

## Southeast Hispanic Region

### Youth Camp GO! 2022

#### "Pastor's Endorsement Form" For Prospective Camp Workers

INSTRUCTIONS: NO APPLICANT can be accepted without the endorsement of their local church pastor. This form is to be given to the pastor, filled out in its entirety by July 4, 2022. The endorsement is not only required but allows for the protection of children and other workers in the camp setting. The information on this form will be kept confidential. Answers and comments will be taken very seriously. Pastors with questions should direct them to the State Director's office at **(813)784-1909**. This completed form should be mailed immediately by the Pastor to: **Valerie Pimentel at 7712 Chelsea St. East, Tampa, Fl. 33610.**

#### Pastor Endorsement for \_\_\_\_\_

Place your name here and give this to your pastor to complete and mail.

Church \_\_\_\_\_ Pastor \_\_\_\_\_

- I DO NOT endorse this person to work in summer camp.  
 I do endorse this person to work in summer camp.  
 I certify that the above applicant is a capable and qualified person to work in Church of God youth camp and I give them my highest recommendation to serve in any capacity deemed necessary by the State Director of Youth and Discipleship.  
 I certify that the above applicant is a capable and qualified person to work in Church of God youth camp and I give them my highest recommendation to serve in a limited or supervised role deemed necessary by the State Director of Youth and Discipleship.

Explain: \_\_\_\_\_  
 \_\_\_\_\_

How well do you know this applicant?

Very Well  Rather Well  Casually  Do Not Know This Person

If you endorse this individual to work in camp, please answer the following by placing a circle around one number on each question that best describes them.

5-Strongly Agree 4- Agree 3.-Disagree 2- Strongly Disagree 1-No Opinion/ Not Applicable

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. This individual is responsible and trustworthy.  | 5 | 4 | 3 | 2 | 1 |
| 2. This individual has a good attitude  | 5 | 4 | 3 | 2 | 1 |
| 3. This individual works well with others.  | 5 | 4 | 3 | 2 | 1 |
| 4. This individual is faithful in tithing and attendance to our church.   | 5 | 4 | 3 | 2 | 1 |
| 5. This individual has experience working with children or youth in our church.   | 5 | 4 | 3 | 2 | 1 |
| 6. To my knowledge, this individual has never displayed any type of questionable behavior, nor has been convicted of a crime. | 5 | 4 | 3 | 2 | 1 |
| 7. In my opinion, this person would make a good camp worker/cabin leader.   | 5 | 4 | 3 | 2 | 1 |
| 8. To my knowledge, this person is in good physical condition.  | 5 | 4 | 3 | 2 | 1 |

***Feel free to send additional comments on a separate sheet.***

Please check yes or no to the following questions about the prospective camp worker.

9. This individual is a Christian.  yes  no  
 10. This individual is a member of my local church,  yes  no  
 11. This individual has the Baptism of the Holy Spirit,  yes  no

PASTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SOUTHEAST HISPANIC REGION CAMP STAFF APPLICATION

Name: \_\_\_\_\_  Male  Female  Married  Single

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Email: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Are you a full time Lee Univ. Student

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Present Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ SSN: \_\_\_\_\_

Picture ID required with this Application.

Do you have any health problems or physical limitations: Yes  No  If yes, please explain: \_\_\_\_\_

List any allergies you may have: \_\_\_\_\_

Are you presently under a doctor's care for any alignment? \_\_\_\_\_

Any Medications? \_\_\_\_\_

Reason for Medication \_\_\_\_\_ Allergies Reaction \_\_\_\_\_

Do you have any personal medical insurance?  Yes  No what company? \_\_\_\_\_

Policy # \_\_\_\_\_ Pre-Authorization Required? \_\_\_\_\_

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

In case of an accident or a serious illness you have my permission to secure the proper medical treatment.

#### REQUIREMENTS FOR YOUTH CAMP WORKERS

Must be a regular attender of a local church; must submit a completed Screening form/Application, Must have the Signature of Endorsement Form completed and signed by your pastor.

