Office Use Only: ☐ Background Check Complete ☐ Pastoral Recommendation ☐ Personal Reference _____ Date _____ Approved

Comments: _____

2023 APPLICATION FOR YOUTH CAMP WORKER

Discipleship Ministries
Appalachian Conference IPHC
5847 Oak Grove Avenue - Dublin, VA 24084

Return Application as soon as possible!

This application is being used to help the camp endeavor to provide the best environment for the children, youth and staff who participate in our program. **All camp staff applications must be accompanied by a Background Screening Consent Form! A Recommendation Form will be sent to your local pastor and references.** Please complete all 4 pages of this application.

PERSONAL AND CONFIDENTIAL

Please Attach A Photo!

Last Name: _____ First name: _____

Age_____ Sex_____ Date of Birth: _____/_____/_____ SS#: _____/_____/_____

Present Address: _____

City_____ State _____ Zip _____ Home Phone: _____-_____-_____

Cell Phone: _____-_____-_____ Email Address: _____

Are you a Christian? _____ When Saved? _____ Baptized in the Holy Spirit? _____ When? _____

What position: *Medical _____ *Counselor _____ Food Service _____ Dining Hall _____ Cleaning Crew _____
Recreation _____ Lifeguard (certified) _____ Other (specify) _____ ***Must be 21 unless otherwise approved.**

List Talent / Hobbies / Special Training / Certifications: _____

Do you have any conditions preventing you from performing certain types of activities? _____ YES NO _____

If yes, please explain: _____

Experience with camps or youth: _____

Please Check Week(s) of Camp:

- ☐ **Extreme Teen Camp: June 19 – 23 (ages 13 – 17)**
- ☐ **Destiny Junior Teen Camp: June 26 – June 30 (ages 10 - 12)**
- ☐ **Adventurer / Kidz Quest Camp: July 3 – 6 (ages 7 – 9)**

CIRCLE T-SHIRT SIZE: ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ X-LARGE ☐ 2XL ☐ 3XL ☐ 4XL [Sizes Not guaranteed]

Criminal / Sexual Misconduct / Child Abuse Statement - Confidential

*To properly protect the campers and our Summer Camp program, those serving in staff capacities at Appalachian Conference Camp Maranatha must provide the following information and complete a **Background Screening Consent Form**. Please sign and date your response.*

During your lifetime, have you ever been accused, charged or found guilty of child neglect, child molestation, child abuse, sex offenses of any nature, assault and / or battery? Yes_____ No_____ If yes, please explain nature of accusation, charge or conviction, date and place: _____

_____

Have you ever been convicted of a crime, misdemeanor or felony? Yes ___ No ___ If yes, give date, place and nature of conviction: _____

_____

Have you or are you being investigated by any Child Protective Service or Agency? Yes ___ No ___

Do you have a current driver's license? Yes ___ No ___ If yes, please list Driver's License Number _____

Have you been convicted of a traffic offense? Yes ___ No ___ if yes, please describe all convictions for the past 5 years: _____

_____

All camp staff are required to sign the Sexual Misconduct / Child Abuse Statement. All responses will be kept strictly confidential.
By signing this form, I hereby authorize the sharing of information obtained with my local pastor.

Signature: _____ ***Date:*** _____

List two personal references: including address, current phone number and email address. Personal references should not be your pastor, spouse or family member. References will be gathered by form letter or phone interview.

(1) Name_____ Phone_____

Address _____ City_____ State_____ Zip _____

Email: _____

(2) Name_____ Phone_____

Address _____ City_____ State_____ Zip _____

Email: _____

Name the church which you are a member of or attend regularly _____ How long? _____

Pastor's Name: _____ Email: _____ Phone #: _____

List other churches, and pastor's name, where you have attended regularly during the past five years: _____

_____

Have you read and are you willing to abide by camp guidelines, be given assignments, and assist the Director where needed?
(Camp Guidelines can be found at appconf.org under DM Camp Maranatha) _____ Yes _____ No

Have you worked at Camp Maranatha before? ___ Yes ___ No. If yes, list years and Camp Assistant Directors: _____

_____

_____

Have you ever worked a Youth Camp before? _____ Yes ___ No. If yes, where and Director's name: _____

_____

Are you attending Camp Maranatha this year as a paying camper? If yes, what week? _____

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 may have regarding my character and fitness for children/youth work. I release all such references from any and all liability for any damages that may result from furnishing such evaluations to you. I waive any right that I may have to inspect references provided on my behalf. I furthermore give permission for a background check to be conducted by the Appalachian Conference Discipleship Ministries Department as part of my application process. By signing this form, I hereby authorize the sharing of information obtained with my local pastor.

Should my application be accepted, I agree to be bound by the policies of Camp Maranatha, and refrain from unscriptural conduct in the performance of my service on behalf of the camp. I understand Camp Maranatha operates by the guidelines set forth in the IPHC Manual.

