



July 26th-30th 2021

Crystal Springs Baptist Camp

Medina ND

Returning Staff Application

Please RETURN your application ASAP to:

NCR Youth Camp ♦ PO Box 7460 ♦ Bismarck, ND 58507

MAIL APPLICATION TO:

NCR Youth Camp
PO Box 7460 • Bismarck, ND 58507

**A PICTURE ID MUST
ACCOMPANY THIS
APPLICATION!**

NCR Church of God 2021 Youth Camp Staff Application

FOR OFFICE USE ONLY

Date Received: _____
CBG Check: _____
 Junior Camp Senior Camp
Approved: Yes No
Confirmation Sent: _____
Position Assigned: _____

NOTE: ALL FIVE (5) PAGES MUST BE FILLED OUT COMPLETELY AND POSTMARKED ASAP.

FIRST NAME _____ MI _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

IF LESS THAN TWO (2) YEARS, LIST PREVIOUS ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL **(REQUIRED)** _____

DRIVER'S LICENSE # _____ FORMER NAMES _____

AGE _____ DATE OF BIRTH _____ / _____ / _____ BIRTH PLACE _____
MONTH DAY YEAR CITY STATE

SSN _____

REQUIRED FOR MANDATORY BACKGROUND CHECKS.

MALE HEIGHT _____

FEMALE WEIGHT _____

MARRIED HAIR COLOR _____

SINGLE EYE COLOR _____

Circle your adult t-shirt size: S M L XL 2L 3L

NOTE: S, M, L, XL are \$10 and 2L, 3L are \$12

All Youth Camp t-shirts are pre-ordered. It is more cost effective and important for us to receive each worker's size in advance.

Children Under Camp Age

Due to limited space, cost-efficiency, and to allow each staff member to fully devote their time and energy to their area of responsibility, we are unable to accommodate children under camp age (under 6 years old). For this reason, prior to your arrival at camp, please make other arrangements for the care of your child(ren) for the duration of camp. Thank you for your cooperation and understanding in this matter.

Personal Info and Background

1. List any physical limitations that need to be considered in your placement, if accepted. _____

2. Are you presently under a doctor's care for any ailments?
 __ Yes _____ __ No _____
 If yes, please list. _____

3. List any medications. _____

4. Reason for medications. _____

5. Allergies and Reactions. _____

6. Do you carry any personal medical insurance?
 __ Yes _____ __ No _____
 Company _____
 Policy # _____
 Group # _____
 List any preauthorization requirements. _____

7. Physician's Name _____

8. Emergency Contact _____
 Phone Number _____

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

Around-the-clock medical care is provided. Secondary insurance is available for those accidents which sometimes occur to our staff and campers. I understand that my insurance is primary. I accept any and all medical costs. In case of an accident or serious illness, you have my permission to secure the proper medical treatment.

Your Signature (Required)

Date

Thank You for assistance in all these matters. Please note that all information provided will be kept strictly confidential.

Cabin Leaders Info

1. Will your child be a camper at the same aged camp you will work? ___ Yes ___ No
 If yes, do you want your child to be in your cabin? ___ Yes ___ No
2. Will students from your church be at the same aged camp you will work? ___ Yes ___ No
 If yes, should they be placed in your cabin? ___ Yes ___ No

Personal References

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
_____	_____
PHONE _____	PHONE _____

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 Regional Youth and Discipleship Director and Regional Youth and Discipleship Board does reserve the right to accept or reject any application for volunteer work at Church of God youth camps after the reviewing of said application reveals that the services of the applicant would or would not be in the best interest and success of the camp.

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 MANDATORY training and enhancement programs (on Monday, July 26th, 2021) provided by the Regional Youth and Discipleship Director's office in preparation of my participation. Furthermore, I will **not** leave camp until my responsibilities are completed on the last day of camp.

I have carefully read the foregoing release and know the contents thereof and I sign this release on my own free act. This is a legally binding agreement which I have read and understand.

Applicant's Signature (Required)

Witness Signature (Required)

Date

Date

NCR YOUTH CAMP 2021

PASTORAL ENDORSEMENT

CAMP APPLICANT NAME

LOCAL CHURCH NAME AND CITY

No applicant can be accepted to work at youth camp without the endorsement of their local pastor. This form must be completed in its entirety before any application can be considered.

PASTOR: Please take a few minutes to complete this endorsement form for the person listed above who is applying for consideration of a youth camp position this summer. Your endorsement is not only required, but allows for the protection of campers and other staff in the camp setting. Should you have questions or problems, please direct them to the Regional Youth and Discipleship Director's office or by email at ncrdiscipleship@gmail.com. Once you have completed this form in its entirety, please immediately mail to:

NCR Youth Camp PO Box 7460 Bismarck, ND 58507

