

13. Have you ever operated in any spiritual gifts outlined in 1 Corinthians 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 Kids Camps? ___ Yes ___ No Number of years? ___ What positions? ___ Counselor ___ Water Sports ___ Kitchen ___ Games ___ 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	LUNCH	PM	BEDTIME

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 the KidzAblaze Ministries camp, 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 KidzAblaze Ministries to use photographs (individual or group) and/or multimedia images and recordings in the best interest of KidzAblaze Ministries.

Parent/Guardian Signature (Required)

_____ Date _____

Jr. Counselor Signature (Required)

_____ Date _____

Jr. Counselor's Insurance Information

To be completed by the Jr. Counselor's Parent/Guardian

Insurance Carrier											Insurance Co. Phone Number																					
<input type="text"/>											<input type="text"/>																					
Policy Number											Group Number																					
<input type="text"/>											<input type="text"/>																					
Policy Holder's Name (First)											(Last)											(Middle Initial)										
<input type="text"/>											<input type="text"/>											<input type="text"/>										
Policy Holder's Social Security Number																																
<input type="text"/>											<input type="text"/>																					

Copy of both sides of the Policy Holder's Card must be attached to camp application.

PLEASE INCLUDE A COPY OF BOTH SIDES OF THE INSURANCE CARD

Jr. Counselor Agreement

- 1. I, _____ agree to abide by the rules and regulations set forth by KidzAblaze Ministries and Victory Mountain Camp. 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 KidzAblaze Ministries leadership team in my word and conduct and I will remain positive and flexible.
- 3. I will attend/participate in all aspects of KidzAblaze Ministries 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 KidzAblaze Ministries
- 5. Should my application be accepted, I agree to abide by the Constitution, By-laws, and Policies of KidzAblaze Ministries. I will refrain from unscriptural conduct in the performance of my services on behalf of the local church and KidzAblaze Ministries.

Signature _____ Date _____

Witness _____ Date _____

Jr. Counselor Cost

\$225 Paid-in-full by May 31, 2023

\$245 After May, 31, 2023 and balance due by June 20, 2023

All payments must be paid-in-full by June 20, 2023

NO REFUNDS, BUT FUNDS ARE TRANSFERABLE

*Make check payable to the church that you are attending with and note in memo line:
2023 Kids Camp and the Jr. Counselor's name.*

KidzAblaze Ministries 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 KidzAblaze Ministries 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
KidzAblaze Ministries*

NO REFUNDS WILL BE GIVEN FOR EXPELLED CAMPERS/COUNSELORS!

It is the policy of KidzAblaze Ministries 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 registration is from 2-4pm 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: 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 discouraged 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.

LOCATION

Victory Mountain Camp
3594 Youth Camp Road
Sophia, NC 27350

TELEPHONE NUMBERS

Randy Thompson, KidzAblaze Ministries
(704) 467-7570

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 and missions offering!
- € Bug spray
- € Sunscreen
- € Flashlight

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

VISITORS DURING CAMP

Parents and other family members wishing to see their kids during the week must clear this ahead of time through the camp director.

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:

Kids Camp Mail
Camper's Name
Victory Mountain Camp
3594 Youth Camp Road
Sophia, NC 27350

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 thru KidzAblaze Ministries

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 _____

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 704.467.7570

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 _____

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

___ Highly Recommendation ___ Recommend ___ Do Not Recommend ___ With reservation, I recommend
 ___ Have Someone Contact Me

Signature _____ Date ____/____/____

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 _____

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 704.467.7570

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?

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

___ Highly Recommend ___ Recommend ___ Do Not Recommend ___ With reservation, I recommend
___ Have Someone Contact Me

Signature _____ Date ____/____/____

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:

Name _____

Relationship _____

Phone _____

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 704.467.7570

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?

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

___ Highly Recommend ___ Recommend ___ Do Not Recommend ___ With reservation, I recommend
___ Have Someone Contact Me

Signature _____ Date ____/____/____