

# NJ District Camp Counselor Application

## CHECKLIST

- ✓ Application Form w/ Recent Photo
- ✓ \$180 Check From Church For Room & Board  
(Contact NJYM if problem providing)
- ✓ Health Information Form
- ✓ Notarized Authorization For Release of Information
  - ✓ Pastor's Reference
  - ✓ Ministry Leader's Reference
  - ✓ Non-Church Reference  
(To be completed by an employer, educator, or friend)

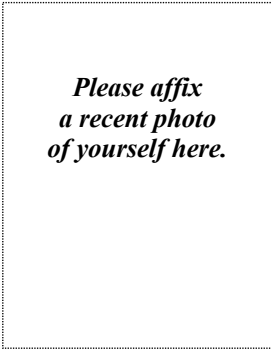
Please photocopy additional forms as needed  
for potential camp counselors.

Make note that forms are two-sided.



**Check One:**

- SR HIGH CAMP COUNSELOR (July 18-22)
- JR HIGH CAMP COUNSELOR (July 18-22)
- KIDS CAMP COUNSELOR (July 25-28)
- KIDS CAMP JR. COUNSELOR (July 25-28)



**DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD  
CAMP COUNSELOR & STAFF APPLICATION FORM**

**PERSONAL INFORMATION**

APPLICATION DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX: M / F  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 MARITAL STATUS:  SINGLE  MARRIED  OTHER T-SHIRT SIZE (circle one): S M L XL XXL  
 Do you use tobacco?\_\_ Drink alcoholic beverages?\_\_\_\_\_ Use non-prescription drugs?\_\_\_\_\_  
 Have you any physical handicaps or conditions preventing you from performing certain types of activities?  
 Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense (excluding minor traffic violations)?\_\_\_\_\_  
 If so, please explain: \_\_\_\_\_

**CHURCH ACTIVITY**

Are you a Christian?\_\_\_\_\_ Date of Salvation\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Baptized in Holy Spirit (Acts 2:4)?\_\_\_\_\_  
 Home Church \_\_\_\_\_ City \_\_\_\_\_ Pastor \_\_\_\_\_

**EDUCATION**

Circle the last year of education completed: HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4  
 Major/Degree: \_\_\_\_\_ School honors/activities: \_\_\_\_\_

**WORK EXPERIENCE**

Present Occupation: \_\_\_\_\_ Length of Service \_\_\_\_\_  
 Previous work experience: \_\_\_\_\_

List previous Camp experience:

COMPANY	POSITION	Dates of Employment
_____	_____	_____
_____	_____	_____

List any gifts, callings, training, education, or other factors that have prepared you for children/youth work:  
 \_\_\_\_\_

**PERSONAL REFERENCES**

Please print name and complete address of a Pastor, Ministry Leader and Non-Church person who are not relatives. REFERENCE FORMS SHOULD NOT BE COMPLETED BY RELATIVES AND WILL NOT BE ACCEPTED. These references are required before your application can be considered.

Pastor's Name \_\_\_\_\_ Day Phone (    ) \_\_\_\_\_ - \_\_\_\_\_  
Church \_\_\_\_\_ Denomination \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Ministry Leader \_\_\_\_\_ Day Phone (    ) \_\_\_\_\_ - \_\_\_\_\_  
Church \_\_\_\_\_ Position/Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Non-Church \_\_\_\_\_ Day Phone (    ) \_\_\_\_\_ - \_\_\_\_\_  
Home Address \_\_\_\_\_ Evening Phone(    ) \_\_\_\_\_ - \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

**CAMP COUNSELOR REQUIREMENTS**

**Please note:** The term **CAMP COUNSELOR** in no way denotes any formal training or certification as a professional counselor. **Camp Counselors** are simply volunteers helping with the Camping program in the supervision of campers.

**Camp Counselor Age Requirements are as follows:** SENIOR HIGH - 21 years & older; JUNIOR HIGH - 19 years & older; KIDS CAMP - 18 years & older. (Junior Counselors for Kids Camp ONLY - 16 & 17 years old)

**Counselor Orientation:** Youth Camp Counselors are required to arrive at the Camp on **Sunday evening by 6:30** for orientation, prior to the first day of the Camp week. Kids Camp Counselors are required to attend orientation on the Saturday before Kids Camp at the District Office. Campers must not arrive before registration on Monday. **NO EXCEPTIONS!**

**APPLICANT'S STATEMENT OF TRUTH AND COMMITMENT**

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 they may have regarding my character and fitness for children/youth work, and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I pledge myself to a cooperative ministry with the director of the District Camp. I will maintain discipline and a spirit that exemplifies Christ at all times and refrain from unscriptural conduct in the performance of my services on behalf of the District. I will put the physical, mental and spiritual welfare of the campers as my first priority.

