

SCY CAMP STAFF FORM

First Name: _____ Middle Name: _____ Last Name: _____

Birth Date: ____/____/____ Age: _____ Gender: _____ SSN#: _____-_____-_____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) ____-____ email: _____

Emergency Contact: _____ Phone: (____) ____-_____

Drivers License #: _____ State Issued: _____ ID#: _____

Primary Physician: _____ Phone: (____) ____-_____

Insurance Company: _____ ID #: _____

Camp(s) will be working: **Winter Camp 2019**

Position: Chaperone Chaperone Assistant Other _____

Church: _____ Pastor: _____

I vow to give my best effort for the duration of the time I am serving at SoCal Camps. I will help out where ever needed, because I am here to serve. I realize by serving at SoCal Camps I have the opportunity to help shape and mold a life. I am making a commitment to myself, SCY Staff, and the campers to be a role model and an example of Christ's love.

If you are Single: Furthermore, understanding the hindrance courtship imposes, I will abstain from pursuing the opposite sex while serving at SoCal Camps.

I agree with the camp commitment, as well as the rules and expectations. I agree to cooperate with the Camp Director and Staff.

Signature _____ Date: ____/____/____

If you are volunteering to serve in the Kitchen or Snack Shack, please check availability by emailing socalyouth@gmail.com

OFFICE USE ONLY

Date received: ____/____/____ Amount PD: \$_____ Amount Due: \$_____

Church CH# _____ Personal CH# _____ Cash Credit Card

Dorm _____ Cabin _____

SCY CAMP STAFF FORM

Are you currently a Christ Follower? YES NO

If yes, how long have you followed Christ? _____

Have you ever held a ministry position? YES NO

Have you ever worked at an SCY camp? YES NO

Do you use narcotics, hallucinogens, tobacco

Or drink alcohol? YES NO

Do you approve of or practice

Homosexuality/sexual perversion? YES NO

Do you approve or practice any

Form of occult? YES NO

Were you a victim of abuse or molestation

as a minor? YES NO

Have you ever been charged or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? YES NO

Do you have any outstanding warrants

Or restraining orders? YES NO

Have you ever been convicted

of a felony? YES NO

If yes, more than one felony? YES NO

What was the charge? _____

What was the date of conviction? ____/____/____

Was time served? YES NO

If yes, How long? _____

When was your release? ____/____/____

Are you on probation? YES NO

Were you declared guilty of a felony that caused you to be listed on the national registry for your felony? YES NO

What did you learn from this experience? _____

I state that I have carefully read this forgoing release and know that contents thereof and I sign this release as my own free as this is a legally binding agreement that I have read and understand.

Signature _____

Date ____/____/____

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This application is to be completed by those interested in supervision of minors. Our camp goal is to help provide a safe and secure environment for the campers that participate in our camp programs and use our facilities. Submission of application does not guarantee your selection as a Chaperone or Chaperone Assistant. Selection is based upon need and a positive recommendation from your Group Leader.

Chaperones must be 18+ years old to volunteer at:

KIDS CAMP - Grades 1st - 5th

TEEN CAMP A - Grades 6th - 8th

Chaperones must be 21+ years old to volunteer at:

TEEN CAMP B | Grades 9th - 12th

WINTER CAMP | Grades 6th - 12th

CAMP STAFF RULES/EXPECTATIONS

- All prescribed medications must be turned into the Nurse. Camp Staff is not allowed to administer medicines including Advil, Tylenol, Exedrine, etc...
- Once checked in, Camp Staff cannot leave the campgrounds without permission from the Camp Director. This will prevent you from working in future camps.
- Before leaving campground, ALL Camp Staff are required to sign-out in the office.
- ALL Camp Staff MUST undergo a background check. Please note: if you refuse to undergo a background check, your application will not be processed.

PRICE:

\$35 Initial fee

\$5 for each additional camp

(Breakfast, Lunch and Dinner are included)

A \$15 deposit must be turned in with application. A late fee of \$10 will be added to if not received by the due date. The remaining balance can be paid upon arrival.

Staff Applications are due JANUARY 5TH

Send Payment To:

SoCal Pentecostal Church of God
P.O. Box 21807
Bakersfield, CA 93390

CAMP ADDRESS

Mountain Pointe Campground
11134 Dorothy Lane
Frazier Park, CA

DIRECTIONS

SCY CAMP STAFF FORM

Pastors Reference

Applicants Full Name: _____

Which camp(s) applying for: _____

Church: _____ City: _____

Pastors Name: _____

As a member/faithful attendee of your congregation, I am being considered by the Pentecostal Church of God SoCal Youth Ministries and our Youth Pastor/Leaser to be a workers/chaperone at summer camp. I would appreciate your time in giving the following information needed.

Questionnaire for Church Pastor/Director/Leader only:

How do you believe this person will perform as a volunteer camp staff member? _____

Do you have any reservations about their salvation or motives for serving at camp? _____

Has your church done previous background checks on this applicant? _____

If so, is there any information we should consider before deciding if the applicant should be apart of our camp staff? _____

Comments:

I certify the applicant is fit and qualified to serve as a volunteer camp staff for Pentecostal Church of God So Cal Youth Camp Ministry.

Signature _____ Date ____/____/____