



Staff Application

Date Received _____
Postmarked _____

Personal Information

First Name _____ Last Name _____

Age _____ Male or Female _____ Date of birth ____/____/____ Social Security # _____-____-____

Address _____

City _____ State _____ Zip _____

DL # _____ Martial Status: Single Married Divorced Widow/widower

Phone # _____ Cell# _____ Work # _____

Email _____

Please answer the following questions:

Are you a member of the Pentecostal Church of God? YES/NO Are you saved? YES/NO

Are you filled with the Holy Ghost? YES/NO Have you been baptized in water? YES/NO

Do you consider yourself spiritually equip to serve on staff? YES/NO

Will you abide by the rules, guidelines, & policies of Impact SWTX? YES/NO

Are you willing to assume any responsibilities that you may be assigned? YES/NO

Are you able to put the needs of the camper/camp ahead of your own? YES/NO

Are you physically fit for total participation in the camp program? YES/NO

Can you be on time and stay until released from your duties? YES/NO

Are you willing to conceal/remove BODY piercings and tattoos? YES/NO

(Keep in mind we represent the Impact SWTX Youth Ministries)

Have you ever been convicted of a crime? YES/NO Please explain: _____

Did you have any information you feel the Director should know? YES/NO Please explain: _____

Areas you feel best suited to work: (please circle at least one)

Dorm Leader Kitchen Staff Lifeguard (must have Red Cross Certification) Security Maintenance

Fun Time Snack Shack

Do you have a Food Handlers Permit? YES/NO

Have you had Red Cross CPR training? YES/NO Expiration Date: _____

Applicant's Name _____

Church/Group Information

Name of church you attend _____ City _____

Pastor's Name _____ Pastor's phone # _____

Youth Pastor _____ Phone # _____

References

Please list 2 references OUTSIDE your immediate family:

Name _____ Phone # _____ Secondary # _____

Email _____

Name _____ Phone # _____ Secondary # _____

Email _____

Emergency Contact Information

Emergency contact person #1 _____ Phone _____

Work _____ Cell _____

Emergency contact person #2 _____ Phone _____

Work _____ Cell _____

IMPORTANT CAMP INFORMATION

PLEASE NOTE: The following information is general and doesn't fully detail all of the policies and guidelines of the camp. In addition to the following guidelines, the camper will be required to follow all the rules governing: the swimming pool and pool area, the campers conduct, the restricted area of the campground and the use of camp equipment/property.

- Camp Staff is not allowed to leave the campground once they have registered unless authorized by the District Youth Director.

Cell phones are limited for use and can be taken away if overused. CD players, TV's, radios, MP3's, game systems, etc. are not allowed. Such items will be confiscated by the staff and returned to the camper at the end of the camp week.

Impact SWTX District Youth Ministries and Camp Lost Pines are NOT responsible for any lost, stolen or damaged items.

Weapons, contraband, illegal items, alcohol, drugs, tobacco, pornography, objectionable materials and the use of profanity are strictly prohibited.

All medication, (whether prescription or over-the-counter) must be checked in at the nurse's station and be administered by the camp nurse.

Moderate apparel is required. Shorts, skirts, and dresses must be of reasonable length. If having questions on "reasonable length"; contact your District Youth Director. Any clothing that exposes the midriff, back or rib/chest areas are not acceptable. Halter tops, low-cut neck lines, tank tops, sun dresses, spaghetti straps, sheer, see-through or fishnet material, or any clothing with suggestive or objectionable remarks or pictures are not allowed. Appropriate undergarments must be worn at all times.

Applicant's Name _____

Medical Information

Do you have health insurance? YES/ NO Insurance Co. _____

Policy # _____ Insurance Co. Phone # _____

(Please include a copy of your insurance card.)

Please list date of most recent tetanus _____

Do you have any specific health problems? Please check all that apply:

Allergy to bee/wasp stings _____ Serious poison oak/ivy/sumac reaction _____ Epilepsy _____

Rheumatic Fever _____ Asthma _____ Tuberculosis _____ Fainting _____ Hypoglycemia _____

Convulsions/seizures _____ Heart Problems _____ Sleep Disorder _____ Diabetes _____ Other _____

Penicillin _____ Hay Fever _____ Bleeding/clotting Disorders _____ Kidney Trouble _____

Currently Pregnant _____ (Explain) _____

Do you have any physical handicaps? YES/ NO

Are you receiving behavioral therapy or counseling? YES/NO

Are there any recreational activities in which you may not participate? YES/NO

Do you wear prescription eyeglasses or contact lenses? YES/NO

Are you currently taking medication (prescription or OTC) of any kind? YES/NO

If so list medications and how often they are administered _____

Note: ALL MEDICATION MUST BE CHECKED IN AT THE NURSE'S STATION AND ADMINISTERED BY THE CAMP MEDICAL PERSONNEL.