**I also understand that without exception, I am expected to, and agree to arrive on Sunday by 6:30pm for Youth Camp counselor and staff orientation and on Saturday morning for Kids Camp counselor and staff orientation unless otherwise advised by the Camp Director.**

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE MAIL BY June 1st TO:**

**NJYM CAMPS**

**PO Box 100**

**Burlington, NJ 08016**

**\*\*ALL applicants must include a recent photo.**

*Your application will be considered incomplete without it.*

**HEALTH INFORMATION**

**Applicant's Name** \_\_\_\_\_ Date of most recent Tetanus Shot \_\_\_/\_\_\_/\_\_\_\_

Have you received the Varicella virus (chicken pox)             Yes    No

Is your health:         Excellent     Good         Fair         Poor

Please check if you suffer from any of the following chronic conditions:

- |  |   |
|--|---|
| <input type="checkbox"/> Diabetic              | <input type="checkbox"/> Kidney condition                 |
| <input type="checkbox"/> Asthmatic             | <input type="checkbox"/> Heart problems                   |
| <input type="checkbox"/> Epileptic             | <input type="checkbox"/> Hypertension/High Blood Pressure |
| <input type="checkbox"/> Insect sting reaction | <input type="checkbox"/> Fainting/dizzy spells            |
| <input type="checkbox"/> Tubes in ears         | <input type="checkbox"/> Sinus / Migraine headaches       |
| <input type="checkbox"/> Overheat easily       | <input type="checkbox"/> Allergies - List: _____          |

Have you been hospitalized or had major surgery in the last six months? \_\_\_\_\_

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

Other medical facts we should know in the event that you would require emergency medical treatment (e.g. drug allergies, prescription drugs you are currently taking): \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

(to be notified in the event of an emergency or illness)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**INSURANCE INFORMATION**

Insured by: \_\_\_\_\_ Policy # \_\_\_\_\_

Note: Camp Insurance covers accidents or illnesses that occur at Camp only. Pre-existing conditions such as colds, coughs, etc., are not covered.

**MEDICAL RELEASE\*\***

In the event that I am unable to respond and my spouse (if applicable) can not be notified of necessary emergency surgery or other medical treatment, I desire to be treated in the manner recommended by the attending physician or certified medical.

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

***\*\*If you are under 18 years of age, your parent or guardian must sign the Parental Consent/ Medical Release statement on the back of this form.***

**PARENTAL CONSENT / MEDICAL RELEASE**

Individuals under 18 years of age **must** have the following statement signed by your parent or legal guardian.

As parent or guardian of \_\_\_\_\_, I hereby grant permission for my son/daughter to serve as a camp counselor for the week(s) of \_\_\_\_\_. I also hereby authorize and request any hospital emergency staff physician to administer such treatment and any procedure which in their judgment is necessary for the well-being of my son/daughter.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
**Please print name**

Please return this form with your application and recent photo to:

**NJYM CAMPS  
PO Box 100  
Burlington, NJ 08016**







- SR HIGH CAMP
- JR HIGH CAMP
- KIDS CAMP
- KIDS CAMP JR. COUNSELOR

**NJ District Council Assemblies of God**  
**PASTOR'S REFERENCE FORM**  
*For Screening Camp Staff*



**TO BE COMPLETED BY APPLICANT**

**Position you are applying for:**     Camp Counselor\*     Other Staff \_\_\_\_\_

I, \_\_\_\_\_ (*print applicant's name*) am applying to serve on staff at the NJ District Camps in the capacity indicated above. My service will involve the supervision or custody of minors. The NJ District cannot process my application any further until this reference, fully completed and signed, is received at the District Office. I have carefully read this entire form and authorize the release of any/all given herein to the District to be deemed confidential between you and the NJ District Council of the Assemblies of God.

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

\_\_\_\_\_  
*Date*

**TO THE APPLICANT'S PASTOR**

***We would appreciate your complete and confidential answers to the following questions. IF YOU ARE RELATED TO THE APPLICANT, PLEASE GIVE THIS FORM TO A STAFF PASTOR OR BOARD MEMBER.***

