

NC District Council of the Assemblies of God  
Fire Summer Ministry Kids Camp 09  
JUNIOR COUNSELOR/STAFF REGISTRATION FORM

Jr. Counselor/Staff Registration Form must be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors in any scheduled program or activity at the North Carolina District Council of the Assemblies of God Kids Camp. This is to provide a safe and secure environment for children participating at camp.

All Jr. Counselor applicants must be a rising 9<sup>th</sup> -12<sup>th</sup> grader and are required to present one of the following to attending church leadership: Social Security Card, Valid Driver's License, Current Passport, or Birth Certificate to be copied and included with this form.

PLEASE PRINT CLEARLY

Personal Information

Last Name

[Grid for Last Name]

First Name

[Grid for First Name]

Middle

[Grid for Middle]

Social Security Number

[Grid for Social Security Number]

Date of Birth

[Grid for Date of Birth]

Age

[Grid for Age]

Gender

Male  Female

Attending Camp (check one)

(\_\_\_ Camp I: July 13-17) (\_\_\_ Camp II: July 20-24) (\_\_\_ Camp III: July 27-31)

T-Shirt Size (Circle one)

Adult Small Adult Medium Adult Large Adult X-Large Adult XX- Large

Mailing Address

[Grid for Mailing Address]

City

[Grid for City]

State

[Grid for State]

Zip Code

[Grid for Zip Code]

Area Code + Phone Number

[Grid for Area Code + Phone Number]

Email Address

[Grid for Email Address]

Place of Birth - City, State

[Grid for Place of Birth - City, State]

Parent/Guardian Names

[Grid for Parent/Guardian Names]

Emergency Contact Person

[Grid for Emergency Contact Person]

Parent/Guardian Day Phone (Area Code + #)

[Grid for Parent/Guardian Day Phone]

Emergency Contact Day Phone (Area Code + #)

[Grid for Emergency Contact Day Phone]

Parent/Guardian Evening Phone (Area Code + #)

[Grid for Parent/Guardian Evening Phone]

Emergency Contact Evening Phone (Area Code + #)

[Grid for Emergency Contact Evening Phone]

Driver's License # and State Where Issued(if applicable)

[Grid for Driver's License # and State]

1. Do you use tobacco? \_\_\_\_\_ Drink alcoholic beverages? \_\_\_\_\_ Use non-prescription drugs? \_\_\_\_\_
2. Are you certified in/as: \_\_\_ CPR \_\_\_ EMT \_\_\_ LPN \_\_\_ RN License State: \_\_\_\_\_
3. Have you ever been convicted of or pleaded guilty to a crime? \_\_\_ Yes \_\_\_ No  
If yes, please explain: (attach a separate sheet if necessary) \_\_\_\_\_
4. Have you ever been accused, charged, or alleged to have committed any act of negligence, abuse or molestation to a child? \_\_\_ Yes \_\_\_ No If yes, please explain in detail, providing date and place of incident:(attach a separate sheet if necessary) \_\_\_\_\_
5. Have you ever physically or sexually abused a child? \_\_\_ Yes \_\_\_ No  
If yes, please explain: (attach a separate sheet if necessary) \_\_\_\_\_
6. Do you have any physical handicaps or conditions preventing you from performing certain types of activities? \_\_\_ Yes \_\_\_ No If yes, please explain: (attach a separate sheet if necessary) \_\_\_\_\_
7. Have you ever been convicted of a criminal offense (excluding minor traffic violations) \_\_\_ Yes \_\_\_ No  
If yes, please explain: (attach a separate sheet if necessary) \_\_\_\_\_





**Jr. Counselor Agreement**

1. I, \_\_\_\_\_ agree to abide by the rules and regulations set forth by the North Carolina District Council of the Assemblies of God (NCDC) and Camp Dixie. I also understand that rules or policies may change from time-to-time due to circumstances that dictate such changes. If I have a disagreement with the program or staff member, I will bring my concerns directly to the Camp Director, Randy Thompson, only and will not address concerns with anyone else.
2. I agree to fully support the NC District Kids Camp Staff, NCDC leadership team in my word and conduct and I will remain positive and flexible.
3. I will attend/participate in all aspects of NC District Kids Camp. This includes: daily devotions, team prayer, worship, evening services, games, activities, clean-up duties, and all other duties outlined in my Counselor Manual.
4. I acknowledge the information I provided in this application is correct to the best of my knowledge. I authorize any references, churches listed to give you any information requested regarding my character and fitness for working with children. I release all such references fro liability for any damage that may result from furnishing such evaluations to NCDC.
5. Should my application be accepted, I agree to abide by the Constitution, By-laws, and Policies of the NCDC. I will refrain from unscriptural conduct in the performance of my services on behalf of the local church and the NCDC

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**Jr. Counselor Cost**

**\$235** Paid in full by May 31, 2009

**\$250** After May 31, 2009 with a \$100 non- refundable deposit paid by May 31<sup>st</sup> 2009.

**Please make check payable to the church that you are attending with  
and note in memo line "09 Kids Camp and the Jr. Counselor's name.**

The NC District Council of the Assemblies of God will not accept Kids Camp applications from individual campers/counselors. All applications and payments must be given to the children's pastor/leader at your church for processing to the district office.

