

DO NOT STAPLE  
USE PAPER CLIP



### SR. COUNSELOR/STAFF REGISTRATION FORM

Sr. 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 KidzAblaze Ministries kids camp. This is to provide a safe and secure environment for children participating at camp.

All applicants must be at least 18 years old and are required to present one of the following to attending church leadership: Original Social Security Card, Valid Driver's License, Current Passport, or Birth Certificate to be copied and included with this form. A background check will be processed for each camp staff member by KidzAblaze Ministries

PLEASE PRINT CLEARLY

Personal Information

Last Name [grid]

First Name [grid] Middle [grid]

Social Security Number [grid] Date of Birth [grid] Age [grid] Shirt Size [grid]

Gender  
 Male  Female

Mailing Address [grid]

City [grid] State [grid] Zip Code [grid] Area Code + Phone Number [grid]

Email Address [grid]

Place of Birth - City, State [grid]

Work/ Day Phone (Area Code + #) [grid] Cell Phone (Area Code + #) [grid]

Evening Phone (Area Code + #) [grid] Driver's License # and State Where Issued [grid]

- 1. Marital Status (check one) \_\_\_ Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Widowed
- 2. Do you use tobacco? \_\_\_ Drink alcoholic beverages? \_\_\_ Use non-prescription drugs? \_\_\_
- 3. Are you certified in/as: \_\_\_ CPR \_\_\_ EMT \_\_\_ LPN \_\_\_ RN License State: \_\_\_\_\_
- 4. Have you ever been convicted of or pleaded guilty to a crime? \_\_\_ Yes \_\_\_ No  
If yes, please explain: (attach a separate sheet if necessary) \_\_\_\_\_

5. 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)



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 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? \_\_\_\_\_

**Medical History**

- Do you have any physical disabilities that would hinder your participation? \_\_\_ Yes \_\_\_ No If yes, please describe:  
 \_\_\_\_\_
  - Have you ever been treated for any mental or emotional conditions? \_\_\_ Yes \_\_\_ No If yes, please describe:  
 \_\_\_\_\_
  - Are you taking any prescribed medicine, shots? \_\_\_ Yes \_\_\_ No
  - Have you ever been treated for alcohol or drug abuse? \_\_\_ Yes \_\_\_ No
  - Will you experience problems due to hard physical labor? \_\_\_ Yes \_\_\_ No
  - Are you unusually sensitive to heat exposure? \_\_\_ Yes \_\_\_ No
  - 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 on the back of this application.

**Emergency Contact Person**

_____																			
Work/ Day Phone (Area Code + #)										Cell Phone (Area Code + #)									
_____										_____									
Evening Phone (Area Code + #)																			
_____																			

**Insurance Information**

Insurance Carrier										Insurance Co. Phone Number									
_____										_____									
Policy Number										Group Number									
_____										_____									
Policy Holder's Name (First)										(Last)					(Middle Initial)				
_____										_____					_____				
Policy Holder's Social Security Number																			
_____																			

**Copy of both sides of the Policy Holder's Card must be attached.**

### Background Check Consent

Do you consent to having a background check processed by KidzAblaze Ministries? If for any reason a background check will need further review, the local pastor will address the issues.

Yes, I allow a background check to be processed by KidzAblaze Ministries

No, I **do not** consent to a background check being processed. I understand this will affect the possibility of being a staff member and working with campers.

### 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 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.

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

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

### Counselor Cost

**\$140** Paid-in-full by May, 31, 2023    **\$160** Paid after May 31, 2023

**\*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 June 20  
NO REFUNDS, BUT FUNDS MAY BE TRANSFERRED**

**Please make check payable to the church that you are attending with and note in memo line 2023 Kid's Camp.**

KidzAblaze Ministries 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.

***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! Registration is from 2-4pm on Monday. Checkout is on 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 discouraged from calling 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.

## **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  
C/O 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 Pastor.

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?

\_\_\_\_\_

\_\_\_\_\_

Use this space to include any additional information or comments:

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 Pastor.*

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 \_\_\_\_/\_\_\_\_/\_\_\_\_