

Name: \_\_\_\_\_ Date Rec'd: \_\_\_/\_\_\_/\_\_\_ Position(s) Filled: \_\_\_\_\_

(Last, First)

Tuition Due: \$ \_\_\_\_\_ Position(s) Requested: \_\_\_\_\_

Office Use Only

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Male Female

Birthday \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In case of emergency and the parent/guardian cannot be reached, please notify:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**OTHER INFORMATION**

Name of Local Church you attend: \_\_\_\_\_

Have you ever attended an International Youth Camp? Yes No Don't Know If yes, when? \_\_\_\_\_

Have you ever worked in a summer Church Camp before? Yes No

If Yes, what Camp and in what positions did you serve? \_\_\_\_\_

Are you Saved? Yes No Don't Know Are you Sanctified? Yes No Don't Know

Have you received the Baptism of the Holy Ghost? Yes No Don't Know

Are you a member of the Church of God of Prophecy? Yes No Don't Know If yes, where? \_\_\_\_\_

**POSITION INFORMATION**

Which Camp(s) are you interested in working in? \_\_\_\_\_

In what position do you feel you are best suited, or what position(s) would you like to be considered for?

Teacher Cabin Advisor Dean Recreation Evangelist Music/Program Director Snak Shak Nurse  
Fun Time Security Growth Group Teacher Worship Team Other \_\_\_\_\_

Why do you want the above position(s)? \_\_\_\_\_

Do you love ministering to the age group in which you wish to work? Yes No

Do you have a passion for seeing souls saved? Yes No

Would you abide by the rules of the Camp? Yes No

Do you participate in your local church activities consistently? Yes No

Would you attend a pre-Camp training session if at all possible? Yes No

Would you be interested in serving on a Sr. Camp Planning Committee Yes No

**MEDICAL INFORMATION**

I do not have any Health Insurance coverage.

I do have Health Insurance coverage. Below is the needed information should an emergency occur.

Name of Employer (other than self) \_\_\_\_\_

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

Employer Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Name of Health Insurance Company \_\_\_\_\_

Policy/ Group Numbers \_\_\_\_\_

## HEALTH HISTORY

Please check the following if they apply and explain in area below: (List any additional information on a separate sheet.)

Epilepsy      Diabetes      Convulsions      Kidney Trouble      Heart Trouble      Rheumatic Fever

Mental Disorders (Explain Below)      Sleep Walking or Sleep Disorders

Explanations/ Special Instructions: \_\_\_\_\_

Allergic Reactions to the following: \_\_\_\_\_

I am taking the following medication (include reason): \_\_\_\_\_

I am presently on the following special diet (include reason): \_\_\_\_\_

### Emergency Statement

I hereby give my permission to the physician selected by a Camp Official to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for me (or my child, if under the age of 18).

Signature of Applicant (or Guardian, if Applicant is under 18 years of age) \_\_\_\_\_

Date \_\_\_\_\_

### Pastor's Endorsement

Pastor: Please complete this endorsement within 5 days of your receipt and return to the address below. All information will be kept confidential between the Regional Senior Camp Directors and the Regional Overseer.

To the best of your knowledge, is the applicant:      Saved?      Yes      No      Sanctified?      Yes      No  
Holy Ghost Filled?      Yes      No      A member of the Church of God of Prophecy in good standing?      Yes      No

Does Applicant attend all regular service as much as possible, including mid-week services?      Excellent      Good      Fair      Poor  
Is the Applicant a dependable Christian year-round?  
Does the Applicant get along and work well with children and young people?  
Does the Applicant participate and cooperate in local church activities?  
Is the Applicant enthusiastic about Camp and sincerely interested in it?  
Does the Applicant exhibit leadership ability in the Lord and in the Church?

What position(s) of leadership does the Applicant now hold in your local church? \_\_\_\_\_

What is the Applicant's general attitude (cooperative, confrontational, easy-going, rebellious, etc.) \_\_\_\_\_

Would you personally recommend this Applicant as a member of the Sr. Camp Staff?      Yes      No

### Other Information

Thank you for your interest in serving in the Midwest Regional Senior Camp. Please give this application to your pastor for His/Her endorsement. If you have any questions, please contact the Directors at the following:

Send to:      Camp Directors  
18814 "U" Street  
Omaha, NE 68135

Questions? Contact:   
        
           

Chris or Carissa Pruitt  
Home: (402) 215-4108  
E-mail: carissa@therefugeomaha.com

**THIS CAMP DOES NOT DISCRIMINATE BASED ON CREED, RACE, COLOR OR RELIGION.**