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# CAMP AGAPE

SC COGOP SUMMERYOUTH CAMPING MINISTRY

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## 2018 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](http://campagapesc.org)

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

## **2018 Camp Agapé**

### **Application for Volunteer Staff**

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**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 13-14 in Batesburg SC more details are coming and yes this is an overnight event. Check website @ [campagapesc.org](http://campagapesc.org) or State Calendar. State Calendar has been out since July 2017 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 1<sup>st</sup> then this may not be the ministry for you.

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

<b>Camp</b>	<b>Dates</b>	<b>Directors</b>
<input type="checkbox"/> Senior Camp (Ages 15-18)	June 11-16	Mark & Jennifer Wagnon
<input type="checkbox"/> Junior Camp (Ages 12-14)	June 24-29	Justin & Abby Vaughn
<input type="checkbox"/> Freshman Camp (Ages 9-11)	June 18-23**	Sylvia & Abraham Staten
<input type="checkbox"/> Short Stuff Camp (Ages 5-8)	June 30- July 3	Kim Manley & Lisa Cooley

\*\* Freshman camp is now a full week camp\*\*

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.

## 2018 Camp Agapé: Application for Volunteer Staff

**STAFF INFORMATION: PLEASE PRINT**

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

**HEALTH INFORMATION:**

1. 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:**

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

**CURRENT MEDICATION:**

<b>Please list all medications that you are currently taking:</b>	
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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 VOLUNTEER?

<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:**

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

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:

<b>Statements</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>UNDERSTAND</b>
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.			
<p>Background Release</p> <p>I understand that I must complete a paper copy of the Background Release Form and submit it by mail. I understand that my application is not complete until this is received. ( found at <a href="http://www.campagapesc.org">www.campagapesc.org</a> )</p>			
<p>Photo Release</p> <p>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</p> <p>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:**

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**DATE:**

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**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 IS Jan 1

## 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](http://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:** \_\_\_\_\_