***The lack of cooperation, unnecessary roughness, lack of respect for property, or an unwholesome attitude on the part of any camper/counselor will result in expulsion from camp. Expense of transportation home from camp is NOT responsibility of***

***The North Carolina District Council of the Assemblies of God (NCDC)  
NO REFUNDS WILL BE GIVEN FOR EXPELLED CAMPERS/COUNSELORS!***

***It is the policy of NCDC to admit all persons without regard to race, color, national origin, sex, or handicap. The same requirements are applied to all persons without regard to race, color, national origin, sex, or handicap.***

***There is no distinction in eligibility for or in the manner of providing services by this agency. All facilities of the agency are available regardless of race, color, national origin, sex, or handicap. All persons and organizations that have occasion either to refer people for admission or recommend this agency are advised to do so without regard to race, color, national origin, sex, or handicap.***

## REGISTRATION

Carefully read the camp fees and dates on the registration form. NO walk-ins or phone registrations will be accepted! First meal is at 5:30 pm on the first day of camp. Checkout is Friday at 11:00 am!!!

## CAMP RULES & REGULATIONS

These rules are given as guidelines for every camper to follow. This code of conduct has been established for your protection and the benefit of every person present. They must be obeyed at all times! You have pledged yourself to abide by this code during the week you are here.

1. No one is allowed to leave the campgrounds without specific permission from the camp director.
2. We reserve the right to inspect contents of all personal belongings. The holding and/or disposal of improper content is the right of the camp staff.
3. No fireworks, tobacco products, alcoholic beverages, or drugs are allowed on the campgrounds.
4. These items are **not** allowed:
  - CD, tape players, & radios
  - Cell phones, pagers, etc.
  - Hand-held video games
  - Firearms, knives
  - Clothing displaying questionable content
5. All staff members are authorized to maintain order anywhere on the grounds
6. The daily schedule must be observed by all, and attendance at all camp activities is required of all campers, counselors, and staff.
7. Each camper will perform his or her duties as part of the privilege of being here. Rooms and adjacent grounds must be kept clean daily.
8. Guys and girls are not allowed in each other's rooms.
9. Campers are not permitted to call home except for an emergency. All calls must be approved.
10. You are urged and expected to observe habits of personal cleanliness, courtesy, and Christian conduct. Profanity is not allowed.

## CAMP DRESS CODE

Rules and guidelines are for every camper:

1. Modest shorts may be worn during the entire camp. Extremely tight and/or short garments are prohibited. No spaghetti strap tops, crop tops, or belly shirts.
2. Shoes must be worn at all times.
3. Modest swimwear is expected. Girls; abdominal area covered. Guys; no "Speedo" style.
4. T-shirts and shorts must be worn between activities.

## CAMP PROPERTY DAMAGES

Charges for items broken/damaged during camp will be billed to all churches/parties/individuals involved in the incident.

## INSURANCE

Secondary medical coverage for accidental injuries is with Hartford Life and Accident Insurance Company through the NC District Council of the Assemblies of God. (NCDC)

## LOCATIONS

Camp Dixie  
373 Bladen Union Church Road  
Fayetteville, NC 28306

## TELEPHONE NUMBERS

1. Camp Dixie (**Emergency Only**)  
(910) 865-5180
2. Randy Thompson, Camp Director (**Emergency Only**)  
(704) 467-7570
3. NC District Council of the Assemblies of God  
(919) 965-0225 Ext. 232

## WHAT TO BRING

- Sleeping bag or twin bed sheets/blanket/pillow
- Clothes that can get messed up & Laundry bag
- Shampoo, soap, deodorant, toothbrush/paste
- Towels (Beach towel, bath towel and washcloths)
- Bible
- Spending money for snacks
- Bug spray
- Sunscreen
- Flashlight

Please clearly label all items. Campers are responsible for personal belongings. NCDC is not responsible for lost/stolen items. A fee will be charged for items returned by mail.

## NON CAMPER POLICY

In order to ensure a safe environment for all campers, no visitors are allowed during camp.

## MAIL CALL

All campers love to get mail. We suggest you send mail prior to the first day of camp to insure it arrives on time, or send with an adult from your group to deliver while at camp. Please address mail as follows:

NCDC Kids Camp Mail  
Camper's Name  
C/O Camp Dixie  
373 Bladen Union Church Road  
Fayetteville, NC 28306

**Recommendations are to be returned to the applicant in a sealed envelope with the signature of the recommending person across the seal. After the applicant collects all of the recommendation, please forward to the Children's Pastor/Leader for processing to the District Office.**

**Confidential Pastoral Recommendation**

Applicant, please fill out the information in this box only before giving this page to your Pastor.

