

LEGAL REFERENCE

Due to increasing legal liabilities all persons that work on Pen Florida camp staff must **submit to a criminal background check**. Their completed **birth date (MM/DD/YYYY) and social security number must be accurate**. Pen Florida will arrange to have this check done upon acceptance of the application. Final approval of this application can only be completed after the background report is approved.

CAMP SPECIFICS

DO YOU HAVE LIFEGUARD CERTIFICATION? YES NO Date of Expiration: _____
DO YOU HAVE CPR CERTIFICATION? YES NO Date of Expiration: _____
DO YOU HAVE LPN OR RN CERTIFICATION? YES NO Date of Expiration: _____
DO YOU HAVE EMT CERTIFICATION? YES NO Date of Expiration: _____

LIST PREVIOUS CAMP STAFF EXPERIENCE:

MEDICAL INFORMATION

Do you use any prescription drug on a regular basis? If so, please state the name and reason for its use: _____

Please list any medical conditions the camp director should be aware of: _____

Is your life free from all habits unbecoming to a Christ-follower such as smoking, drinking and violence? YES NO
If no, please explain: _____

Family Insurance Company: _____ Policy Number: _____

All registered staff members are insured by Nationwide Life Insurance Company. Our insurance is a secondary policy and your family insurance is primary.

GENERAL INFORMATION

- ⇒ You will need to bring sleeping bag or sheets, blanket, pillow, towels, recreational clothes, toiletries, modest swimwear, and clothes that fit within the camp dress policy.
- ⇒ Camp Dress Policy: Shorts of modest length may be worn during the day. Shoes must be worn at all times. Neither campers or staff are allowed to wear backless, or halter-type dresses or blouses, belly shirts, tank tops, spaghetti straps or extremely tight garments. Shorts are not allowed for evening services. A robe or swimsuit cover must be worn to and from the pool. If a camper or staff's clothing is deemed inappropriate they will be asked to change.
- ⇒ Are you **willing** to be on the premises from **9:00 AM Monday until 2:00 PM Friday**, to abide by camp rules and policies, be given any assignments (assignments, except executive, are not made before Monday of the camp you attend), be placed in any dorm, and if need be, go beyond the duties of your specific job? YES NO

APPLICANT'S SIGNATURE _____ DATE _____

PARENT'S AUTHORIZATION—Mandatory for all applicants under 18 years of age

PARENTAL AUTHORIZATION: I hereby give permission for my child to attend camp as indicated. I further certify that this health history above is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted. IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. Permission is given to PFDC Assemblies of God to use photographs (individual or group) and/or multimedia images and recordings in the best interest of PFDC Assemblies of God.

PARENT'S NAME (print) _____ PARENT'S SIGNATURE _____ DATE _____

PASTOR'S REFERENCE

Mandatory for all applicants, unless a credentialed minister with the Pen Florida District Council.

- ⇒ How long have you known the applicant? _____
- ⇒ In what working relationship? _____
- ⇒ Do you have reservations concerning their salvation or motive for serving? YES NO
- ⇒ Do you have reservations concerning their ability to work at camp? YES NO
- ⇒ Is there any information that we should personally consider in deciding if this applicant should be part of our youth camp program?
 YES NO

PASTOR'S NAME (PRINT) _____

PASTOR'S SIGNATURE _____ DATE _____

THIS APPLICATION IS AN ENDORSEMENT FROM YOUR CHURCH. IT WILL NOT BE ACCEPTED WITHOUT YOUR PASTOR, FULL TIME YOUTH PASTOR OR FULL TIME CHILDREN'S PASTOR'S SIGNATURE.