



IOWA DISTRICT UPCI CHILDREN'S MINISTRIES CAMP STAFF APPLICATION
JUNE 24-28, 2019

All applicants must be 18 years or older.
DORM SUPERVISION COST IS \$200 due June 24

NO CHILDREN below camp age to be brought with Dorm Supervisor.
(Scholarships may be available, please contact Camp Director.)

Your Camp responsibilities conclude Friday morning when your last camper has signed out.

PLEASE PRINT - Illegible applications will be rejected:

Full Name: _____ Age: _____ Gender: Male or Female T-Shirt Size: _____
Current Address: _____ Social Security #: _____
City/State/Zip: _____ Marital Status: _____ Birthdate: _____
Phone: _____ Emergency Phone: _____
Email: _____
Church Name: _____ Pastor's Name: _____

IMPORTANT INFORMATION

Because there has been a notable increase in cases involving abuses in all types of child care activities, and as much as more stringent rules are being required of those who participate in youth related activities, it has become necessary for Iowa District to implement safeguards with regard to all camp workers and/or others on the campground during times when children are present. Upon the advice of legal counsel, these safeguards have been incorporated in the Children's Ministries Staff workers application. Realizing these are very sensitive matters, every attempt will be made to insure the confidentiality of all applicants.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you been a member of a UPC church at least 6 months? YES NO
2. Have you previously worked in camps? YES NO
3. Do you have the Holy Ghost? YES NO
4. Do you use tobacco? YES NO
5. Do you drink alcohol? YES NO
6. Do you agree to work by the rules of the camp? YES NO
7. Are you the parent of a registered camper? YES NO
8. Do you have hospitalization insurance coverage? YES NO
If yes, please list company name and policy number(s): _____
9. Has anyone in your immediate family been treated for communicable diseases in the past 12 months? YES NO
If yes, please explain: _____
10. Are you allergic to any medication, have any handicaps, allergies or illnesses that will require special attention? YES NO
If yes, please explain: _____
11. Do you have any physical conditions that would limit your ability to supervise children at any indoor or outdoor activity at camp?
YES NO
If yes, please explain: _____
12. Are you presently taking any medication? YES NO
If yes, please state the name(s) of medication and reason for taking it: _____

13. Have you ever been:

- a. charged with, arrested for, convicted of or pleaded no contest for any violation of law other than for a minor traffic violation?

YES NO

If yes, please list company name and policy number(s): _____

- b. accused of or charged with fraud, deceit, assault or battery in any legal proceedings? YES NO

- If yes, please list company name and policy number(s):

- c. treated for the use of any controlled substance, addiction to drugs, or alcohol? YES NO

- If yes, please list company name and policy number(s): _____

- d. declared a ward of the court? YES NO

- e. declared incompetent or insane? YES NO

- f. suffered from or treated for mental illness? YES NO

- g. accused of or otherwise involved in an incident of child abuse? YES NO

If yes, please list company name and policy number(s): _____

- h. the subject of, or involved in any investigation or examination by the Iowa Department of Human Services or any other social services agency? YES NO

If yes, please list company name and policy number(s): _____

14. Previous Address:

FOR APPLICANT: I understand that by my signature on this application, I agree to obey all camp rules and regulations for the safety of the campers and that **I will be available the entire term of the camp**. I also understand that my signature on this application authorizes the camp director or those acting on his behalf to make inquiry of and receive information from any available source concerning my background and history, including but not limited to law enforcement agencies and social service agencies. My signature signifies that I have not misrepresented any facts in this application and that I will cooperate with Iowa District Children’s Ministries in all aspects of this camp. I pledge my support, prayer and efforts to the furtherance of God’s Kingdom during Children’s Ministries Camp.

15. Applicant’s Signature _____ Date: _____

16. Parent/Guardian Signature (if under 21) _____

FOR PASTOR: As pastor of the applicant, I verify that I have reviewed this application and wholeheartedly recommend that he/she be considered for a camp staff position. I ensure that there are no facts or allegations that would prohibit the applicant’s suitability for working with participants of Children’s Ministries Camp.

PASTOR, PLEASE CHECK ONE

I am personally acquainted with the applicant. In my opinion, he/she is competent and qualified to work with minors. I know of no facts or allegations that raise any question concerning his/her suitability for working at Children’s Ministries Camp.

I prefer to discuss my response by telephone.

Pastor’s Signature _____ Date: _____

Telephone (____) _____.

Application must be postmarked no later than May 9, 2019.

The camp director will notify the applicant of acceptance or denial on or before Wednesday, May 15, 2019.

Mail to: Rev. Brad Wallace
Children’s Ministries Director
1625 370th Street
Spencer IA 51301