1. How long have you known the applicant? \_\_\_\_\_  
 How well do you know the applicant? \_\_\_\_\_
2. Do you believe the applicant is a committed Christian?     Yes     No     Not sure
3. To what extent is the applicant involved in your church?  
 No involvement     Slightly involved     Involved Very involved
4. In what form of Christian service has the applicant been engaged? Briefly evaluate his/her success:  
 \_\_\_\_\_  
 \_\_\_\_\_
5. What leadership abilities and special talents has he/she shown? \_\_\_\_\_  
 \_\_\_\_\_
6. Have you ever observed, associated or worked with the applicant in any connection with working with children and/or youth? If so, explain the situations? \_\_\_\_\_  
 \_\_\_\_\_
7. In your opinion, is the applicant able to control children without going to extremes? \_\_\_\_\_
8. Are you aware of any emotional, mental or physical limitations of the applicant that would hinder the applicant's effectiveness? If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_
9. To your knowledge, has the applicant ever been convicted of child neglect, child abuse or a crime involving actual or attempted sexual molestation of a minor?     Yes     No  
 If YES, explain: \_\_\_\_\_  
 \_\_\_\_\_
10. To your knowledge, has the applicant ever been charged, convicted or pled guilty to a criminal offense (excluding minor traffic violations).     Yes     No  
 If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_

11. To your knowledge:  
 Is the applicant presently dependent upon illegal substance/drugs, alcohol or tobacco?  Yes  No  
 Ever been hospitalized or treated for alcohol or substance abuse?  Yes  No  
 Ever been arrested or convicted for the sale of drugs?  Yes  No

If your answer is "YES" to any of these, please explain on a separate page.

12. How do you rate this person in the following areas?

	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
Christian Life					
Social depth and maturity					
Ability to get along w/ others					
Follows through on instructions					
Cooperation / Teachability					
Emotional stability					
General appearance					
Attitude toward authority					
Mental ability					
Health					

13. Do you believe there is anyone else we should contact to verify the applicant's suitability for close work with and supervision of minors? If so, please list name and address: \_\_\_\_\_  
 \_\_\_\_\_
14. Does your church have a Screening Policy in effect?  Yes  No  
 Has this applicant been screened, including checked references (w/ forms on file)?  Yes  No
15. Knowing the applicant as you do, what recommendation would you make for them serving on our Camp Staff?   
 Strongly Recommend  Recommend  Recommend w/ reservation (may encounter some difficulty)  Do not recommend  Prefer not to make a recommendation

**Great reliance is placed on the representation of each applicant's pastor that there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. THE PASTOR must complete the following certification.**

- I am personally acquainted with the applicant, and in my opinion, he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity. I therefore recommend, without reservation, the above named applicant to serve as a member of the staff of this event and to work with minors in any situation.
- I prefer to discuss my response by telephone.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Position/Title**

\_\_\_\_\_  
**Church Name**

\_\_\_\_\_  
**Denomination**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**Day Phone #**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Evening Phone #**

***\*Please note: The term "camp counselor" in no way denotes any formal training or certification as a professional counselor. "Camp Counselors" are simply volunteers helping with the Camping program.***

- SR HIGH CAMP
- JR HIGH CAMP
- KIDS CAMP
- KIDS CAMP JR. COUNSELOR

**NJ District Council Assemblies of God**  
**MINISTRY LEADER'S REFERENCE FORM**  
*For Screening Camp Staff*



**TO BE COMPLETED BY APPLICANT**

**Position you are applying for:**     Camp Counselor\*     Other Staff \_\_\_\_\_

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

\_\_\_\_\_  
*Date*

**TO THE MINISRY LEADER**

***We would appreciate your complete and confidential answers to the following questions. IF YOU ARE RELATED TO THE APPLICANT, PLEASE GIVE THIS FORM TO LEADER IN THE CHURCH.***

1. How long have you known the applicant? \_\_\_\_\_  
 How well do you know the applicant? \_\_\_\_\_
2. Do you believe the applicant is a committed Christian?     Yes     No     Not sure
3. To what extent is the applicant involved in your church?  
 No involvement     Slightly involved     Involved Very involved
4. In what form of Christian service has the applicant been engaged? Briefly evaluate his/her success:  
 \_\_\_\_\_  
 \_\_\_\_\_
5. What leadership abilities and special talents has he/she shown? \_\_\_\_\_  
 \_\_\_\_\_
6. Have you ever observed, associated or worked with the applicant in any connection with working with children and/or youth? If so, explain the situations? \_\_\_\_\_  
 \_\_\_\_\_
7. In your opinion, is the applicant able to control children without going to extremes? \_\_\_\_\_
8. Are you aware of any emotional, mental or physical limitations of the applicant that would hinder the applicant's effectiveness? If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_
9. To your knowledge, has the applicant ever been convicted of child neglect, child abuse or a crime involving actual or attempted sexual molestation of a minor?     Yes     No  
 If YES, explain: \_\_\_\_\_  
 \_\_\_\_\_
10. To your knowledge, has the applicant ever been charged, convicted or pled guilty to a criminal offense (excluding minor traffic violations).     Yes     No  
 If YES, please explain: \_\_\_\_\_

11. To your knowledge:
- Is the applicant presently dependent upon illegal substance/drugs, alcohol or tobacco?  Yes  No
- Ever been hospitalized or treated for alcohol or substance abuse?  Yes  No
- Ever been arrested or convicted for the sale of drugs?  Yes  No

If your answer is "YES" to any of these, please explain on a separate page.