Position's FOR WHICH YOU MAY APPLY (check the areas you would feel most comfortable with)

Counselor  Cafeteria  Recreation  Certified Lifeguard  Camp Store  
 Nurse (RN, LPN or EMT)  Clean Up/Custodial

#### Ministry Teams

(These electives will be offered in a variety of areas. Please list other areas that you feel qualified to lead & instruct)

Music  Drama  Camp News  Greeters  Ushers  Altar Counselor  Other  
 (Specify) \_\_\_\_\_ Are you CPR Certified? \_\_\_\_\_

Name of church you Attend \_\_\_\_\_

Pastor \_\_\_\_\_ District your church belongs to \_\_\_\_\_

Spiritual Status (check all that apply)  Saved  Sanctified  Holy Ghost baptized  
 Water baptized  Church Member

Local Church Experience- list all positions and church work you have been Involved In:

Present: \_\_\_\_\_

Past: \_\_\_\_\_

I pledge to abide by all worker guidelines to both action and attitude, and dedicate myself to the success of camp  Yes  No

I will be present and on time for Worker's Orientation at 9:00 am the Monday before camp begins. I understand that campers are not to arrive for check-in until Monday at 10:00 am. Therefore, I will

make every effort to secure another person to bring our campers so that I can give my full attention to orientation, furthermore I will not leave camp until my responsibilities are completed on the last day of camp.

Yes  No  
STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**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 State Director of Youth and Discipleship and the State Youth and Discipleship board reserves the right to accept or reject an application for volunteer work of 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 camp.

**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character or fitness for children or youth work. In consideration of the receipt and evaluation of this application by the Church of God, I hereby release 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 damage of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts 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 the Bylaws and policies of the Church of God, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREFORE 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 \_\_\_\_\_

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

If you are applying as a counselor- please respond  
Answer A, B and C                      Circle Yes or No

- A. Will your child be a camper the same week you will work?  
Yes            No
  - B. Will campers from your church be in your camp?  
Yes            No
  - C. Will you select a qualified person to assist you?  
Yes            No
- If yes, who do you plan to select?

**ADDENDUM TO YOUTH CAMP WORKER APPLICATION**

The following questions are placed here at the advice of our legal counsel. All questions must be answered. All answers are kept in strict confidence. Please circle the answers.

- 1. Have you ever been charged, arrested, convicted or plead guilty to any crime?                      Yes    No  
If yes, would you be willing to discuss this matter with a pastor or ministry leader?                      Yes    No
- 2. Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing or molesting a child or youth?                      Yes    No  
If yes, would you be willing to discuss this matter with a pastor or ministry leader?                      Yes    No
- 3. 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
- 4. Have you ever been accused, charged or alleged to base committed a theft?                      Yes    No
- 5. Are you addicted to prescription drugs?    Yes    No
- 6. Do you use tobacco in any form?            Yes    No
- 7. Do you drink alcoholic beverages?        Yes    No
- 8. Do you take illegal drugs?                  Yes    No
- 9. Do you have problems sleeping?            Yes    No
- 10. Do you have recurring nightmares or sleep disturbances?                      Yes    No
- 11. Do you have a history of use of pornographic materials?                      Yes    No
- 12. Have you ever been charged with moving traffic violations?                      Yes    No
- 13. Has- your driver's license ever been revoked or suspended?                      Yes    No

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

Date: \_\_\_\_\_

**CONFIDENTIAL**

**Southeast Hispanic Church of God State Office Background Check Authorization**

Print Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Former Name(s) and Dates Used \_\_\_\_\_  
Current Address Since: \_\_\_\_\_

(M0/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_

(M0/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_

(M0/Yr) (Street) (City) (State/Zip)

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize The Southeast Hispanic Church of God State Office and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal, or written, pertaining to me, to The Southeast Hispanic Church of God State or its agents. I further authorize the complete release of any records or data pertaining to me which the individual company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release The Southeast Hispanic Church of God State, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individual and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

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