NO, please explain: _____

8. How would you rate the applicant's ethical standards? ☐ Above average ☐ Average ☐ Below average
9. To your knowledge, has the applicant ever been convicted of child neglect, child abuse or a crime involving actual or attempted sexual molestation of a minor? ☐ Yes ☐ No
 If YES, please explain on a separate sheet.
10. To your knowledge, has the applicant ever been charged, convicted or pled guilty to a criminal offense (excluding minor traffic violations). ☐ Yes ☐ No

11. To your knowledge:

Is the applicant presently dependent upon illegal substance/drugs, alcohol or tobacco?

☐ Yes ☐ No

Ever been hospitalized or treated for alcohol or substance abuse?

☐ Yes ☐ No

Ever been arrested or convicted for the sale of drugs?

☐ Yes ☐ No

If your answer is "YES" to any of these, please explain on a separate page.

12. How do you rate this person in the following areas?

	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
Social depth and maturity					
Ability to get along w/ others					
Follows through on instructions					
General Attitude					
Disposition					
General appearance					
Attitude towards those in charge					
Mental ability					
Commitment to job/school					
Health					

13. Do you believe there is anyone else we should contact to verify the applicant's suitability for close work with and supervision of minors? If so, please list name and address: _____

14. Knowing the applicant as you do, what recommendation would you make for them serving on our Camp Staff?

☐ Strongly Recommend ☐ Recommend ☐ Recommend w/ reservation (may encounter some difficulty)

☐ Do not recommend ☐ Prefer not to make a recommendation

Great reliance is placed on the representation of each applicant's references that there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. Please complete the following certification. An application will not be considered complete without this certification.

☐ I am personally acquainted with the applicant, and in my opinion, he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity. I therefore recommend, without reservation, the above named applicant to serve as a member of the staff of this event and to work with minors in any situation.

☐ I prefer to discuss my response by telephone.

Legible Signature

Date

Printed Name

Relationship to Applicant

Street Address

Day Phone #

City, State, Zip

Evening Phone #

****Please note: The term "camp counselor" in no way denotes any formal training or certification as a professional counselor. "Camp Counselors" are simply volunteers helping with the Camping program.***