



Montana Camp: June 10-14, 2024.
Dickey Lake Bible Camp. Trego, MT
1075 Hidden Cove Rd, Trego, MT

Dakota Camp: July 29-August 2, 2024.
Crystal Springs Camp. Medina, ND
4848 36th St SE, Medina, ND

MAIL APPLICATION TO:

1066 Dell Ave.
Dickinson, ND 58601

A PICTURE ID MUST
ACCOMPANY THIS
APPLICATION!

NCR Church of God

2024 Youth Camp

Staff Application

FOR OFFICE USE ONLY

Date Received: _____
CBG Check: _____
☐ Junior Camp ☐ Senior Camp
Approved: ☐ Yes ☐ No
Confirmation Sent: _____
Position Assigned: _____

NOTE: ALL FIVE (5) PAGES MUST BE FILLED OUT COMPLETELY AND POSTMARKED ASAP.

FIRST NAME _____ MI _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

IF LESS THAN TWO (2) YEARS, LIST PREVIOUS ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL (REQUIRED) _____

DRIVER'S LICENSE # _____ FORMER NAMES _____

AGE _____ DATE OF BIRTH _____ / _____ / _____ BIRTH PLACE _____
MONTH DAY YEAR CITY STATE

SSN _____

REQUIRED FOR MANDATORY BACKGROUND CHECKS.

☐ MALE HEIGHT _____

☐ FEMALE WEIGHT _____

☐ MARRIED HAIR COLOR _____

☐ SINGLE EYE COLOR _____

Circle your adult t-shirt size: S M L XL 2L 3L

Last year our t-shirts were sponsored and we hope to get them sponsored again this year. 'Worst case,' we will have pre-orders prior to camp and shirts for sale at a first come first serve basis at camp.

I hereby consent for the Church of God Regional Youth and Discipleship Director of the North Central Region to seek from local law enforcement agencies any information which pertains to any record of conviction on its files or in any criminal file maintained on me whether local, state, national, or international. I hereby release any police department from any and all liability resulting from such disclosure.

SIGNATURE (REQUIRED) _____

Camp You Wish to Work

- Montana Junior____ Teen____ June 10-14, 2024. Dickey Lake. Trego, Montana
- Dakota Junior____ Teen____ July 29-August 2, 2024. Crystal Springs Camp. Medina, ND

Workers Requirements

- Must be at least 19 years old. 21 years old to serve as a room/cabin leader.
- Must be a regular attendee of your local church.
- Must be saved and preferably baptized in the Holy Ghost.
- Must submit a completed five (5) page *Youth Camp Staff Application*.
- Must have the *Youth Camp 2024 Pastoral Endorsement* submitted by your pastor.
- All Cabin Leaders must be at least 21 years old and baptized in the Holy Ghost.

Positions Desired

Selecting one (or more) of the following is NOT a guarantee of placement - it is simply expressing an interest.

____ Cabin Leaders ____ Canteen/Camp Store ____ Security/Night Watchman
 ____ Recreation ____ Nurse (RN, LPN, or EMT) ____ Hospitality/R&R
 ____ Other (specify) _____

Children Under Camp Age

Due to limited space, cost-efficiency, and to allow each staff member to fully devote their time and energy to their area of responsibility, we are unable to accommodate children under camp age (under 6 years old). For this reason, prior to your arrival at camp, please make other arrangements for the care of your child(ren) for the duration of camp. Thank you for your cooperation and understanding in this matter.

Personal Info and Background

1. List any physical limitations that need to be considered in your placement, if accepted. _____

2. Are you presently under a doctor's care for any ailments?
 ___ Yes _____ ___ No _____
 If yes, please list. _____

3. List any medications. _____

4. Reason for medications. _____

5. Allergies and Reactions. _____

6. Do you carry any personal medical insurance?
 ___ Yes _____ ___ No _____
 Company _____
 Policy # _____
 Group # _____
 List any preauthorization requirements. _____

7. Physician's Name _____

8. Emergency Contact _____
 Phone Number _____

The answers to the above questions are correct to the best of my knowledge and ability.

Around-the-clock medical care is provided. Secondary insurance is available for those accidents which sometimes occur to our staff and campers. I understand that my insurance is primary. I accept any and all medical costs. In case of an accident or serious illness, you have my permission to secure the proper medical treatment.

