

2004 KIDS KAMP STAFF APPLICATION
Assemblies of God - German District

Please complete in detail. Filling out this form does not guarantee you will be on staff. If you are chosen, we will notify you.

Name _____ Date of Birth _____

Address _____

Phone () _____ Work Phone () _____ Age ____ Sex ____ Married/Single

Email Address _____

I am interested in: () Counselor () Cook () Crafts Coordinator
() Nurse () Helper - \$40 () Athletic Director

Staff under the age of eighteen must fill out a camp health form and medical consent.

I Christian Education:

Home Church _____ Pastor _____ Member? Y/N
When Saved? _____ Are You baptized in the Holy Spirit? Y/N If yes, when _____
Please list church activities you are currently involved in:

II. Education:

() High School - Year Completed _____
() College - Year Completed _____: Major _____

III. Camp Experience:

Camper Y/N If yes, where? _____ How many years? _____
Camp Staff Y/N If yes, where? _____ How many years? _____

IV. Personal:

Parent/Spouse Name: _____
Do you use tobacco? Y/N Drink alcoholic beverages? Y/N Use nonprescription drugs? Y/N
Have you ever been convicted of any crime other than a traffic violation? Y/N
Do you have any physical disabilities or limitations? Y/N

If you answered yes to any of the above questions, please explain: _____

V. References:

Three signatures are needed below. One must be from a pastor in your church and the other two must be from unrelated persons.

- 1. Name _____ Phone _____
- 2. Name _____ Phone _____
- 3. Name _____ Phone _____

Please give a brief explanation as to why you are applying to be a worker at Kids Kamp.

In case of an emergency, whom should we contact?

Name _____ Phone () _____

Name _____ Phone () _____

Applicant's Commitment:

I pledge myself to a cooperative ministry with the director of the German District Youth/Family Camp. I will maintain a personal discipline and a spirit that exemplifies Christ at all times. I will put the physical, mental, and spiritual welfare of the campers as first priority.

Applicant's Signature: _____ **Date** _____

Return application to: German District Kids Kamp; P.O. Box 577 Bridgman MI 49106

**** All applicants will receive a phone call/ interview by July 11, 2003**