



Youth Camp  
**STAFF APPLICATION**  
2024

# MARRKED



**TRISH MAYER**

*Kids Camp* **JUNE 10-13**



**CARL SMALLS**

*Middle School* **JUNE 17-21**



**STEVE BLOWER**

*High School* **JUNE 24-28**



**2024**  
**Eastern North Carolina Church of God**  
**Youth Camp Volunteer Application**

MAIL COMPLETED APPLICATION TO:

ENCCOG State Office  
ATTN: Youth Camp 2024  
PO Box 100  
Kenly, NC 27542

**\*FAXED OR EMAILED APPLICATIONS WILL NOT BE ACCEPTED\***

Please complete the entire application, ensuring NO spaces are left blank. Incomplete applications WILL NOT BE ACCEPTED. **Read through the entire application, as there have been changes and additions.**

If you are accepted to participate as a volunteer, you will receive a confirmation letter or email with your assignment for each camp. This letter will include information for arrival/departure times, training and preparations for camp. You will be required to attend orientation on a date and time to be announced. **This orientation is NOT OPTIONAL.**

The application process may take time to complete depending on camp, your application, available space, etc. Typically, you will receive notification after May 1. Please be patient and understand that the Youth Department processes 1,000+ applications during the camp season. If you have not received a letter, email or phone call by mid-May, please contact us at 919.284.3039 ext. 206 or at ydsec@eccog.org.

**QUALIFICATIONS FOR YOUTH CAMP VOLUNTEER**

1. Volunteers should be a member of the Church of God and should be at least eighteen (18) years of age to serve in a leadership position or as cabin leader. Personnel must be at least 16 years of age to be considered for other areas of assistance. Any exception must be approved by the State Director. **NOTE: Walk on applications/registrations are not permitted or accepted.**
2. Volunteers shall complete an application form and have it signed by the pastor of his/her local church. **A pastoral endorsement MUST be on file for each camp volunteer.**
3. It is **MANDATORY** that volunteers complete the orientation training prior to the camp session. Any exceptions must be made by the State Director.
4. All teenage workers **MUST** complete pre-camp training and plan to attend youth camp for their age group as a camper, if they are of camper age.
5. All volunteers should carry their own hospitalization insurance.
6. All camp volunteers must meet screening requirements including, but not limited to, a criminal background check.
7. By agreeing to serve in the Church of God Youth Camp, it is expected that all volunteers will conduct themselves in a manner that exemplifies Christian character and that all youth camp guidelines will be obeyed.
8. Volunteers must be willing to adhere to all general guidelines, policies and procedures.

**STEPS OF ACTION**

1. Submit your application to your Pastor for his/her endorsement.
2. Complete the application and return it by **May 1, 2024.**
3. Wait for response from the Youth & Discipleship Department which is sent after May 1.
4. Attend the Mandatory Staff Orientation the morning of your camp week. **A Mandatory Orientation for Coordinators Only has been added and will take place the Sunday night before Camp.**

**(DO NOT ARRIVE TO WORK CAMP WITHOUT WRITTEN APPROVAL. IF YOU ARE IN QUESTION ABOUT THE STATUS OF YOUR APPLICATION, CONTACT THE STATE YOUTH DIRECTOR'S OFFICE AT 919.284.3039 EXT. 206).**

**CAMPGROUND ADDRESS: 7046 NC HWY 581 N. | KENLY, NC 27542**

MAIL To: ENCCOG State Office  
ATTN: Youth Camp 2024  
PO Box 100  
Kenly, NC 27542

Eastern North Carolina Church of God  
Youth Camp 2024 Staff Application  
"MARKED"

FOR OFFICE USE ONLY  
Date Received: \_\_\_\_\_  
Added to Org Chart: \_\_\_\_\_  
Sent Confirmation: \_\_\_\_\_

Information/Criminal Records Check (please print clearly)

Name \_\_\_\_\_  
FIRST MIDDLE LAST  
Maiden Name \_\_\_\_\_ Aliases \_\_\_\_\_  
Male / Female | Married / Single | SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(CIRCLE ONE) (CIRCLE ONE)  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
MONTH DAY YEAR  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Email Address: \_\_\_\_\_ T-shirt Size \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How long have you lived at this address? \_\_\_\_\_