Your Signature (Required)

Date

Thank You for assistance in all these matters. Please note that all information provided will be kept strictly confidential.

Cabin Leaders Info

1. Will your child be a camper at the same aged camp you will work? ☐ Yes ☐ No
 If yes, do you want your child to be in your cabin? ☐ Yes ☐ No
2. Will students from your church be at the same aged camp you will work? ☐ Yes ☐ No
 If yes, should they be placed in your cabin? ☐ Yes ☐ No

Personal References

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

Statement of Reservation

While no one is rejected to work or attend Church of God youth camps on the basis of race, color, or creed, the Regional Youth and Discipleship Director and Regional Youth and Discipleship Board does reserve the right to accept or reject any application for volunteer work at Church of God youth camps after the reviewing 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 or churches listed in this application to give you any information (including opinions) that they have regarding my character and fitness for youth camp work. In consideration of the receipt and evaluation of this application by the Church of God, I hereby release to 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 damages of whatever kind or nature which may at this 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 have to inspect 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 any unscriptural conduct in the performance of my services on behalf of the church. I also agree to participate in the MANDATORY training and enhancement programs (on the Monday of each Camp and provided by the Regional Youth and Discipleship Director's office in preparation of my participation. Furthermore, I will **not** leave camp until my responsibilities are completed on the last day of camp.

I have carefully read the foregoing release and know the contents thereof and I sign this release on my own free act. This is a legally binding agreement which I have read and understand.

Applicant's Signature (Required)

Witness Signature (Required)

Date

Date

NCR YOUTH CAMP 2024

PASTORAL ENDORSEMENT

CAMP APPLICANT NAME

LOCAL CHURCH NAME AND CITY

No applicant can be accepted to work at youth camp without the endorsement of their local pastor. This form must be completed in its entirety before any application can be considered.

PASTOR: Please take a few minutes to complete this endorsement form for the person listed above who is applying for consideration of a youth camp position this summer. Your endorsement is not only required, but allows for the protection of campers and other staff in the camp setting. Should you have questions or problems, please direct them to the Regional Youth and Discipleship Director's office or by email at pastor@lighthousechurchdickinson.com. Once you have completed this form in its entirety, please immediately mail to: 1066 Dell Ave. Dickinson, ND 58601

Pastor, please fill out the endorsement on the next page.

You may send the endorsement to 1066 Dell Ave. Dickinson, ND 58601 or email it to pastor@lighthousechurchdickinson.com. Email is preferred.

How Well Do you know the Applicant?

☐ VERY WELL ☐ RATHER WELL ☐ CASUALLY ☐ NOT AT ALL

Please circle the phrase that best describes your assessment of the applicant's behavior. Feel free to attach additional pages if you feel comments are required for explanation. Your comments will be taken seriously and are confidential.

APPEARANCE	flawless	well-groomed	generally neat	slovenly
DEPENDABILITY	exceptional	usually dependable	requires supervision	irresponsible
INITIATIVE	self-motivated	industrious	has necessary drive	indifferent
PERSONALITY	magnetic	outgoing	pleasing	bland
COOPERATION WITH PEERS	inspires confidence	cooperates willingly	usually cooperative	obstructive
LEADERSHIP	inspirational	able to take charge	good team member	incapable of leading
ATTITUDE	always enthusiastic	positive	generally acceptable	negative
COMMON SENSE	lacking	needs experience	usually sound	uses sound judgment
ORAL EXPRESSION	eloquent	excellent grammar	satisfactory	limited
INTEGRITY	always trustworthy	generally reliable	sometimes lacking	cannot be trusted

1. This applicant is a Christian. __ Yes __ No
2. This applicant is a member of my local church. __ Yes __ No
3. This applicant is faithful in tithing and attendance to church. __ Yes __ No
4. This applicant has the Baptism of the Holy Ghost. __ Yes __ No

Recommendation

__ HIGHLY RECOMMEND __ RECOMMEND __ DO NOT RECOMMEND

PASTOR'S NAME (PLEASE PRINT) _____

PASTOR'S SIGNATURE _____

DATE _____