Have you had any surgery 3 months prior to the start of camp? YES/ NO, if yes please see

nurse. Explain: _____

Do you have any allergic reactions to any medicines, food, plants, or other things? YES/NO

Applicant's Name _____

Medical & Camp Release

The medical release must be signed by the person legally responsible for the staff personnel or application will be rejected and the staff personnel denied admittance. In the event you need emergency medical care, the director or nurse will make every effort to reach the emergency contact person listed on this application and/or the parent/legal guardian.

I understand that if any sickness/injury should occur prior to camp concerning me, these are cases for which the camp insurance is not responsible. These pre-existing conditions are my responsibility and the camp will not be liable for the counter medications (Aspirin, Tylenol, Pepto Bismol, etc.) to me as needed with exception of any medication listed above.

I accept the responsibility for and agree to financially reimburse for any damage I may cause to the camp property. I understand Impact SWTX District Youth Ministries reserves the right for search and seizure. I hereby grant Impact SWTX District Youth Ministries to use my likeness in a photograph/video, without payment or any compensation. I hereby authorize Impact SWTX District Youth Ministries to seek emergency medical care for the person named on this application.

I, _____, acknowledge that I have read the section, "Important Camp Information: and hereby agree to abide by all the policies, guidelines, directives, and discipline of the camp's administration and the standards set forth by the Impact SWTX Youth Ministries/Pentecostal Church of God. I further understand that willful disobedience to the rules and/or insubordination to the authority of the administration of the camp will not be tolerated and could result in the being dismissed from the camp. I hereby certify that all the information provided on this application is correct to the best of my knowledge. I understand that submission of this form does not automatically approve me for camp staff. I will be notified once approved.

I, _____, authorize Impact SWTX Youth Ministries to run a background check. A background check is required for legal reasons for all camp workers.

Staff Signature _____ Date _____

Parent/ Legal guardian (if under 18) _____ Date _____

Camp Sessions Please select camp applying for	Teen Camp <input type="checkbox"/> July 22-26 Grades 7-12	Kids Camp <input type="checkbox"/> July 27-30 Grades 2-6	
Camp T-shirt \$10 each (optional) If your size is not selected we cannot guarantee your needed size on opening day (2XL and 3XL \$2 more)	Teen Camp Shirt <input type="checkbox"/> Adult Sm \$10 <input type="checkbox"/> Adult Md \$10 <input type="checkbox"/> Adult Lg \$10 <input type="checkbox"/> Adult XL\$10 <input type="checkbox"/> Adult 2XL \$12 <input type="checkbox"/> Adult 3XL \$12	Kids Camp Shirt <input type="checkbox"/> Child Sm \$10 <input type="checkbox"/> Child Md \$10 <input type="checkbox"/> Child Lg \$10	Kids Camp Shirt <input type="checkbox"/> Adult Sm \$10 <input type="checkbox"/> Adult Md \$10 <input type="checkbox"/> Adult Lg \$10 <input type="checkbox"/> Adult XL\$10 <input type="checkbox"/> Adult 2XL \$12 <input type="checkbox"/> Adult 3XL \$12

Applicant's Name _____

Pastor's Endorsement:

Pastor, please complete this endorsement and return it to the director within 5 days of receiving it. Please appraise this prayerfully and honestly. All information on this application is to be kept confidential. Pastors should mail all endorsements separate from Staff Applications. Note: The director must receive this application 1 month prior to the beginning of their perspective camp.

How is the applicant's spiritual condition?	Excellent	Good	Fair	Poor
Does the applicant faithfully attend services?	Excellent	Good	Fair	Poor
Is the applicant enthusiastic/interested in camp?	Excellent	Good	Fair	Poor
Does the applicant exhibit leadership ability?	Excellent	Good	Fair	Poor

How would you describe the character and integrity of the applicant?

Excellent Good Fair Poor

What positions of leadership does the applicant currently hold in the church? _____

How long has the applicant been a church member? _____

Would you personally recommend this applicant as a staff member? YES/NO

Comments: _____

Pastors' Signature: _____ Date: _____

Pastor's Phone # _____ Name of Church _____

Email _____ Address: _____

Please mail to the District Youth Director:

Impact SWTX Youth
3115 Ranch Road 12
San Marcos, TX 78666