

WINTER CAMP 2022 STAFF APPLICATION

Staff Registration fee: \$35.00 (due by February 6th)

Please also print and fill out the Covid-19 release form

First Name:	Middle Name	Middle Name:			
Last Name:	Birth Date:	/	/	Age:	
Gender:	SSN#:				
Address:					
City:	State:		Zip Cod	e:	
Phone: ()	E-mail:		-		
Driver's License #:	State Issued:		ID#:		
Primary Physician:		Phor	ne: () -	
Camp(s) you will be wo	rking:				
Winter Camp / Summe	_				
Would you like a camp	shirt? (<mark>Additional \$20, due at tin</mark>	ne of regist	ration):	YES NO	
Shirt size (if you would	like one) Small Medium Large	XL XXL	XXXL		
*Please note: XXL and XXXL	shirts are \$5 additional *				

The position you would like to volunteer in (circle all)*:

Note Chaperones are limited to 1 chaperone/10 students per gender

Girls Chaperone | Boys Chaperone | Kitchen (pre-selected team) | Snack Shack | Worship & Media Team (pre-selected team)

Please list any special skills you have that could be utilized at camp (ex: can work a soundboard, can run computer systems, slides, etc.)

If you noted Other, please specify:

*We will do our best to accommodate you in the
position of your choice. However, we are not able to assign all positions as requested. Please understand that you may be used to serve in other areas if
needed. If you are volunteering to serve in the Kitchen or Snack Shack, please check availability by emailing info@socalyouth.com. Please be prepared to
work, we need all the help we can get!

Church: ______ Pastor: ______

I vow to give my best effort for the duration of the time I am serving at SoCal Camps. I will help out where ever needed because I am here to serve. I realize by serving at SoCal Camps I have the opportunity to help shape and mold a life. I am making a commitment to myself, SCY Staff, and the campers to be a role model and an example of Christ's love.

If you are Single: Furthermore, understanding the hindrance courtship imposes, I will abstain from pursuing the opposite sex while serving at SoCal Camps.

I agree with the camp commitment, as well as the rules and expectations. I agree to cooperate with the Camp Director and Staff.

Signature			Date:	_/	_/
OFFICE USE ONLY	Date received:/	_/ Amount PD: \$	_Amount Due: \$		
Church CH#	Personal CH#	Cash Credit Card Dorm	Cabin		

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Are you currently a Christ Follower (circle one)? YES | NO If yes, how long have you followed Christ?

Have you ever held a ministry position (circle one)? YES | NO

Have you ever worked at an SCY camp (circle one)? YES | NO

Do you use narcotics, hallucinogens, tobacco or drink alcohol (circle one)? YES | NO Do

you approve of or practice Homosexuality/sexual perversion (circle one)? YES | NO Do

you approve or practice any Form of occult (circle one)? YES | NO

Were you a victim of abuse or molestation as a minor (circle one)? YES | NO

Have you ever been charged or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor (circle one)? YES | NO

Do you have any outstanding warrants or restraining orders (circle one)? YES | NO

Have you ever been convicted of a felony (circle one)? YES | NO If yes, more than one felony (circle one)? YES | NO What was the charge? ______ What was the date of conviction? _____/ ____ Was time served (circle one)? YES | NO If yes, How long? ______ When was your release? _____/ ____/

Are you on probation (circle one)? YES | NO

Were you declared guilty of a felony that caused you to be listed on the national registry for your felony (circle one)? YES | NO

What did you learn from this experience? ______

I state that I have carefully read this forgoing release and know that contents thereof and I sign this release as my own free as this is a legally binding agreement that I have read and understand.

Signature				
Date	_/	/		



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This application is to be completed by those interested in the supervision of minors. Our camp goal is to help provide a safe and secure environment for the campers that participate in our camp programs and use our facilities. Submission of an application does not guarantee your selection as a Chaperone or Chaperone Assistant. Selection is based upon need and a positive recommendation from your Group Leader.

Chaperones must be 21+ years old to Workers must be 18+ to volunteer at winter camp. Chaperones must be 21+ years old to volunteer at: SR. CAMP // Grades 9 - 12 WINTER CAMP // Grades 6

-12

PRICE:

\$35 Initial fee | \$5 for each additional camp (Breakfast, Lunch, and Dinner are included). Registration must be paid in full at the time of registration. If you would like a camp shirt there is an additional \$20 fee, due at the time of registration.

Staff Applications are due February 6th_{, as} we need time to run background checks.

PAYMENT:

Make checks payable to: SoCal Pentecostal Church of God Send payment to: SoCal District, P.O. Box 21807, Bakersfield, CA 93390

CAMP STAFF RULES/EXPECTATIONS

- All prescribed medications must be turned in to the Nurse. Camp Staff is not allowed to administer medicines including Advil, Tylenol, Excedrin, etc.
- Once checked in, Camp Staff cannot leave the campgrounds without permission from the Camp Director. This will prevent you from working in future camps. No outside food (pizza, burgers etc, is to be ordered, delivered or purchased for workers or campers as well. This has been an issue in the past, if found in violation, you will be asked to not return.

• Before leaving the campground, ALL Camp Staff are required to sign- out in the office. • <u>ALL Camp Staff MUST undergo a background check</u>. <u>Please note: if you refuse to undergo a background check</u>, your application will not be processed.

CAMP ADDRESS

Mountain Pointe Campground, 11134 Dorothy Lane, Frazier Park, CA

DIRECTIONS

Exit I-5 (Exit 205). Turn West/Northwest (toward Frazier Park) on Frazier Mountain Pointe Road for 7.1 miles. Continue onto Cuddy Valley Road for 3.1 miles. Turn Left onto Darling Ave for .8 miles. Turn Right onto Steinhoff Road for .2 miles. Turn onto campground road on the left at the green sign *Mountain PointeCamp - Bethel in the Hills*. SPEED LIMIT IS 15 MPH ON COMMUNITY ROADS AND 10 MPH ON CAMP – DUST CONTROL ENFORCED.

WINTER CAMP 2022 PASTOR REFERENCE FORM

STAFF APPLICANT INFORMATION

Applicants Full Name: ______ Which camp(s) is the applicant interested in volunteering at: _____ Church: ______ City:

Pastors Name: _____

As a member/faithful attendee of your congregation, I am being considered by the Pentecostal Church of God SoCal Youth Ministries and our Youth Pastor/Leader to be a worker/chaperone at summer camp. I would appreciate your time in giving the following information needed.

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PASTOR QUESTIONNAIRE (to be completed by Pastor/Leader/Director ONLY):

How do you believe this person will perform as a volunteer camp staff member?

Please list any roles that this person currently serves in at your church:

Do you have any reservations about their salvation or motives for serving at camp (circle one)? YES | NO If yes, what reservations do you have?

Has your church done previous background checks on this applicant (circle one)? YES | NO If so, is there any information we should consider before deciding if the applicant should be a part of our camp staff? _____

Any Additional Comments or Concerns? _____

I certify the applicant is fit and qualified to serve as a volunteer camp staff for Pentecostal Church of God So Cal Youth Camp Ministry.

Signature	Date /	· /	/
	Date/	/	_