Applicant Information:

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Day Phone \_\_\_\_\_ Evening Day Phone \_\_\_\_\_

**PASTOR** (Must be completed by the Senior Pastor)

Please complete the following and return in a sealed, signed envelope to the applicant.

(Please print legibly)

Pastor's Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Church Name \_\_\_\_\_ Church City \_\_\_\_\_

Serious consideration will be given to your evaluation of the character and fitness of the applicant. In order to be completely informed and to make a fair appraisal, please give as much information as is known. Your responses will be kept strictly confidential. If you have any questions or concerns please call 919.965.0225.

- 1. How long have you known this person? \_\_\_\_\_
- 2. How well do you know them? By name \_\_\_\_ Casually \_\_\_\_ Fairly Well \_\_\_\_ Very Well \_\_\_\_
- 3. Do you know of any reason that this person should not be considered as a counselor? Yes \_\_\_\_ No \_\_\_\_
- 4. Is the applicant active in church work? Yes \_\_\_\_ No \_\_\_\_
- 5. Has the applicant had a salvation experience? Yes \_\_\_\_ No \_\_\_\_
- 6. Are you aware of any mental or emotional illness or instability? Yes \_\_\_\_ No \_\_\_\_
- 7. Have you had any reason to question the applicant's morals? Yes \_\_\_\_ No \_\_\_\_
- 8. Do you have reason to lack confidence in the applicant? Yes \_\_\_\_ No \_\_\_\_
- 9. Does he/she deal well with stress? Yes \_\_\_\_ No \_\_\_\_
- 10. To your knowledge, have they been charged with child abuse? Yes \_\_\_\_ No \_\_\_\_
- 11. Applicant attends church faithfully. Yes \_\_\_\_ No \_\_\_\_
- 12. The applicant is spiritually mature to pray with children? Yes \_\_\_\_ No \_\_\_\_
- 13. List both the applicant's strengths/weakness \_\_\_\_\_

14. Would you want this person to care for your own children or grandchildren? Please explain why or why not.

15. What ministries does he/she currently serve in? \_\_\_\_\_

Use this space to include any additional information or comments:-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on your knowledge of this person's character and background, you:

\_\_\_ Highest Recommendation \_\_\_ Recommend \_\_\_ Do Not Recommend \_\_\_ With reservation, I recommend  
\_\_\_ Have Someone Contact Me

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**Recommendations are to be returned to the applicant in a sealed envelope with the signature of the recommending person across the seal. After the applicant collects all of the recommendation, please forward to the Children's Pastor/Leader for processing to the District Office.**

**Confidential Relative Recommendation**

Applicant, please fill out the information in this box only before giving this page to your relative.

Applicant Information:

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Day Phone \_\_\_\_\_ Evening Day Phone \_\_\_\_\_

**Relative** (Must be completed in full)

Please complete the following and return in a sealed, signed envelope to the applicant:

(Please print legibly)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Church Name \_\_\_\_\_ Church City \_\_\_\_\_

Serious consideration will be given to your evaluation of the character and fitness of the applicant. In order to be completely informed and to make a fair appraisal, please give as much information as is known. Your responses will be kept strictly confidential. If you have any questions or concerns please call 919.965.0225.

- 1. How long have you known this person? \_\_\_\_\_
- 2. How well do you know them? By name \_\_\_\_ Casually \_\_\_\_ Fairly Well \_\_\_\_ Very Well \_\_\_\_
- 3. Do you know of any reason that this person should not be considered as a counselor? Yes \_\_\_\_ No \_\_\_\_
- 4. Is the applicant active in church work? Yes \_\_\_\_ No \_\_\_\_
- 5. Has the applicant had a salvation experience? Yes \_\_\_\_ No \_\_\_\_
- 6. Are you aware of any mental or emotional illness or instability? Yes \_\_\_\_ No \_\_\_\_
- 7. Have you had any reason to question the applicant's morals? Yes \_\_\_\_ No \_\_\_\_
- 8. Do you have reason to lack confidence in the applicant? Yes \_\_\_\_ No \_\_\_\_
- 9. Does he/she deal well with stress? Yes \_\_\_\_ No \_\_\_\_
- 10. To your knowledge, have they been charged with child abuse? Yes \_\_\_\_ No \_\_\_\_
- 11. Applicant attends church faithfully. Yes \_\_\_\_ No \_\_\_\_
- 12. The applicant is spiritually mature to pray with children? Yes \_\_\_\_ No \_\_\_\_
- 13. List both the applicant's strengths/weakness \_\_\_\_\_

14. Would you want this person to care for your own children or grandchildren? Please explain why or why not.

15. What ministries does he/she currently serve in? \_\_\_\_\_

Use this space to include any additional information or comments-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on your knowledge of this person's character and background, you:

\_\_\_ Highest Recommendation \_\_\_ Recommend \_\_\_ Do Not Recommend \_\_\_ With reservation, I recommend  
\_\_\_ Have Someone Contact Me

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_