If less than two years, give previous address below

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\*IDENTITY MUST BE CONFIRMED WITH A VALID STATE DRIVERS LICENSE OR PHOTO ID

Educational Background (enter highest grade completed)

Elementary (through grade 6) \_\_\_\_\_ Middle School (grade 7-9) \_\_\_\_\_  
High School (10-12) \_\_\_\_\_ College (1-4) \_\_\_\_\_ Graduate School \_\_\_\_\_

Applicants are not required to provide information which is prohibited by Federal, State, or Local law. This application is given every consideration, but its receipt does not imply that the applicant has been accepted as a camp worker. Applicants are accepted on a "trial basis" and if, in the final judgment of the camp officials it is found that the applicant/staff worker is not adaptable to the assignment and cannot be reassigned, or that the information given has been misrepresented, the acceptance of this application can be terminated without cause or reason. In addition, investigation will be made as to your character, general reputation, personal characteristics, and adaptability to the particular position assigned. All applicants are required to undergo training and orientation provided by the State Youth Director's office and under the supervision of the State Youth Board.

General Requirements for Youth Camp Workers

List all previous church work involving youth/children (list each organization's name/address, type of work performed, and dates).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What made you decide to work camp this year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What part of the camp position/work do you most look forward to?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously worked in any of the ENCCOG Youth Camps? What Years? In what areas or capacities have you worked?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Positions for which you may apply

\_\_\_\_ Cabin Leader    \_\_\_\_ Camp Store    \_\_\_\_ Concessions  
\_\_\_\_ Kitchen Staff    \_\_\_\_ Asst. Cook    \_\_\_\_ Maintenance  
\_\_\_\_ Sound/Media    \_\_\_\_ Security    \_\_\_\_ Lifeguard  
\_\_\_\_ Nurse/Assistant    \_\_\_\_ Recreation    \_\_\_\_ Other

Camps you wish to work (CHECK ALL THAT APPLY)

\_\_\_\_ Kids Camp    (Grades 1-5)    June 10-13, 2024  
\_\_\_\_ MS Camp    (Grades 6-8)    June 17-21, 2024  
\_\_\_\_ HS Camp    (Grades 9-12)    June 24-28, 2024

Spiritual Information

\*PLEASE LIST THE YEAR, IF KNOWN, AND IF APPLICABLE  
\_\_\_\_ SAVED  
\_\_\_\_ SANCTIFIED  
\_\_\_\_ BAPTIZED IN HOLY GHOST  
\_\_\_\_ BAPTIZED IN WATER  
\_\_\_\_ CHURCH MEMBER  
NAME OF CHURCH YOU ATTEND? \_\_\_\_\_  
HOW LONG HAVE YOU ATTENDED? \_\_\_\_\_  
PASTOR'S NAME: \_\_\_\_\_

Personal References

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_

Children Under Youth Camp Age

Due to limited space and for each staff member to be able to fully devote your time and energy to your area of responsibility, we are unable to provide a nursery or child care. So, prior to your arrival at camp, please make arrangements for the care of your children that are under camp age not to be at camp.

Statement of Reservation

While no one is rejected to work or attend Church of God Youth Camps on the basis of race, color, or creed, the State Youth & Discipleship Director does reserve the right to accept or reject any application/position for volunteer work at 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 the camp.

