

# Alabama Children's Ministries

## Kids Camp Staff Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Home Church and City \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Cell No. \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Please initial here that you give permission for a background check to be done on you \_\_\_\_\_.

Grade of High School (or College) just completing \_\_\_\_\_

Are you saved \_\_\_ Yes \_\_\_ No Date \_\_\_\_\_ Are you spirit filled \_\_\_ Yes \_\_\_ No

Have you been called into the ministry \_\_\_ Yes \_\_\_ No What Ministry \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Have you ever worked camp before \_\_\_ Yes \_\_\_ No

When and Where \_\_\_\_\_

What were your duties? \_\_\_\_\_

Do you have a Lifeguard Certification? **(Required)** \_\_\_ Yes \_\_\_ No

\_\_\_ Will have @ Camp Date of Expiration \_\_\_\_\_

**(Please attach Certification with this form.)**

List any physical limitations you may have that would hinder you in working as camp staff. \_\_\_\_\_

I understand that working kids camp staff is a 3 week commitment that runs May 30-June 19. \_\_\_\_\_

(Please initial)

**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

## Applicant Questionnaire

1. What experience can you bring to the camp staff position? \_\_\_\_\_  
\_\_\_\_\_
2. List any special talents and skills you have that would aid you in working as camp staff \_\_\_\_\_  
\_\_\_\_\_
3. Why do you want to work on camp staff? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What does being in a staff leadership position mean to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What makes you a great candidate for this position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Do you work better as a team player or individually? \_\_\_\_\_
7. Have you ever been a on a team where someone did not pull their own weight? \_\_\_\_\_  
How did you handle it? \_\_\_\_\_  
\_\_\_\_\_
8. What are three positive things a previous employer would say about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Please list two of your strengths \_\_\_\_\_  
\_\_\_\_\_
10. What are some character traits your friends would use to describe you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Do you have any physical limitations that prevent you from doing manual labor? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

## Applicant Statement

The information in this application is correct to the best of my knowledge. I authorize any references listed on this application to give you any information they may have regarding my character and fitness for work at Kids Camp. I release the Christian Education Department from liability and any damage that may result from furnishing such evaluation to you. Should my application be accepted, I agree to be bound by the rules and policies of the Alabama District CE Department of the Assemblies of God, and to refrain from any unscriptural conduct in the performance of my service on behalf of the camp program.

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Reference Information

Please list the name, addresses, and phone numbers of your pastor and one other person, not related to you. Give appropriate forms to these people. They will mail, or email it back separately to be received in the Christian Education Office. This must be completed in order for the application to be processed and considered.

1. Senior Pastor \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

2. Adult Christian Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### PLEASE MAIL, EMAIL, OR FAX TO:

Alabama Christian Education Department

5919 Carmichael Road

Montgomery, AL 36117

\*\*\*\*\*

[knorris@adcag.org](mailto:knorris@adcag.org)

Fax No. 334-279-0016