I grant permission, in the event of any accident, to be taken to the nearest hospital to receive whatever medical treatment is deemed necessary by the Emergency Room Physician. I hereby absolve the Appalachian Conference IPHC and its subsidiaries, agents, employees, officers and directors of any liability or charges beyond the limits of the camp insurance.

➡ _____ _____

Applicant's Signature ***Date***

➡ _____ _____

Parent/Custodian/Guardian's Signature if Applicant is a Minor ***Date***

I, _____, hereby give the Appalachian Conference permission to film, video tape and/or use photographs of myself for the purpose of producing promotional videos, PSAs and commercials. I have been advised this film, video and/or photography will be used to promote Appalachian Conference/ Discipleship Ministries programs. I also understand that the film, video and/or photography may be viewed in collateral material and/or online for the purpose of promoting the Appalachian Conference/Discipleship Ministries. I release the Appalachian Conference, its agencies, employees, officers and/or directors and film crews from all liability arising from the use of the film, video and/or photography of myself, son/daughter. I also understand and agree that no compensation will be paid to me for participating in this film, video and/or photography.

➡ _____ _____

Applicant Signature ***Date***

➡ _____ _____

Parent/Custodian/Guardian Signature if applicant is a Minor ***Date***

Camp Maranatha Staff: Medical Information and Treatment Consent Form

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD WITH THIS APPLICATION

Worker's Name: _____ DOB: _____ Sex (M / F) circle

Height: _____ Weight: _____ Allergies: _____
(Medication or Other)

List current prescription drugs you are taking: _____

_____

List any medical conditions that our Camp Nurse may need to know about (asthma, etc.): _____

_____

Have you ever been, or are you presently, being treated for any mental health issue? If yes, state the condition/issue for which treated, medications taken and when treated: _____

_____

Name of Family Physician: _____

Address: _____ Telephone: _____

Contact person in case of emergency: _____

Relationship: _____ **Contact Number (Home): _____-_____-_____**

Contact Number (Work): _____-_____-_____ **Contact Number (Cell): _____-_____-_____**

I, _____, hereby authorize the Director of Camp Maranatha, or his appointee, to obtain medical treatment which may be deemed necessary for me/my child. I also hereby authorize any physician called upon by the Director of Camp Maranatha to render medical treatment which, in his/her judgment, may be deemed necessary for me/my child's well-being. I hereby absolve the Appalachian Conference IPHC and its subsidiaries, agents, employees, officers and directors of any liability from injuries or for charges beyond the limits of the camp insurance.

Covid is highly contagious and is known to spread mainly from person to person. By volunteering, attending or working for Camp Maranatha, I agree to abide by the procedures established by the Camp. By attending and participating in Camp Maranatha, I voluntarily assume the risk that I, my child and or my family may be exposed to or infected by Covid at Camp or when I return home. I waive any liability against the camp, its Directors and Staff, the Appalachian Conference IPHC and any other parties.

➡ *Signed: _____ Date: _____*

➡ *Parent or Guardian Signature* ***(Required if under age 18.)*** *_____*

Insurance Company and /or Government Program: _____

Address: _____

Subscriber ID or Contract Number: _____

Insurance Co. Phone: _____ Admission Pre-certification Phone No.: _____

Group Name (Employer): _____ Group Number: _____

Employer's Address: _____

Employer's Phone Number: Area Code (_____) _____

Insurance Authorization: I authorize the release of any medical information necessary to process a claim. I authorize payment of medical benefits to the physician or supplier of service rendered.

➡ _____ _____

Authorized Person's Signature **Date**

BACKGROUND SCREENING CONSENT FORM
APPALACHIAN CONFERENCE DISCIPLESHIP MINISTRIES

[Applicant should complete all relevant information and sign and date the form.]

I, _____, hereby authorize Appalachian Conference IPHC, Discipleship Ministries and/or its agents to make an independent investigation of my background that may include: references, character, past employment, education, adult criminal or police records, and motor vehicle records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with any DM function. I release the Appalachian Conference IPHC and its agents, employees, officers, directors and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed): _____

Maiden Name or Other Names Used: _____

Social Security Number: _____ Date of Birth*: _____/_____/_____

Present Address: _____

City: _____ State: _____ Zip: _____

How Long at Present Address: _____

Former Address: _____

City_____State_____Zip_____

How Long at Former Address? _____

Please list all states and counties of residence since turning age 18:

_____

_____

(Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY)

Driver's License Number: _____ State of License: _____

By signing this form, I hereby authorize the sharing of information obtained with my local pastor.

➡ _____ _____

Signature of Applicant Date

➡ _____ _____

Signature of Parent/Custodian/Guardian if Minor Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Discipleship Ministries abides by all applicable state and federal employment laws.

Discipleship Ministries Appalachian Conference IPHC
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Dublin, Virginia 24084