

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. _____

Drivers License No. _____ Please initial here that you give permission for a background check to be completed on you (if applicable) _____.

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 25-June 17. _____

(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 Ministry Network 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 Ministry Network CE Dept.

5919 Carmichael Road

Montgomery, AL 36117

knorris@amnag.org

Fax No. 334-279-0016