12. How do you rate this person in the following areas?

	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
Christian Life					
Social depth and maturity					
Ability to get along w/ others					
Follows through on instructions					
Cooperation / Teachability					
Emotional stability					
General appearance					
Attitude toward authority					
Mental ability					
Health					

13. Do you believe there is anyone else we should contact to verify the applicant's suitability for close work with and supervision of minors? If so, please list name and address: \_\_\_\_\_
- \_\_\_\_\_

14. Does your church have a Screening Policy in effect?  Yes  No
- Has this applicant been screened, including checked references (w/ forms on file)?  Yes  No
15. Knowing the applicant as you do, what recommendation would you make for them serving on our Camp Staff?
- Strongly Recommend  Recommend  Recommend w/ reservation (may encounter some difficulty)  Do not recommend  Prefer not to make a recommendation

**Great reliance is placed on the representation of each applicant's pastor that there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. THE MINISTRY LEADER must complete the following certification.**

- I am personally acquainted with the applicant, and in my opinion, he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity. I therefore recommend, without reservation, the above named applicant to serve as a member of the staff of this event and to work with minors in any situation.
- I prefer to discuss my response by telephone.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Position/Title**

\_\_\_\_\_  
**Church Name**

\_\_\_\_\_  
**Denomination**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**Day Phone #**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Evening Phone #**

**\*Please note: The term "camp counselor" in no way denotes any formal training or certification as a professional counselor. "Camp Counselors" are simply volunteers helping with the Camping program.**

- SR HIGH CAMP
- JR HIGH CAMP
- KIDS CAMP
- KIDS CAMP JR. COUNSELOR

**NJ District Council Assemblies of God**  
**NON-CHURCH REFERENCE FORM**  
**For Screening Camp Staff**



**TO BE COMPLETED BY APPLICANT**

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

\_\_\_\_\_  
*Date*

**TO THE EMPLOYER / EDUCATOR / FRIEND**

***We would appreciate your complete and confidential answers to the following questions. IF YOU ARE RELATED TO THE APPLICANT, PLEASE GIVE THIS FORM TO ANOTHER INDIVIDUAL WHO KNOWS THE APPLICANT WELL.***

1. How long have you known the applicant? \_\_\_\_\_
2. In what relationship? \_\_\_\_\_
3. What leadership abilities and special talents has he/she shown? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. State briefly your opinion of the applicant's dedication to complete an assigned task: \_\_\_\_\_  
 \_\_\_\_\_
5. To your knowledge, does the applicant have any emotional, mental, or physical handicaps that would hinder their effectiveness?     Yes     No  
 If the answer is yes, please explain : \_\_\_\_\_  
 \_\_\_\_\_
6. Have you ever observed, associated or worked with the applicant in any connection with working with children and/or youth? If so, explain the situations? \_\_\_\_\_  
 \_\_\_\_\_
7. In your opinion, is the applicant able to control children without going to extremes? \_\_\_\_\_  
 If NO, please explain: \_\_\_\_\_  
 \_\_\_\_\_
8. How would you rate the applicant's ethical standards?     Above average     Average     Below average
9. To your knowledge, has the applicant ever been convicted of child neglect, child abuse or a crime involving actual or attempted sexual molestation of a minor?     Yes     No  
 If YES, please explain on a separate sheet.
10. To your knowledge, has the applicant ever been charged, convicted or pled guilty to a criminal offense (excluding minor traffic violations).     Yes     No

11. To your knowledge:  
 Is the applicant presently dependent upon illegal substance/drugs, alcohol or tobacco?  Yes  No  
 Ever been hospitalized or treated for alcohol or substance abuse?  Yes  No  
 Ever been arrested or convicted for the sale of drugs?  Yes  No

If your answer is "YES" to any of these, please explain on a separate page.

12. How do you rate this person in the following areas?

	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
Social depth and maturity					
Ability to get along w/ others					
Follows through on instructions					
General Attitude					
Disposition					
General appearance					
Attitude towards those in charge					
Mental ability					
Commitment to job/school					
Health					

13. Do you believe there is anyone else we should contact to verify the applicant's suitability for close work with and supervision of minors? If so, please list name and address: \_\_\_\_\_  
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- I prefer to discuss my response by telephone.

\_\_\_\_\_  
 Legible Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Relationship to Applicant

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Day Phone #

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Evening Phone #

***\*Please note: The term "camp counselor" in no way denotes any formal training or certification as a professional counselor. "Camp Counselors" are simply volunteers helping with the Camping program.***