

2013 Camp Counselor Application

In order to provide the safest possible environment in which our children and youth can experience God, all workers and volunteers at any Iowa Ministry Network camp involving minors must provide a current background check, dated no more than one year from the last day of camp they are attending, a complete application, a current and clear copy of their drivers license, and counselor fee. Thank you for working with us to protect our children and youth.

A Note to the Local Church

As of 2012 the Iowa Ministry Network is no longer providing background checks. We are asking you to supply our office with a copy of the background check for each of your counselors. If you do not have a system in place, please contact the Student Ministries Department at youthdept@imnag.org for a list of companies that run background checks. You will need 4 - 6 weeks to get a system in place with any of these companies before you can run background checks. Please keep the following in mind as you collect applications:

1. In order to be processed on time, counselor applications must be received one week prior to the camp the individual wishes to counsel.
2. Background checks are good for one year and must be dated no more than one year from the last day of camp counselors are attending.
2. No faxes will be accepted.
3. Age requirements are non-negotiable. The only exceptions are credentialed pastors and college interns.
4. A \$75 fee is still optional because of churches who participated in 2011 & 2012. Please continue to assist the Student Ministries Department in keeping cost down by participating in this option.
5. The suggested ratio of counselors to students is 1:6 per gender. If you choose to bring additional counselors, each additional counselor will be asked to pay the \$75 fee.

Please read through each application and make sure all required information is included. Counselor applications are due no later than one week prior to the camp they are applying to counsel. For questions please contact.....

- Part 1 - Personal Information & Photo ID
- Part 2 - Rates and Age Requirements
- Part 3 - Release of Information and Medical Information
- Part 4 - Pastoral Approval
- Counselor Fee Included in Church Check
- Required and Current Background Check Attached

Mark the camp(s) for which you are applying as a counselor/volunteer:

- _____ Youth Camp #1 (Sr High) - June 10 - 14
- _____ Youth Camp #1 (Jr. High) - June 10 - 14
- _____ Youth Camp #2 - June 17 - 21
- _____ Youth Camp #3 - June 24 - 28
- _____ Kids #1 - July 8 - 12
- _____ Kids #2 - July 15 - 19



Application

(Please type or print. Mail to the Iowa Ministry Network. Do not fax.)

Part 1: Personal Information

Copy of drivers license required. Picture and information must be legible.
(affix here)

FULL NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

EMAIL: _____

AGE: _____ SEX: _____ PHONE: _____

MARITAL STATUS: _____ Single _____ Married _____ Separated

DATE OF BIRTH: _____ / _____ / _____

SOC SECURITY #: _____

(Required)

CHURCH: _____

CITY: _____

What year did you accept the Lord? _____

Have you been filled with the Baptism of the Holy Spirit evidenced by speaking in tongues? _____ What year? _____

Is your life free from sexual immorality? _____
If no, explain. _____

Is your life free from the use of tobacco? _____
If no, explain. _____

Is your life free from the use of alcohol? _____
If no, explain. _____

Is your life free from the use of illegal drugs? _____
If no, explain? _____

Have you ever been convicted of or pleaded guilty to a criminal offense (excluding minor traffic violations)? _____

If yes, explain: _____

Have you ever been accused, arrested, involved or convicted of any sort of sexual misconduct, including child molestation or sexually related crime? _____ If yes, explain: _____

Do you have any physical ailments or limitations that will prevent you as a counselor, from monitoring and supervising in a high-paced and recreational environment? _____

If yes, explain: _____

PLEASE NOTE THAT THE MEDICAL POLICY STATED ON THE OPPOSITE PAGE IS THE SAME FOR MINORS & ADULTS ROOMING WITH CAMPER.

List (name and address) other churches you have attended regularly during the past five years _____

Number of years previously counseled in Iowa? _____
Number of years previously counseled in other Districts? _____
Which Districts? _____

Is there anything else you would like us to know about you?

Part 2: Rates & Age Requirements

Rates:

(Please check one)

* The counselor rate is per camp and must be sent in with this form in order to begin the approval process.

