

**Boundless**

**EPHESIANS 3:16-19**

**2023  
Michigan  
Church of God**



**Staff Application**

PLEASE PRINT:

Name \_\_\_\_\_ Gender at Birth \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Social Security Number (must be disclosed for background check) \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Did you work camp last year? \_\_\_\_ Yes \_\_\_\_ No  
Do you meet the General Requirements described below? \_\_\_\_ Yes \_\_\_\_ No

GENERAL REQUIREMENTS FOR YOUTH CAMP WORKERS:

Must be at least 16 years of age (18 for Cabin Leaders)  
Must attend the required Staff Orientation Meeting at 9:00am on the first day of camp  
Must be a christian  
Must be a regular attendee of a local church  
Must have the endorsement signature of the local pastor (pastor may be contacted)  
If enrolled in high school, applicant must attend Senior Camp as a camper to be eligible to work other camps

CAMPS YOU WISH TO WORK: (check all that apply)

\_\_\_\_ Senior Camp: June 26-30 \_\_\_\_ Middle School Camp: July 3-7 \_\_\_\_ Kids Camp: July 10-14

AREA OF INTEREST: (Indicate your primary preference as 1, 2, 3, etc)

\_\_\_\_ Cabin Leader \_\_\_\_ Cafeteria \_\_\_\_ Nurse (certified) \_\_\_\_ Lifeguard (must be certified)  
\_\_\_\_ Asst. Cabin Leader \_\_\_\_ Recreation \_\_\_\_ Canteen \_\_\_\_ Wherever Needed

PERSONAL INFORMATION

Have you ever been arrested, convicted or plead guilty to a crime?  
\_\_\_\_ Yes \_\_\_\_ No (\*if yes, please explain, attach a separate page if necessary)

Have you ever been investigated by any federal, state, or local agency for neglect or child abuse?  
\_\_\_\_ Yes \_\_\_\_ No

I understand and agree that no tobacco, alcohol, illegal drugs or substances, vapes, firearms, or weapons are tolerated on the campground. All of my medications (prescription AND non-prescription) will be kept at the nurse's station to ensure safety of the campers. \_\_\_\_ yes \_\_\_\_ No

Do you have a current driver's license? \_\_\_\_ Yes (copy of Drivers License must be included with this application)  
**Identity must be confirmed with** \_\_\_\_ No (a picture ID must be included with this application)  
**state drivers license or photo I.D.**

FOOD ALLERGY ALERT

Do you have any food allergies we should be aware of? \_\_\_\_ yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\*you are responsible for any allergy exposure, although the camp kitchen staff will attempt to inform you of obvious issues

**CHURCH HISTORY AND PRIOR YOUTH WORK**

Name of the church where you are a member or regularly attend \_\_\_\_\_

Name of Senior Pastor (signature must appear at the bottom of this form) \_\_\_\_\_

Please any trainer/experience you have had to prepare you to work camp \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION** Note: camp insurance policy coverage is secondary to your primary insurance coverage

Insurance Company \_\_\_\_\_ Policy ID / Group Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Pre-Authorization required? \_\_\_\_\_ If yes, what limits? \_\_\_\_\_

Doctor's Name/Phone Number \_\_\_\_\_

**\*Attach copy (front & back) of insurance card to this application**

**REQUIRED: If you are under the age of 18, your parents MUST complete and sign this medical release statement below:**

In the event my child \_\_\_\_\_ needs emergency medical attention; I give my consent for camp officials to seek medical assistance. I understand that the camp will make every attempt to notify me of such action as is possible.

PRINT Parent/Guardian Name \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

**RELEASE FOR CRIMINAL RECORDS CHECK** (Required)

I hereby consent for the Michigan Church of God office to seek from local law enforcement any information which pertains to any record of conviction contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release the Police Department from any and all liability resulting from such disclosure.

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

**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for youth camp work. In consideration of the receipt and evaluation of this application by the Church of God, I hereby release to any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at this time result to me, my heirs or family, on account of compliance or any attempt to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should my application be accepted, I agree to be bound by laws and policies of the Church of God and to refrain from any unscriptural conduct in the performance of my services on behalf of the church. I also agree to participate in training, enhancement programs, and the Staff Orientation meeting provided by the State Director's office in preparation of my participation this summer. (This meeting will be on the first day of camp at 9:00 AM and is MANDATORY for all workers!)

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor Endorsement Signature (Required)

\_\_\_\_\_  
Date

# REQUEST FOR CENTRAL REGISTRY CLEARANCE

Camp Staff/Volunteer  
21 years of age or older

Purpose: This request for central registry clearance form is submitted to the licensing unit to determine if a camp staff member/volunteer who is 21 years of age or older is not named in a central registry case as a perpetrator of child abuse or child neglect in the state of Michigan as required by MCL 722.119. The results will be sent back according to the authorizations identified in Section II: Results Instructions.

Instructions:

1. All fields completed by camp staff/volunteer (requestor) providing authorization.
2. All fields must be legible for processing.

## Section I: Camp Staff/Volunteer

NAME (Last, First, Middle):	
Alias or other names used:	
Date of birth:	Social Security Number:
I authorize the department to conduct a central registry clearance on me and send the result as requested below.	
Signature:	Date:

## Section II: Result Instructions

The central registry clearance result letter will be sent by the department to the requestor or camp based on the instructions provided below by the requestor.

Check One:			
<input type="checkbox"/> Mail results to requestor or camp address listed below	<input checked="" type="checkbox"/> Email results to:	director@michigancog.org	
Requestor Name or Camp Name: Michigan Church of God			
Address: 6317 Old US 23	City: Fenton	State: MI	Zip: 48430
Phone Number 810-629-0460	Camp Contact Name, if applicable: Ernie Wright		

Any Questions about the Michigan Central Registry Clearance for Camps may be directed to the Bureau of Community and Health Systems Licensing Unit at (866) 685-0006.

AUTHORITY: PA 116 of 1973 and PA 218 of 1979.