

6. Have you ever physically or sexually abused a child? Yes No
 If yes, please explain: (attach a separate sheet if necessary) _____

7. 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) _____

8. 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 Kid's 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? _____

Medical History

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

Counselor Cost

\$75 Paid-in-full by May 31, 2012 **\$100** Paid after May 31, 2012

***Please note that this reduced cost is based on meeting the ratios outlined in the letter of introduction**

All payments must be paid-in-full by July 1th.

NO REFUNDS, BUT FUNDS MAY BE TRANSFERED

Please make check payable to the church that you are attending with and note in memo line 2012 Kid's Camp.

The NC District Council of the Assemblies of God will not accept Kid's 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 11am!!!

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. All staff members are authorized to maintain order anywhere on the grounds
5. The daily schedule must be observed by all, and attendance at all camp activities is required of all campers, counselors, and staff.
6. 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.
7. Guys and girls are not allowed in each other's rooms.
8. Campers are not permitted to call home except for an emergency. All calls must be approved.
9. 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 DAMAGE

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 Kid's Camp Mail
Camper's Name
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 recommendations, 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 church 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 ___/___/___