MICHIGAN SUMMER YOUTH CAMP

WORKER APPLICATION - SUMMER 2019

Church of God Camp Grounds
6317 Old US 23 Fenton, MI 48430
810-629-0460 | Fax 810-629-0693 | www.michigancog.org

Thank you for your interest in serving at Youth Camp! It is our desire to provide a safe and secure environment for those students who participate in our camping programs. This is why we ask each church to provide Adult workers for the children they send to camp.

Worker Application Deadline is May 15, 2019

The application process needs to be completed by all applicants for any position involving the supervision or custody of minors. ***Please Note: ALL WORKER POSITIONS** will be open to consideration of Michigan Church of God Director and/or Youth & Discipleship board. There is a pastor's reference section to be completed by the Senior Pastor. We ask that this application be filled out every year. This gives us a current approval from your pastor endorsing you and your ministry to children and students.

We have also included an Authorization and General release form for a complete background check. This gives permission to run a background check. Every applicant must receive a background check. Every approved worker and staff member will have an ID tag. Help us keep a secure camp by asking anyone on campus without a name tag their purpose for being on campus. Together we can provide a safer environment.

Also, we must ask that no Camp Worker bring their infant/toddler or non-camping children to Camp with them, unless arrangements have been made through the state office. (*A per child fee will be applied to cover cost of food per week.)

We live in a day and age where extreme precautions must be taken to assist in the safety of minors. Because of this, camp will be a "closed campus". We will not be accepting visitors during the days and evening services may only be attended with **PRIOR** approval. We thank you for your understanding. If you have any questions concerning the application please contact us at our office 810.629.0460 or e-mail michiganyouthdiscipleship@gmail.com

For consideration of a camp worker position, one must be a committed Christian and in good standing in a local Church of God congregation. High School week workers must be at least 20, Middle school week workers must be at least 18. Kid's camp week, a limited number of applicant's age 15-17 and may be accepted as counselor-in-training or worker-in-training if in need. **Priority** will be given to **adult workers. Persons age 14 or younger, do not apply you will not be accepted to work.**

Also, to work at camp you will need to complete the following:

- **Staff Application and Background Check consent.**
- **Application must receive a pastoral endorsement form sent directly from the pastor.**
- **Must complete Children's & Adult Foster Care Camp Staff/Volunteer form**
- **Must return application by May 15th, 2019**

Background checks are run each year. Please complete the entire application including the background check release form.

APPLICANT AUTHORIZATION AND GENERAL RELEASE

I (print name) _____ hereby authorize **Michigan Church of God State Executive Offices** (herein known as "Company") to request and receive any and all background information about or concerning me, including but not limited to my Criminal History as it pertains to sexual offenses.

I further release and discharge **Michigan Church of God State Executive Offices** and it's "Service Provider" and all of their Subsidiaries, Affiliates, Officers, Employees, Contact Personnel or Associates, from any and all claims and liability arising out of any request (s) for, or receipt of, information or records pursuant to this authorization, procurement of an investigate report and understanding that it may contain information about my character, general reputation, personal characteristics and mode of living, whichever are applicable.

I acknowledge that I have voluntarily provided the information below for volunteer purposes and I have carefully read and I understand this authorization.

Signed: _____ Date: _____

Name (print): _____ Previous (former) Names: _____

Social Security #: _____ Date of Birth: _____

Drivers License #: _____ State Issued: _____

Home Address:

_____

Church Name: _____

References other than Senior Pastor (Cannot be related to you)

1. Name & Phone #: _____
2. Name & Phone #:_____

Statement of Reservation

While no one is rejected to work or attend Church of God Youth Camp on the basis of race, color or creed, the Director of Youth & Discipleship and/or the Michigan State Youth and Discipleship board does reserve the right to accept or reject an application for volunteer work at Church of God Youth Camps after review of said application reveals that the services of the applicant would or would not be in the best interest and success of the camp.

Please check the camp(s) & position in which you request to work (desired positions are not guaranteed)**:**

___ High School, June 24-28 **___ Middle School, July 1-5** **____Kid's Camp, July 8-12**

___ Counselor ____ Assistant Counselor ___ Rec Staff ___ Kitchen Staff ____Canteen Staff ____Camp Store Staff

T-Shirt Size (please circle one): S M L XL XXL XXXL - Adult Sizes

(You will not receive a free worker t-shirt if worker application is received after May 15th)

Name: _____ Date of Birth: _____ Gender: __ Male __ Female

Mailing Address: _____ City: _____ State: _____ Zip: _____

Present Occupation: _____ Ministry Involvement: _____

Home Phone: ( ) _____ Work Phone: ( ) _____

Cell Phone ( ) _____ Email: (***required***) _____

Church Name: _____ Pastor: _____

Have you previously worked at a Michigan Church of God Youth Camp? ___ Yes ___ No If yes, what camp and date: ___

_____

Are you a Christian? _____ When did you receive Christ? _____ Are you attending church regularly? _____

Do you have a regular devotional and prayer life? _____ Are you Baptized in the Holy Spirit? _____

Would others agree that you display a Christ-like character? _____ Can you be flexible without getting flustered? _____

Are you certified in any of the following? ____ CPR ____ First Aid Date(s) Certified: _____

APPLICANT'S STATEMENT

Having filed this application as a voluntary worker with Michigan Church of God Youth & Discipleship Department, I consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation, fitness for the ministry and further information as may be received by or reported to the above named office. I agree to give any further information, which may be required in reference to my past history.

I hereby release the Michigan Church of God and all providers of information from any liability as a result of furnishing and receiving this information.

