



August 4-8, 2025

Crystal Springs Baptist Camp

Medina ND

Staff Application

Please RETURN your application ASAP to:

NCR Youth Camp ♦ PO Box 7460 ♦ Bismarck, ND 58507

MAIL APPLICATION TO:

NCR Youth Camp
PO Box 7460 • Bismarck,
ND 58507

**A PICTURE ID MUST
ACCOMPANY THIS
APPLICATION!**

**NCR Church of God
2025 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 2XL 3XL

NOTE: S, M, L, XL are \$10 and 2xl, 3xl are \$12

All Youth Camp t-shirts are pre-ordered. It is more cost effective and important for us to receive each worker's size in advance.

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) _____

Spiritual Information

Please list the year (if known and if applicable).

SAVED __ SANCTIFIED _____ WATER BAPTIZED _____

CHURCH MEMBER BAPTIZED IN THE HOLY GHOST _____

NAME OF THE CHURCH YOU ATTEND _____

HOW LONG HAVE YOU ATTENDED? _____ PASTOR'S NAME _____

Educational Background

Enter highest number completed.

ELEMENTARY (through grade 5) ____ MIDDLE SCHOOL (grades 6 - 8) ____

HIGH SCHOOL (grades 9 - 12) ____ COLLEGE (years 1 - 4) ____

GRADUATE SCHOOL

Applicants are not required to provide information which is prohibited by Federal, State, or Local law. This application is given every consideration, but its receipt does not imply that the applicant has been accepted as a camp worker. Applicants are accepted on a "trial basis" and if, in the final judgment of the camp officials it is found that the applicant/staff worker is not adaptable to the assignment and cannot be reassigned, or that the information given has been misrepresented, the *acceptance of* this application can be terminated without cause or reason. In addition, investigation will be made as to your character, general reputation, personal characteristics, and adaptability to the particular position assigned. All applicants are required to undergo training and orientation provided by the Regional Youth and Discipleship Director's office and under the supervision of the Regional Youth and Discipleship Board.

Camp You Wish to Work

- Junior Camp (Ages 6 - 12) August 4th-8th, 2025 Crystal Springs
- Teen Camp (Ages 12 - 18) August 4th-8th, 2025 Crystal Springs

Workers Requirements

- Must be at least 19 years old.
- 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 2025 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.

Church and Camp Involvement

List all previous work involving children/youth (list each organization/department, position, responsibilities and dates). _____

What made you decide to work camp this year? What part of camp do you most look forward to? __

What years have you worked camp? Doing what? _____

Personal Info and Background

1. Have you ever been charged, arrested, convicted of, or pleaded 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 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 a victim of abuse (verbal, physical, emotional, or sexual)?
 Yes No
If you prefer, you may discuss this answer with a pastor or ministry leader. Answering "Yes" or leaving it unanswered would not automatically disqualify you from the privilege of working in any ministry capacity. However, you may be asked to clarify your response.
4. Have you ever been involved in homosexual activities?
 Yes No
If yes, would you be willing to discuss this matter with a pastor or ministry leader?
 Yes No
5. Have you ever been accused, charged, or alleged to have committed a theft?
 Yes No
If yes, would you be willing to discuss this matter with a pastor or ministry leader?
 Yes No
6. Are you addicted to prescription drugs?
 Yes No
7. Do you use tobacco in any form?
 Yes No
8. Do you drink alcoholic beverages, including social drinking?
 Yes No
9. Do you take illegal drugs?
 Yes No
10. Do you have problems sleeping?
 Yes No
11. Do you have reoccurring nightmares or sleep disturbances?
 Yes No
12. Do you have a history of using pornographic materials?
 Yes No
13. Have you been charged with moving traffic violations within the last five (5) years?
 Yes No
If so, when and why? _____

14. Has your driver's license ever been revoked or suspended?
 Yes No
If so, when and why? _____

15. Are you presently employed?
 Yes No
If so, where? _____
Job Title/Description _____

How long? _____
16. May we contact your employer?
 Yes No
Supervisor's Name _____
Phone Number _____

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

18. Are you presently under a doctor's care for any ailments?

Yes No

If yes, please list. _____

19. List any medications. _____

20. Reason for medications. _____

21. Allergies and Reactions. _____

22. Do you carry any personal medical insurance?

Yes No

Company _____

Policy # _____

Group # _____

List any preauthorization requirements. _____

23. Physician's Name _____

Phone Number _____

24. 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 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 2025

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 pastorcorey@refugebismarck.com. Once you have completed this form in its entirety, please immediately mail to:

NCR Youth Camp PO Box 7460 Bismarck, ND 58507

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

Recomendation

__ HIGHLY RECOMMEND __ RECOMMEND __ DO NOT RECOMMEND

PASTOR'S NAME (PLEASE PRINT) _____

PASTOR'S SIGNATURE _____

DATE _____