



June 9-13, 2025

Dickey Lake Bible Camp

Trego, MT

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 2L, 3L 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.



# Church and Camp Involvement

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

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

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What years have you worked camp? Doing what? \_\_\_\_\_

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## *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.

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*Applicant's Signature (Required)*

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*Witness Signature (Required)*

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*Date*

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*Date*

# NCR YOUTH CAMP 2025

## PASTORAL ENDORSEMENT

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CAMP APPLICANT NAME

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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](mailto: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.

<b>APPEARANCE</b>	flawless	well-groomed	generally neat	slovenly
<b>DEPENDABILITY</b>	exceptional	usually dependable	requires supervision	irresponsible
<b>INITIATIVE</b>	self-motivated	industrious	has necessary drive	indifferent
<b>PERSONALITY</b>	magnetic	outgoing	pleasing	bland
<b>COOPERATION WITH PEERS</b>	inspires confidence	cooperates willingly	usually cooperative	obstructive
<b>LEADERSHIP</b>	inspirational	able to take charge	good team member	incapable of leading
<b>ATTITUDE</b>	always enthusiastic	positive	generally acceptable	negative
<b>COMMON SENSE</b>	lacking	needs experience	usually sound	uses sound judgment
<b>ORAL EXPRESSION</b>	eloquent	excellent grammar	satisfactory	limited
<b>INTEGRITY</b>	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 \_\_\_\_\_