

DO NOT STAPLE
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District Council of the Assemblies of God

Kid's Camp 2012

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 rising 9th -12th graders serving in Children's Ministry 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

First Name

Middle

Social Security Number

Date of Birth

Age

Gender

Attending Camp (check one)

Male

Female

Camp I: July 16-20

Camp II: July 23-27

T-Shirt Size (Circle one)

Adult Small

Adult Medium

Adult Large

Adult X-Large

Adult XX- Large

Mailing Address

City

State

Zip Code

Area Code + Phone

Number

Email Address

Place of Birth - City, State

Parent/Guardian Names

Emergency Contact Person

Parent/Guardian Day Phone (Area Code + #)

Emergency Contact Day Phone (Area

Code + #)

Parent/Guardian Evening Phone (Area Code + #)

Emergency Contact Evening Phone

(Area Code + #)

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

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) _____

Christian Service

Church Membership – Church Name	How Long ? Years/Months
City	
Senior Pastor	Children's Pastor/Leader

1. List by name and address other churches you have attended regularly during the past 5 years. _____
2. Date of Salvation _____
3. Do you attend church regularly? Yes No
4. Do you read your Bible daily? Yes No
5. Do you pray regularly? Yes No
6. Are you active in church work? Yes No If yes, please describe: _____
7. Are you filled with the Holy Spirit with evidence of speaking in tongues? Acts 2:4 Yes No
8. Have you ever led a person to Christ? Yes No - Adult Child Both
9. Have you ever led someone in the Baptism of the Holy Spirit? Yes No - Adult Child Both
10. List any special skills or talents: _____
11. List any gifts, callings, training, education that may have prepared you to be a camp counselor: _____
12. Please describe your temperament and personality. _____
13. Have you ever operated in any spiritual gifts outlined in 1Corinthians 12: 8-10 Yes No If yes, please describe: _____
14. List all previous church work involving children:

Church Name and Address	Type of Work Performed	Dates

15. List all previous non-church work involving children:

Organization and Address	Type of Work Performed	Dates

16. Have you worked at previous NC District Kids Camps? Yes No Number of years? _____ What positions?
 Counselor Water Sports Kitchen Bible Mania Prayer Altar Services First Aid Other: _____
17. Can you swim? Yes No If yes, how well? _____

Health Statement & Medical History

1. Do you have any physical disabilities that would hinder your participation? ___ Yes ___ No If yes, please describe: _____

2. Have you ever been treated for any mental or emotional conditions? ___ Yes ___ No If yes, please describe: _____

3. Are you taking any prescribed medicine, shots? ___ Yes ___ No

4. Have you ever been treated for alcohol or drug abuse? ___ Yes ___ No

5. Will you experience problems due to hard physical labor? ___ Yes ___ No

6. Are you unusually sensitive to heat exposure? ___ Yes ___ No

7. Have you ever been partially or completely overcome by heat? ___ Yes ___ No

If yes to any of the above, please give a description and detailed explanation: _____

8. Is there any information we should have regarding the welfare of this person (handicaps, restrictions, diet, allergies, dangerous reactions, food & drug allergies, special food needs, etc)?

9. Please list all medications (Prescription and/or Over-the-counter drugs) taken by Jr. Counselor

Medicine	Dosage	Exact Time Taken		
		AM BEDTIME	LUNCH	PM

Over-the-counter Drug Permission

Please don't send commonly used over-the-counter medicines like; Tylenol, Advil, & Tums etc. as these will be provided. "I give permission for my child to receive Tylenol, Advil or Tums as prescribed by manufacturer if deemed medically necessary."

Yes No (Circle One)

If yes, signature required: _____

ALL MEDICATIONS, PRESCRIPTIONS, AND OVER-THE-COUNTER DRUGS MUST BE BROUGHT IN THE ORIGINAL BOTTLE WITH THE DOSING INSTRUCTIONS ATTACHED TO THE CAMP NURSE

Emergency Treatment Permission

I do hereby state, that I have legal custody of this child, a minor, who resides with me. While this minor is a registered Camper/Jr. Counselor at any North Carolina District Council of the Assemblies of God Kids Camp (NCDC), I hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I also give permission for my child to receive over-the-counter medication from the camp nurse if necessary. I (we) have read the rules and agree to abide by them and do hereby give permission to participate in all camp activities. Also, permission is given to the NCDC to use photographs (individual or group) and/or multimedia images and recordings in the best interest of NCDC.

NO REFUNDS, BUT FUNDS ARE TRANSFERABLE

Make check payable to the church that you are attending with and note in memo line 2012 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! Camp begins at 4pm on Monday. 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, drugs, firearms or knives are allowed on the campgrounds.
4. These items are **not** encouraged and may be collected by counselors at their discretion:
 - Cell phones
 - Electronic devices such as: MP3 players, iPods, iPads etc.
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.
5. Clothing displaying questionable content is not permitted.

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)

LOCATION

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

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 recommendations, please forward to the Children's Pastor/Leader for processing to the District Office.

Confidential Friend Recommendation

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

Applicant Information:

Name _____ Age _____ DOB ____/____/____

Day Phone _____ Evening Day Phone _____

Friend *(Must be completed in full)*

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

(Please print legibly)

Name _____ Met applicant at: _____

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 recommendations, 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 ____/____/____