



CAMP JUBILEE

JUNE 1-5, 2018

Camp will be conducted at: **Camp Hickory Hills**
925 Wilson Hollow Rd., Dickson, TN 47055

STAFF APPLICATION

Completing the application does not guarantee acceptance into our summer camp program. Applicant will be contacted by the Camp Director pending final approval and based on available positions.

Name: _____
T-Shirt: ADULT SIZES: () Extra Small () Small () Medium () Large () X Large () 2X () 3X
CHILD SIZES: () 6-8 () 10-12 () 14-16
Birth date: _____ Email Address: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone # _____
Emergency Contact: _____ Phone # _____
Emergency Contact: _____ Phone # _____

Application, Pastor Endorsement, and Background Check will be DUE BY May 1, 2018.
Total Cost of \$50.00 will be due the first day of camp.
(Cost includes lodging, meals, and T-shirt.)

Mail Staff Application to:
Pam Jones, Camp Director
3460 Whispering Wood Dr. NE
New Salisbury, IN

Contact #
812-620-0052

Pastoral Endorsement and Background Check Information:
The Pastoral Endorsement Form (attached) should be completed and signed by the applicant's local church pastor. Pastoral approval should only be given if the pastor can in good faith endorse the character of the individual submitting this application as one who represents and lives the lifestyle of a Christian as outlined in the Word of God. Endorsement forms must personally be submitted by the pastor and mailed to the Camp Director. A background check must be completed and a copy provided to the Camp Director (Note: Contact the Camp Director for more information concerning the Background Check.) This application is not complete until the Pastoral Endorsement Form and Background Check is received by the Camp Director.

Are you a Member of Zion Assembly Church of God? () Yes () No
Name of the church you attend. _____
Are you:
(Please check all that apply.)
___ Saved ___ Sanctified ___ Filled with the Holy Ghost ___ Baptized in Water
Camp you desire to work in: () Juniors () Seniors
Staff Position(s) Preference and why: _____

Health Insurance Information

PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD

Name of Insurance	Carrier Policy Holder	Relationship
ID Number	Group Number	Address and Number

In case of emergency, please notify:

Name	Relationship	Telephone #
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Health History (Check all that apply)

Epilepsy Asthma Cancer Kidney Disease Seizures Heart Condition/Disease
 Tuberculosis Diabetes Fainting Sleep Walking Blood Disorder
 ADHD/ADD Other _____

Allergies (Check all that apply): () Drug () Food () Insect Bite () Environmental () OTHER

Please Specify: _____

Most Recent Tetanus _____ Recent Operations _____

Special Diet Instructions _____

Physical Restrictions _____

*Head lice check will be performed upon arrival to camp as deemed necessary by camp nurse.

MEDICATION LIST

IMPORTANT: The Camp Nurse will only administer those medications that are listed below, as there will be NO over-the-counter medications on hand. All prescribed medications MUST be sent in their original **prescribed bottles** and any over-the-counter meds (ex. For a headache / body aches, fever, bug bites or allergic reaction) must be sent in their **original purchased - unopened bottles**.

PLEASE LIST ALL PRESCRIBED MEDICATIONS AND OVER-THE-COUNTER MEDICATIONS, ALONG WITH DETAILED INSTRUCTIONS. NOTE: ALL MEDICATIONS BROUGHT TO CAMP MUST BE LISTED.

Medication Name	Dosage	Time to be given	Reason
Over-the-counter Medications	*Over-the-counter medications will be given according to the directions on the bottle, unless deemed otherwise by parent.		Reason

***(If Additional space is needed, please use back of this form to write complete medication info)**

Release of Liability:

I understand that if any accident should occur or any sickness, it is my own responsibility. It is understood that Zion Assembly Church of God Youth Camp will not be held liable for any expense in such case. In case of emergency, I understand that EVERY effort will be made to contact the Emergency Contact person as listed on application. If I am unresponsive, I hereby give permission to the physician to secure proper treatment, care, even hospitalization for me.

OTHER INFORMATION & CONSENT

Dress Code: Please dress appropriately. The following is not allowed: Short shorts, short blouses, tank tops, and halter tops. Shorts must be worn at or below the knees. Leggings and/or yoga pants may be worn, but only if the shirt length covers down to the mid-thigh area with hips completely covered. You may be asked to cover leggings with shorts or skirt, or change if deemed inappropriate by deans/director. In giving respect to God's house, all staff is encouraged to dress appropriate for evening services.

**One piece bathing suits required at pool, along with appropriate covering to and from the pool.

You will be expected to bring your own bed linens & towels.

Registration: 4:30 pm (Central Time), Friday afternoon—June 1, 2018.

I understand that in signing this application, I am agreeing to abide by all rules, policies and discipline of Zion Assembly and the camp, as set forth by the camp committee and director, and consent to the above stated information and release of liability. Also, by signing, I give permission to the camp, and its affiliate Zion Assembly Church of God, to use any pictures or videos for promotional purposes, including, but not limited to websites, flyers, and social media. Should you NOT want to be photographed or Videotaped, please provide a written/signed statement.

Signature of Potential Camp Staff: _____

Printed name: _____ Date: _____

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PASTORAL ENDORSEMENT



Mail To:
Pam Jones, Camp Director
3460 Whispering Wood Dr. NE
New Salisbury, IN 47161

This Pastoral Endorsement Form must be completed by the pastor of the prospective staff member.

This form serves as a pastoral evaluation and recommendation of a prospective staff member who desires to volunteer in Camp Jubilee for the Zion Assembly Church of God. Your forthright evaluation will help us compile an effective camp staff. Answer all questions to the best of your knowledge. Pastors submitting applications to work as camp staff will need the state overseer's endorsement.

Pastor or Overseer: Please, personally seal and mail this form to the Camp Director at the address above.

Name of Applicant: _____

Church: _____ Pastor: _____

Do you endorse in good faith the character of the applicant as striving to live a Christian lifestyle as outlined in the Word of God: Yes No

Does this person attend and participate in your local church faithfully: Yes No

How long have you known this applicant: _____?

Does the applicant hold any positions or participate in any ministries at the local church, and if so, what?

What are his/her greatest strengths/weaknesses? _____

Do you believe the candidate works well with children and/or young people? Yes No

Does the candidate work well in a team environment? Yes No

Is the candidate trustworthy and responsible? Yes No

Does the candidate have a positive attitude? Yes No

Is there any reason we should not consider this applicant for service as a staff member for Camp Jubilee?

Other Comments: _____

Pastor Signature: _____ Date _____

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with your employment and/or volunteer with Camp Jubilee (Zion Assembly Church of God), notice is hereby given that an investigative consumer report (background screening) may be obtained from a consumer reporting agency for employment and/or volunteer purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The reports may also contain information about you relating to your criminal history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature

TODAY'S DATE

LAST NAME _____ FIRST NAME _____ MIDDLE/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PREVIOUS ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN

D/L or STATE ID

STATE ISSUED

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____