

THE EDGE

CAMP MCPHERSON
FEBRUARY 3-4, 2012

PRE-TEEN WINTER RETREAT

5th/6th Graders

ADULT/STUDENT LEADER APPLICATION

This application is to be completed by all applicants for any position involving the supervision or custody of minors. This is not an employment form. This form is being used to help the camp provide a safe and secure environment for the minors who participate in our programs and use our facilities. Please be sure that both sides of this application are fully completed.

This application is not valid without the Senior Pastor's signature.

A criminal background check must be completed (for all adults 18 years and older) and the results attached to this form or the applicant will not be accepted to serve at the Mid-Atlantic District Youth Camp. Completed background checks on file are considered valid for 3 years for those returning as leaders.

Please Complete Both Sides Of Volunteer Application

Name: _____ M F Birthdate: ____ / ____ / ____

Address: _____
STREET CITY STATE ZIP

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

E-Mail Address: _____

Occupation: _____

Have you ever been an adult leader or program staff at a **Foursquare Camp** before? YES NO

If yes, which one(s)?: _____

Name of church you attend: _____

Length of time attended: _____

In what areas of your church are you presently involved with?: _____

What experience do you have working with students?: _____

How would you describe your relationship with Christ? When do you feel that relationship began?: _____

Have you received the Baptism of the Holy Spirit? YES NO If no, are you seeking the Baptism?: YES NO

MORE ON BACK

THE FOLLOWING QUESTIONS MUST BE COMPLETED

Have you ever been arrested for a crime involving a minor? YES NO If yes, please attach an explanation.

Were you a victim of abuse or molestation as a child? YES NO

(If you prefer, you may discuss your answer in confidence with your pastor rather than answering on this form. Answering yes, or leaving the question unanswered will not automatically disqualify you for work with children.)

In what areas do you have experience?

- Video Sports Photography Music: Vocal Administration
- CPR/First Aid Drama Sound Technican Music: Instrumental: _____

Other Interesting Talents: _____

Give one reference— a person not related to you who has known you at least one year:

Name: _____ Years Known: _____ Phone: (_____) _____ - _____

Relationship: _____

Address: _____
STREET CITY STATE ZIP

Due to the active nature of programming, it is necessary to be aware of the physical demands that may be required for counseling and mentoring young people in various environments. Do you acknowledge the potential physical demands on your body, and believe your current health allows you to fully participate? YES NO

If no, please explain: _____

Are you in agreement with the doctrine of the International Church of the Foursquare Gospel? YES NO

If no, please explain: _____

While recognizing that Christians may differ on the use of alcohol and tobacco, in the interest of Christian harmony, while volunteering at the Mid-Atlantic District Youth Camp, will you abstain from the use of alcohol, tobacco and/or drugs throughout your participation in our programs? YES NO

Adult Leader Declaration:

By signing below, I certify that the information contained in this application is true to the best of my knowledge, and that I will abide by the commitments I've made to the best of my ability. I also release all media shots of myself to the Mid-Atlantic District and The International Church of the Foursquare Gospel for promotional purposes only. I will submit myself to the leadership of the camp and follow their direction.

Applicant's Signature: _____ **Date:** _____ / _____ / _____

Senior Pastor Recommendation (Required)

I recommend this applicant to serve as an adult volunteer worker at our Mid-Atlantic District Youth Camp. To the best of my knowledge, the applicant will serve faithfully and competently and is capable of setting an example spiritually and morally for the campers.

Pastor's Signature: _____ **Date:** _____ / _____ / _____