Permission is given to Michigan Church of God to use photographs and/or multimedia images and recordings in the best interest of the Youth & Discipleship Department.

I am willing to abide by all Camp Rules, be given any assignments, be placed in any dorm and if need be, go beyond the duties of my specified are. As a camp worker, I will submit myself to the Camp Director and prayerfully discharge my assigned duties. I realize that Camp is for the students.

Applicant Signature: _____ Date: _____

Personal Information

List any special medical conditions. _____

_____

Do you have any physical handicaps or conditions that would limit your performance in certain types of activities? ____ Yes ____ No
If yes, please explain: _____

_____

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? ____ Yes ____ No
If yes, please explain: _____

_____

Have you ever been accused or convicted of child abuse or molestation? ____ Yes ____ No
If yes, please explain: _____

_____

Have you ever been a victim of abuse (Verbal, physical, sexual)? ____ Yes ____ No
If you prefer, you may discuss the answer to the above question with a pastor or ministry leader.
Answering "yes" or leaving it unanswered would not automatically disqualify you from the privilege of working in any ministry capacity.
However, you may be asked to clarify your response.

Have you ever been involved in homosexual activity? ____ Yes ____ No
If yes, would you be willing to discuss this matter with a pastor or ministry leader? ____ Yes ____ No
Have you ever been accused, charged or alleged to have committed a theft? ____ Yes ____ No
Are you addicted to prescription drugs? ____ Yes ____ No
Do you use tobacco in any form? ____ Yes ____ No
Do you drink alcoholic beverages? ____ Yes ____ No
Do you take illegal drugs? ____ Yes ____ No
Do you have a problem sleeping? ____ Yes ____ No
Do you have recurring nightmares or sleep disturbances? ____ Yes ____ No
Do you have a history of use of pornographic materials? ____ Yes ____ No
Has your driver's license ever been revoked or suspended? ____ Yes ____ No

Insurance Information

Insurance Company _____Policy # _____Group# _____

Address _____City_____State____ ZIP_____

Phone # _____

Office Use Only

Background Check Approved: Yes No Application Received date: _____

Date: _____ By: _____ Approved: Yes No

In order to complete this application process you must:

1. Have your pastor fill out and return the following Pastoral endorsement form to:
   Michigan Church of God Youth
   6317 Old US 23
   Fenton, MI 48430

2. You must **PERSONALLY** send in your information for the:

   Request for Central Registry Clearance
   Children's & Foster Care Camp Staff/Volunteer

   To: Michigan Department of Licensing and Regulatory Affairs
   Bureau of Community and Health Systems
   P.O. Box 30644
   Lansing, MI 48909

*This is the state law, if we do not receive this information back to us you will not be working camp.

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Pastoral Reference (Senior Pastor)

Reference Name: _____ Ministerial #:_____ Church: _____

How long have you been acquainted with the applicant? What is your relationship to the applicant?
_____
_____
_____

Is this applicant a fully devoted follower of Jesus Christ?
_____

To your knowledge, has the applicant ever been accused or convicted of a criminal offense? ____ Yes ____ No If yes, please explain:
_____
_____
_____
_____

To your knowledge, has the applicant ever been accused or convicted of child abuse or molestation? ____ Yes ____ No If yes, please explain: _____
_____
_____
_____

From your experience with the applicant, is there anything that would exempt them from working with children/students? ____ Yes ____ No
If yes, please explain:
_____
_____
_____

We also require a positive recommendation to the following statement:
Today's society is marked with those who wish to bring, with little justification, lawsuits against organizations that service the interest of minors. The exposure for such action is present in close relationship-like settings. You are more knowledgeable of the applicant than we; therefore, we are dependent upon your recommendation in the applicants behalf. We are asking you to declare one of the following.
In reference to the applicant, check one of the following statements that best apply:
___ I recommend <u>without reservation</u> the above applicant as a camp worker.
___ I <u>do not recommend</u> the above named applicant as a camp worker.
___ I have some reservations and would prefer to talk with the Michigan Youth & Discipleship Director by phone.

Senior Pastor Signature: _____ Ministerial #: _____Date:_____

Request for Central Registry Clearance
Children's & Adult Foster Care Camp Staff/Volunteer

Instructions: **ALL fields must be completed and legible for processing.**

Complete the following information and submit request to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
P.O. Box 30664
Lansing, MI 48909

Toll Free: 866-685-0006 Fax: 517-284-9709

A clear copy of the employee's/volunteer's picture identification **MUST** be attached.

PRINT FULL NAME (Last, First, Middle):	
Maiden Name/AKA (Also Known As)/Other Names Used (First or Last):	
Date of Birth:	**Social Security Number:**
Signature:	

Licensing Rules for Children's and Adult Foster Care Camps R400.11109 (7) (f) states in part; A camp shall maintain a personnel record…….The record shall include "Documentation from the Michigan Department of Human Services, the equivalent state or Canadian provincial agency, or equivalent agency in the country where the person usually resides, that any staff person age 21 or over has not been determined to be a perpetrator of child abuse or child neglect."

Indicate below how you want to receive the results of the central registry clearance. The results will be mailed ONLY to the address on your attached picture identification or the camp's mailing address:

☐ Results mailed to the address on my attached picture identification.

OR

☑ Results mailed to the Camp at:

Address:

_____

_____

_____

Phone: _____

Camp Name/Attention/Address:

Michigan Church of God Youth Camp

6317 Old US 23

Fenton, MI 48430

Phone: 810-629-0460

The camp will ONLY receive response of NO central registry if the name being cleared has approved this request with their signature. The camp will not receive notification if the name submitted has any central registry history hits per CPL 722.627. This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722-627-722-627). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.