## Personal Information & Background

1. Have you ever been charged, arrested, convicted of, or pleaded 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 a victim of abuse (verbal, physical, or sexual)? Yes \_\_\_ No \_\_\_  
*If you prefer, you may discuss this answer with a pastor or ministry leader. Answering "Yes" or leaving it unanswered would not automatically disqualify you from the privilege of working in any ministry capacity. However, you may be asked to clarify your response.*
4. Have you ever been involved in homosexual activities? Yes \_\_\_ No \_\_\_  
*If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes \_\_\_ No \_\_\_*
5. Have you ever been accused, charged, or alleged to have committed a theft? Yes \_\_\_ No \_\_\_  
*If yes, would you be willing to discuss this matter with a pastor or ministry leader? Yes \_\_\_ No \_\_\_*
6. Are you addicted to prescription drugs? Yes \_\_\_ No \_\_\_
7. Do you use tobacco in any form? Yes \_\_\_ No \_\_\_
8. Do you drink alcoholic beverages, including social drinking? Yes \_\_\_ No \_\_\_
9. Do you take illegal drugs? Yes \_\_\_ No \_\_\_
10. Do you have problems sleeping? Yes \_\_\_ No \_\_\_
11. Do you have recurring nightmares or sleep disturbances? Yes \_\_\_ No \_\_\_
12. Do you have a history of use of pornographic materials? Yes \_\_\_ No \_\_\_
13. Have you been charged with moving traffic violations within the last 5 years? Yes \_\_\_ No \_\_\_  
*If so, when and why? \_\_\_\_\_*  
\_\_\_\_\_
14. Has your driver's license ever been revoked or suspended? Yes \_\_\_ No \_\_\_  
*If so, why and when? \_\_\_\_\_*  
\_\_\_\_\_
15. Do you have a current driver's license? Yes \_\_\_ (List your DL# and State Below)  
\_\_\_\_\_  
No \_\_\_ (Some other form of picture ID may be required.)

16. Are you presently employed? Yes \_\_\_ No \_\_\_  
*If so, where? \_\_\_\_\_*  
Job Description \_\_\_\_\_  
How long? \_\_\_\_\_

17. May we contact your employer? Yes \_\_\_ No \_\_\_  
Supervisor's Name \_\_\_\_\_  
Phone(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

18. List any physical limitations that need to be considered in your placement, if accepted. \_\_\_\_\_  
\_\_\_\_\_

19. Are you presently under a doctor's care for any ailments? Yes \_\_\_ No \_\_\_  
*If yes, list: \_\_\_\_\_*  
List any medications: \_\_\_\_\_  
\_\_\_\_\_

20. Do you carry any personal medical insurance? Yes \_\_\_ No \_\_\_  
Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Group # \_\_\_\_\_  
List any preauthorization requirements \_\_\_\_\_  
\_\_\_\_\_

21. Physician's Name \_\_\_\_\_  
Phone(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

The answers to the above questions are correct to the best of my ability.

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

*Around the Clock medical care is provided and secondary insurance coverage is available for those accidents which sometimes occur to our staff and campers.*

*If you are under the age of 18, please have your parent(s) or guardian(s) sign this medical release and fill in the proper insurance information.*

*In the event that my child, \_\_\_\_\_, needs emergency medical attention, I hereby give my consent for the officials of the camp to seek such medical assistance. I further understand that the camp will make every attempt to notify me of such action as soon as possible.*

\_\_\_\_\_  
*\*Parent(s) or Guardian(s) Signature*

\_\_\_\_\_  
Date

*Please note that all information given will be strictly confidential. Thank you for your assistance!*

## Applicant's Statement

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 (including opinions) that they have regarding my character and fitness for youth camp work. In consideration of the receipt and evaluation of this application by the Church of God, I hereby release to any 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 damages of whatever kind or nature which may at this 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 have to inspect 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 any unscriptural conduct in the performance of my services on behalf of the church. I also agree to participate in the training and enhancement programs provided by the State Youth and Discipleship Director's Office in preparation of my participation this summer.

***I HEREBY CONSENT FOR THE CHURCH OF GOD STATE YOUTH AND DISCIPLESHIP DIRECTOR OF THE STATE OF EASTERN NORTH CAROLINA TO SEEK FROM LOCAL LAW ENFORCEMENT AGENCIES ANY INFORMATION WHICH PERTAINS TO ANY RECORD OF CONVICTION ON ITS FILES OR IN ANY CRIMINAL FILE MAINTAINED ON ME WHETHER LOCAL, STATE, NATIONAL OR INTERNATIONAL. I HEREBY RELEASE ANY POLICE DEPARTMENT FROM ANY AND ALL LIABILITY RESULTING FROM SUCH DISCLOSURE.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Pastor's Recommendation

*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 Youth Director of Youth & Discipleship.*

Pastor's Name \_\_\_\_\_ Pastor's Signature \_\_\_\_\_

Pastor's Ministerial File # \_\_\_\_\_ Date \_\_\_\_\_