



Dates: July 29th-Aug 2nd
Fee: \$155
if preregistered by June 1st

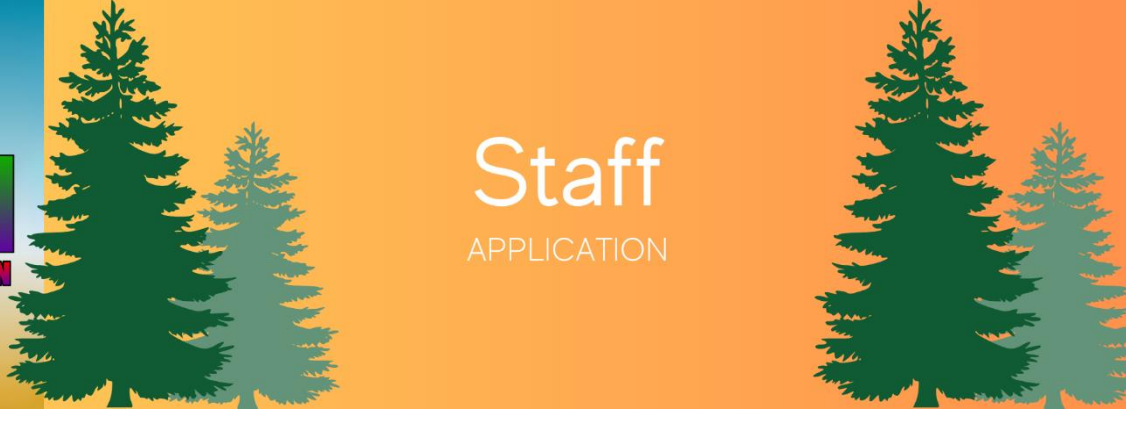
*\$165 at the door
ages 7-18
WWW.NEWLIFESUMMERCAMP.COM

RUN
WITH HIS VISION

AT CAMP ELKANAH
LA GRANDE, OR

Staff

APPLICATION



MUST BE 21 YEARS OF AGE TO SERVE AS CABIN LEADER AT TEEN CAMP
PLEASE SELECT DESIRED POSITION: CABIN LEADER RECREATION STAFF KITCHEN STAFF WHERE NEEDED

Shirt Size: S M L XL 2XL OTHER: ___ JR Staff check here ___

PLEASE PRINT LEGIBLY:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

How long have you lived at this address? _____

If less than two years, give previous address below (for sake of background check).

PERSONAL INFORMATION

BIRTHDATE _____ PLACE OF BIRTH _____

MALE _____ FEMALE _____ MARRIED _____ SINGLE _____ HAIR _____ EYES _____

Do you have any health problems or physical limitations? yes _____ no _____

If yes, please explain

List any allergies you may have:

List any medications you are taking: _____

ADDENDUM TO CABIN LEADER / STAFF APPLICATION

1. Have you ever been convicted of or pleaded guilty to a sexual assault, sexual abuse or child abuse?

Yes _____ No _____

2. Have you ever been convicted of or pleaded guilty to a felony? Yes _____ No _____

If yes, explain _____

3. Have you ever been charged, arrested, convicted of or plead guilty to any crime?

Yes _____ No _____

If yes, would you be willing to discuss this matter with a pastor or ministry leader?

Yes _____ No _____

4. Have you 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 _____

5. Are you currently engaged in sexual immorality (ie. Heterosexual or homosexual relations)?

Yes _____ No _____

If yes, would you be willing to discuss this matter with a pastor or ministry leader?

Yes _____ No _____

6. 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 _____

7. Are you addicted to prescription drugs? Yes _____ No _____

8. Do you use tobacco in any form? Yes _____ No _____

9. Do you drink alcoholic beverages? Yes _____ No _____

10. Do you take illegal drugs? Yes _____ No _____

11. Do you view pornographic materials? Yes _____ No _____

12. Have you filled out a background check through your local church? Yes _____ No _____ If you answered no there is a \$10.00 background check fee.

SPIRITUAL STATUS

(Check appropriate space)

Saved _____ Sanctified _____ Holy Ghost Baptism _____

Baptized in water _____ Church Member _____

Name of church you attend:

Ministry Leader Reference (Other than Pastor)

Name: _____ Ministry Position: _____

Phone: _____ Email: _____

Name of

Pastor: _____

NOTE: A PASTORS RECOMMENDATION IS RERQUIRED FOR CONCIDERATION. IF YOU ARE FILLING OUT THIS FORM ONLINE THE PASTORS RECOMMENDATION WILL BE SENT TO YOUR PASTOR VIA EMAIL. IF YOU ARE FILLING OUT A PHYSICAL FORM, MAKE SURE YOU GIVE THE PASTORS RECOMMENDATION PORTION TO YOUR PASTOR.

APPLICANT’S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character or fitness for children or youth work. In consideration of the receipt and evaluation of this application by the Church of God, I hereby release 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 damage of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any rights that I may have to inspect any 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 unscriptural conduct in the performance of my services on behalf of the church. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant’s Signature: _____

Date: _____

STATEMENT OF RESERVATION:

While no one is rejected to work or attend Church of God youth camp on the basis of race, color, or creed, the State Director of Youth and Discipleship does reserve the right to accept or reject any application for volunteer work at Church of God youth camps after review of said application reveals that the services of the applicant would or would not be in the best interest and success of the camp.

Mail to: PNW REGIONAL OFFICES 8711 Tieton Dr. Yakima, WA 98908

YOUTH CAMP 2024 SENIOR PASTOR STAFF ENDORSEMENT

*Give This Portion to
your Pastor*

Applicant's Name

Applicant's Local Church 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 whom 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 at 509-965-0075, or you may email your questions to treasurer@pnwcog.org. Once you have completed this form in its entirety, immediately mail to:

PNW Regional Office Youth Camp 24 8711 Tieton Dr Yakima, WA 98908

How well do you know the applicant? _____ Very Well _____ Rather Well _____
casually _____ Do not know this person

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

PERSONALITY: Bland-Pleasing-Outgoing-Magnetic

COOPERATION WITH PEERS: Inspires confidence-Cooperates willingly-Usually cooperative-Obstructionist

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

This applicant is a Christian: Yes No

This applicant is a member of my local church: Yes No

This applicant is faithful in tithing and attendance: Yes No

This applicant has received the baptism of the Holy Spirit: Yes No

Has this applicant had a background check done through the local church? Yes No

PASTORAL RECOMMENDATION

HIGHLY RECOMMEND **RECOMMEND** **DO NOT RECOMMEND**

I certify that the above applicant is a capable and qualified person to work in Church of God youth camp and I give them my highest recommendation to serve in any capacity deemed necessary by the Regional Director of Youth and Discipleship 2022 Youth Camp.

Worker applications will not be accepted without this signature AND a completed Sr. Pastor Staff Endorsement Form (attached)

Pastor's Signature and Date

Mail to: PNW REGIONAL OFFICES 8711 Tieton Dr. Yakima, WA 98908