



CAMP AGAPE

SC COGOP SUMMERYOUTH CAMPING MINISTRY

2019 Volunteer Staff Application



If you have access to the internet via computer, smart phone, tablet and a debit or credit card please fill out your application
Online at
campagapesc.org

MAIL TO:
Camp Agape
1030 East McIver Road
Darlington, SC 29532
Online Applications:

2019 Camp Agapé

Application for Volunteer Staff

Thank You for your willingness to serve the children and youth of SC.

1. To work in Senior Camp, you must be at least 19 years of age.
2. All Cabin Leaders & Assistants must be at least 18.
3. Anyone under 18 will be used in support staff positions only.
4. Priority will be given to workers over 18.
5. No worker should report to camp without receiving official acceptance from the appropriate camp director.
6. Camp policy discourages you from working more than two consecutive weeks of camp.
7. Campers 18 and under who want to work younger camps **must** attend their age appropriate camp in addition to working.
8. All volunteers, youth. Pastors, Bishops, or adults wanting to work in camp must attend a mandatory leadership training held in the spring. April 5-6 in Batesburg SC more details are coming and yes this is an overnight event. Check website @ campagapesc.org or State Calendar. State Calendar has been out since July 2018 you had/have 9 months to plan to be in attendance.
Workers with a residential address out of state must contact the camping coordinator before the training for a coded private link to training.
10. If you don't want to work please do not apply. This is a serious ministry where we go into spiritual war over the kids of SC. If you are not willing to put yourself aside to serve in prayer, love of Jesus and serve the campers 1st then this may not be the ministry for you.

Check the camp(s) you would prefer to work.

Camp	Dates	Directors
<input type="checkbox"/> Senior Camp (Ages 15-18)	June 10-15	Dylan & Breanna Matthews
<input type="checkbox"/> Junior Camp (Ages 12-14)	June 23-28	Justin & Abby Vaughn
<input type="checkbox"/> Freshman Camp (Ages 9-11)	June 30-July 5	John & Jennifer Crosby
<input type="checkbox"/> Short Stuff Camp (Ages 5-8)	June 16-19	Kim Manley & Lisa Cooley

This form must be completed entirely, a pastoral endorsement and background release form received before you can be considered for camp. Directors begin staffing camps months ahead; the sooner your application is received, the better your chances of being asked to work.

This form will be kept in strict confidence.
 Each CAMP DIRECTOR will contact THEIR respective workers.

2019 Camp Agapé: Application for Volunteer Staff

STAFF INFORMATION: PLEASE PRINT

FIRST NAME:	LAST NAME:
GENDER: MALE FEMALE	BIRTHDAY: _____/_____/_____
AGE:	RACE:
STREET ADDRESS:	CITY:
STATE: ZIP CODE:	COUNTY: COUNTRY: USA
EMAIL ADDRESS:	PHONE NUMBER:
T-Shirt Size S M L XL 2X 3X 4X other _____	Cell Number:

HEALTH INFORMATION:

- Are you physically fit to handle the high paced and often physically demanding schedule of camp and participate in your designated assignment?
 YES NO

2. List and medical conditions, we should be aware of. Conditions include but are not limited to high blood pressure, low/high blood sugar, insulin regulated diabetes, seizures, PTSD, MI.....) Please be honest with any medical condition so we can ensure your safety and help you enjoy your volunteer camping experience.

1.	
2.	
3.	
4.	
5.	

ALLERGIES TO:

List Here:

Rx or Over the Counter Medication	
Ragweed, Grass Dust Bug bites (anything other than food)	
Food (actual allergies...please do not list your dislikes)	

CURRENT MEDICATION:

Please list all medications that you are currently taking:	
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1. I understand that the camp nurse must administer all medications – no exceptions!!!
 I UNDERSTAND
2. In the event of an accident, injury, sickness, or any medical emergency, I understand that reasonable effort will be made to contact my spouse/parents.
 I UNDERSTAND
3. I give my permission to the camp administration and physician selected to secure proper treatment for, to hospitalize, and order injection, anesthesia, or surgery for me.
 I UNDERSTAND
4. I also understand my insurance company will be billed if any accidents happen while on camp property.
 I UNDERSTAND
5. I further understand that if any sickness or if any accident should occur prior to camp, these are the cases for which the camp insurance is not responsible.
 I UNDERSTAND
6. These pre—existing conditions are my responsibility and the camp will not be liable for any of the expenses incurred in such cases.
 I UNDERSTAND
7. I understand that a head check for lice will be performed on all staff members.
 I UNDERSTAND
8. I also give the camp nurse permission to administer over-the-counter medications (Aspirin, Tylenol, Pepto Bismol, etc.) as I may need them, except for any medication listed on this application. *
 I UNDERSTAND

1. Do you have CPR or Emergency Cardiac Care Training? YES NO
 If yes, are you certified? YES NO

2. HAVE YOU EVER WORKED IN A CHRISTIAN CAMP? YES NO
 IF yes, how many years? _____

3. WHAT CAMPS HAVE YOU WORKED IN? _____

4. WHERE WOULD YOU LIKE TO VOLENTEER?

<input type="radio"/> Banquet	<input type="radio"/> Devotions	<input type="radio"/> Music	<input type="radio"/> Secretary	<input type="radio"/> Cabin Leader
<input type="radio"/> Errands	<input type="radio"/> News Editor	<input type="radio"/> Security	<input type="radio"/> Head Cook	<input type="radio"/> Fun Time
<input type="radio"/> Nurse	<input type="radio"/> Snack Shack	<input type="radio"/> Dean	<input type="radio"/> Kitchen	<input type="radio"/> Teacher
<input type="radio"/> Lifeguard	<input type="radio"/> Registration	<input type="radio"/> Support Staff	<input type="radio"/>	<input type="radio"/>

What are your personal preferences from the list above? _____

5. WHAT SKILLS, TALENTS, and INTEREST DO YOU HAVE?

<input type="radio"/> Art	<input type="radio"/> Computer	<input type="radio"/> Leadership	<input type="radio"/> Office Skills	<input type="radio"/> Video Editing
<input type="radio"/> Athletics	<input type="radio"/> Drama	<input type="radio"/> Inter. Dance	<input type="radio"/> Music	<input type="radio"/> Speaking
<input type="radio"/> Swimming	<input type="radio"/> Writing	<input type="radio"/> Building	<input type="radio"/>	<input type="radio"/>

SPIRITUAL /CHURCH:

ARE YOU:	SAVED	YES	NO
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SANTIFIED	YES	NO
HOLY GHOST	YES	NO
MEMBER of which COGOP	YES	NO
If not a COGOP, Name of your Church		
DO YOU ACTIVELY ATTEND CHURCH	YES	NO

6. Describe any previous ministries or leadership experience(s) in which you have been involved within the local church of community.

7. Why would you like to work in SC Youth Camp this summer?

8. Describe your present relationship with God?

STAFF COMMITMENT:

CHECK the appropriate box to indicate If you:

Statements	DISAGREE	AGREE	UNDERSTAND
Should my application be accepted, I agree to be bound by the teachings of the Church of God of Prophecy, and to refrain from scriptural conduct in the performance of my services on behalf of the church.			
I am willing to carry through all responsibility requested by camp leadership			
I will arrive at the campgrounds at the time designated and stay until released by the Camp Director.			
I will respect and abide by the rules as interpreted by the camp administration.			
I understand I am donating my time without thought of being paid.			
I attended the mandatory workshop in March or April.			
I understand that I am expected to follow the camper dress code and dress in an appropriate Christian manner.			
Background Release I understand that I must complete a paper copy			

<p>of the Background Release Form and submit it by mail. I understand that my application is not complete until this is received. (found at www.campagapesc.org)</p>			
<p>Photo Release By entering Camp Agape and participating in the activities, I hereby grant Camp Agape on behalf of myself and on behalf of my child, the irrevocable right and permission to photograph and/or record me or my child in connection with Camp Agape and to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the photograph and/or recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind.</p>			
<p>Pastoral Endorsement I understand that my pastor must submit a Pastoral Endorsement for me - either online or on paper and my application is not complete until this has been received.</p>			

SIGNATURE:

DATE:

Office use:

YEAR: _____

Camps Applied For: SS, FR, JR, SR, HIS, SE (Special Event)

Application Number _____

Age of Applicant _____

App Received DATE: _____

Background Check Electronic forms sent DATE: _____

Background Check Returned DATE: _____

BGCR: YES NO FLAGGED: Yellow Red

Pastoral Endorsement Received: _____

PE: YES NO RESERVATIONS SPECIAL CONSIDERATION

Attended Training: YES NO DATE: _____

Stay for the whole training: Yes or NO

If NO what time did they leave: _____

Parts need to be made up: _____

DATE Made UP: _____

Who did the training: _____

Paper App Keyed : _____

App Process Completed By: _____ **DATE:** _____

SENT TO DIRECTORS: SS FR JR SR HIS SE DATE: _____

BACKGROUND RELEASE

ALL AREAS MUST BE FILLED OUT & SIGNED OR APP WILL NOT BE CONSIDERED.
APPLICATION DEADLINE APRIL 5

Why do I have to list my Social Security Number (SSN)?

There are a couple of reasons.

The first is that your SSN is the primary key for all databases affiliated with a background check. The second reason is that your SSN is used to verify the following crucial information:

- Whether the SSN is validly issued
- To whom the SSN belongs
- In which year and state the SSN was issued
- The current and other known or previous addresses to that SSN The SSN verification process can reveal that the number belongs to another individual, has more than one name associated with it (i.e., produces other aliases) including maiden and divorced names, is associated with fraud, is not a validly issued SSN, belongs to a deceased person, produces additional addresses not stated by the application/request form, or if that individual has other SSNs.

Anyone can give a false identification by using another person’s Social Security number. This search ensures that the individual is who he or she says. The Social Security search is provided in the Basic Search along with the National Criminal Indicator search.

I _____ give Camp Agape, a ministry of Church of God of Prophecy, my permission to conduct a criminal background check using my name and personal information.

NAME:

First _____ Middle _____ Last _____

Date of Birth: ____/____/____ Social Security# ____-____-____

Address _____

County: _____ zip code _____

Signature _____ Date _____

Pastoral Endorsement Form

This endorsement does not guarantee acceptance into our summer camp volunteer program.

The Volunteer Staff Application is a 3part process:

1) Pastor Endorsement 2) Background Release 3) Staff Application

Please complete this confidential endorsement and return it to Camp Agape' Address listed below. The applicant **cannot** be considered to volunteer until this form is received. This endorsement is used to evaluate the potential staff member for the South Carolina Church of God of Prophecy Camp Agape' Summer Youth Camp program. Your honesty will help us in compiling an effective and caring camp staff.

State Appointees working in camp will be approved by the State Overseer.

MAIL TO: Camp Agape P.O Box 1326 Darlington, SC 29540

Online Applications:www.campagapesc.org

Name of Applicant: _____ **Date:** _____

(Staff Volunteer, please complete this section only and forward to your pastor.)

Pastor's Information: Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Best Contact # (_____) _____ - _____ Email: _____

Evaluate: (to the best of your Knowledge)

Has the applicant attended regularly in the last 6 months? Yes No

Does the applicant participate in your local church? Yes No

Do you feel that the applicant displays Christian character and is striving to live a Christian lifestyle as outlined in the Word of God? Yes No

Does the applicant hold any positions or participate in any ministries at the local church, and if so, what?

What are his/her greatest strengths/weaknesses?

Do you believe the candidate works well with children and/ or young people? Yes No Don't Know

Does the candidate work well in a team environment? Yes No Don't Know

Is the candidate trustworthy and responsible? Yes No Don't Know

Does the candidate have a positive attitude? Yes No Don't Know

Is the candidate enthusiastic about camp and thoroughly interested in camp? Yes No Don't Know

Does the candidate exhibit leadership abilities in the Lord and local Church? Yes No Don't Know

If no, please explain: _____

Is there any reason we should NOT consider this applicant for service as a volunteer staff members for Camp Agape? _____

Other Comments:

Do you endorse, in good faith, this candidate to work in South Carolina Youth Camp? Yes No

Pastors Signature: _____ Date: _____