_____ \$25 - This is the minimum mandatory rate for all counselors and/or volunteers.

_____ \$75 - This is the optional rate that will continue to help off-set the cost of camp and keep our rates low for children and youth.

Minimum Age Requirements for Counselors and Volunteers

Kids Camp - 16 years old
Youth Camp #1 (Junior High) - 18 years old
Youth Camp #1 (Senior High) - 22 years old
Youth Camp #2 & 3 - 22 Years Old

* No exceptions will be made in regards to the minimum age requirement, unless the applicant has credentials with the Assemblies of God, is a college intern at your church or through the Iowa Ministry Network.

Part 3: Release of Information & Medical Information

Your application will not be processed without the required background check. Please note that background checks are good for one year and that the process date must be good through the week of camp you are counseling or volunteering.

I also authorize, (name of local church) _____, my local church, to mail a photocopy of all results, findings and information collected from any references, churches, criminal records check, sex offender registries check, social security verification check and all other information collected for the purpose of my attending the Iowa Ministries Network of the Assemblies of God summer camp programs, to the Iowa Ministry Network of the Assemblies of God.

Applicant's Signature _____ Date: _____

legal guardian signature required for applicants under the age of 18

Legal Guardian Signature: _____ Date: _____

Medical Information is required for counselors and volunteers under the age of 18.

Insurance Company: _____ Policy #: _____

Subscriber's Name: _____ Subscriber's Date of Birth: _____

Subscriber's Place of Employment: _____

(If your child is not insured please write "N/A" in the "insurance company" blank.)

Y or N

____ Restricted Activities? If yes, please explain: _____

____ Known to be a carrier of any contagious or infectious disease? If yes, please explain: _____

____ Known behavioral or psychological problems or disorders? If yes, please explain: _____

____ Allergies? If yes, explain: _____

____ Other health information we should know: _____

MEDICAL POLICY STATEMENT

All medication is required to be turned in to the camp First Aid Personnel at registration. This policy includes all counselors and/or volunteers approved to room with students. The Camp First Aid Personnel will be responsible for dispensing all medications. Prescriptions and over the counter medications are required to be in their original prescription bottle or container with the dosage and instructions still intact. Please place all prescriptions and medications in a ziploc baggy with the minor or counselors name, the church they are traveling with and the city the church is located.

Current Medications: List all medications to be administered at camp: _____

LEGAL GUARDIAN AUTHORIZATION: The "Statement of Health" listed on this sheet is correct as far as I know and the minor listed on this form has permission to engage in all prescribed activities except noted by me. I give permission for the camp first aid personnel to treat the listed camper in the event of a minor illness or minor injury. IN CASE OF EMERGENCY, and when I am unable to be contacted, I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child. Camp counselor refers to "a person in charge of a group of children at camp" and does not imply they are licensed to give counsel. Permission is given to Iowa Ministry Network to use photographs of my Child for the camp video and/or future promotional purposes. I understand that Sunstream, Iowa Ministry Network, or any of its employees are not to be held personally responsible for accidents.

Legal Guardian Signature: _____ Date: _____

legal guardian signature required for applicants under the age of 18

Thank you for completing this application form. You will be notified by your local church if you have been accepted, and if we are in need of counselors that particular week.



Part 4: Pastoral Approval

Please have a pastor at your church complete the certificate. If you are a credentialed minister with the Assemblies of God of Iowa you may sign for yourself and/or your spouse.

- I am personally acquainted with the applicant, and in my opinion he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any questions concerning his or her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day:

Signature

Date

Print or type name

Title

**Did you: ✓ Sign ✓ Attach a legible copy of your drivers license.
 ✓ Enclose Counselor Rate of \$25 or \$75 ✓ Receive Pastoral Approval (Signature)**

Iowa Ministry Network Use Only

Entered: _____

Counselor or IMN Volunteer: _____

Check Number: _____

Medical Information (Minors Only): _____

Amount Paid: _____

Notes for SMD: _____

Meets Age Requirement: _____

Date of Birth and Social Security #: _____

Approved: _____

Drivers License Attached: _____

(SMD Signature)

BCKGRD Check Attached & Current: _____

Denied: _____

(SMD Signature)

