

Return to:

Rev. Richard Gifford  
P.O. Box 306  
Waycross, GA 31502

**Potential Staff and Jr Staff:**

**ALL**, Applicant, Applicant's Parent(s)/Legal Guardian(s) (if Applicant is younger than 18 years old on the date of the Application) and Applicant's Pastor, must complete and sign this Application and submit it, along with a **registration fee of \$25**, by **May 15th** to the Georgia District United Pentecostal Church International (the "District") Children's Ministries Dept. ("GDCM") to the address located in the return to box in order to be considered for a voluntary staff member position ("Staff Member") at the following event sponsored by the GDCM to be held at the District campgrounds in Milner, Georgia (the "Event"): **Junior Camp (July 16 – 20, 2018)**

**Section 1: Applicant's Personal Information**  
(Please Print Legibly)

**Applicant's Full Legal Name ("Applicant"):** \_\_\_\_\_  
*Last Name* *First Name* *M.I.*

**Current Address:** \_\_\_\_\_  
*Street & Number* *City* *State* *Zip*

**How long at Current Address:** \_\_\_\_\_

**Former Address:** \_\_\_\_\_  
*Street & Number* *City* *State* *Zip*

**How long at Former Address:** \_\_\_\_\_

**Date of Birth:**      /      /           **Age:**           **Gender:**  Male    Female  
*MM*   *DD*   *YYYY*

**Email:** \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_      **Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Driver's License No.** \_\_\_\_\_      **State of License:** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Marital Status:** \_\_\_\_\_

**Name of Church:** \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_

**Have you been a member of this church for at least 6 months?**    Yes    No

**If no, explain:** \_\_\_\_\_

**\*List the Name and Pastor of any other churches you have regularly attended during the last five years:**  
\_\_\_\_\_  
\_\_\_\_\_

**\*List All Previous Work Involving Children (List Each Church/Organization's Name, Type of Work and Dates):**  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously worked in a UPCI District Camp?  Yes  No

If yes, what position(s)? \_\_\_\_\_

Have you repented?  Yes  No      Been baptized?  Yes  No      Received the Holy Ghost?  Yes  No

If yes to all/any, when? \_\_\_\_\_

Do you have any condition that would prevent you from participating in rigorous activity?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offense?  Yes  No

If yes, please explain fully. Use an additional sheet if necessary:

\_\_\_\_\_

Has Applicant ever required any psychiatric counseling or hospitalization?  Yes  No

If yes, please explain fully. Use an additional sheet if necessary:

\_\_\_\_\_

Do you use tobacco?  Yes  No      Do you drink alcoholic beverages?  Yes  No

Do you use illegal substances (drugs)?  Yes  No

**Section 2: Pastor's Consent for Applicant to Serve as Staff Member**  
*(Please Print Legibly)*

Pastor's Name: \_\_\_\_\_  
*Title (Pastor/Bishop/Etc...)*                      *First Name*                      *Last Name*

Phone: (\_\_\_\_) \_\_\_\_\_

Church Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

I certify that I am Applicant's current Pastor (or the Pastor's authorized signatory for purposes of this Application). I have advised the Applicant of the Event Rules and Guidelines (the "Guidelines") and the obligation to uphold and follow them. **The authorized signature below indicates that Pastor: (1) supports the Guidelines and will support the GDCM's enforcement of them; (2) consents to the GDCM's distribution of GDCM promotional materials directly to the Applicant; and (3) recommends and approves the Applicant to serve in the capacity of Staff Member for the Event.**

Signature of Pastor or Pastor's Authorized Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signatory's Name (if applicable): \_\_\_\_\_

Title/Position: \_\_\_\_\_

**Section 3: Request to Participate, Hold Harmless and Release Agreement**  
*(Please Read Carefully)*

I, the undersigned, am the Applicant (and the Parent/Legal Guardian of the Applicant as applicable - if Applicant is younger than 18 years old on the date of the Application) ("Parent," together with Applicant, collectively "I," "me," or "my") and request that Applicant be permitted to serve at the Event as a Staff Member. I understand and agree that Applicant must abide by and uphold Guidelines and that Applicant is expected and agrees to faithfully perform all tasks assigned to Applicant by the GDCM and the Event director. I certify that Applicant is physically and emotionally able and fit, and expressly permitted, to serve in all capacities as determined in the sole discretion of the GDCM and the Event director, unless specific limitations are indicated otherwise in Section 1 on the prior page of this Agreement. The GDCM reserves the right to dismiss Applicant from the Event due to Applicant's disruption of the Event for any reason, including but not limited to, inappropriate behavior as determined by the GDCM, failure to abide by or uphold the Guidelines, or failure to follow the GDCM's requests or instructions. I agree that any such dismissal would be at the sole discretion of the GDCM and the Event director.

In consideration for permitting Applicant to serve as a Staff Member at the Event and for other valuable consideration, the receipt and sufficiency of which are confessed and acknowledged, I enter into this Agreement, which I understand and agree covers the following persons and entities, as well as their respective trustees, directors, board members, directors, officers, agents, employees, volunteers, contractors, representatives, successors and assigns, both in their individual and official capacities, and in any capacity or relationship with or for any of the following: the District, the GDCM, and Event staff (each an "Indemnified Party," and collectively, "Indemnified Parties").

I HAVE CONSIDERED THE RISKS OF APPLICANT'S SERVING AS A STAFF MEMBER IN THE EVENT, AND RELYING ON MY OWN JUDGMENT, APPLICANT VOLUNTARILY CHOOSES TO PARTICIPATE, AND I AGREE TO ASSUME ALL OF THE RISK THAT MAY BE ENCOUNTERED ON THE EVENT, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I knowingly and voluntarily release and waive, and further agree to indemnify, hold harmless, and reimburse all Indemnified Parties from and against any now existing or hereafter arising liability, actions, causes of actions or claims that I, any other relative or any next of kin, or any other person, firm or corporation now or hereafter may have or claim to have (whether known or unknown, seen or unforeseen, directly or indirectly, or within or without control of those persons and entities) for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, or contract claims resulting from, or arising out of, during, or in connection with Applicant's participation in the Event, or the ownership, operations, use, maintenance, or control of any property, vehicle, equipment or goods provided or used in connection with the Event, or in any way connected with or arising out of instruction, training, emergency care, or operations incidental to the Event. I understand and agree that the District, the GDCM, Event staff (their agents and representatives), and Event participants may, from time to time, take photographs, films, or videos during the Event and that such photographs, films, or videos may appear in various promotional materials, newsletters, websites, advertisements, or presentations. I consent to the use of Applicant's image and expressly agree to hold harmless and release all Indemnified Parties and all other participants from all liability in regard to such disclosure or dissemination.

I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by law. Each provision herein is severable, so that if any provision or portion of such provision is held invalid, the remainder shall continue in full legal force and effect. This Agreement shall not establish a legal or other relationship that does not in fact exist. Nothing in this Agreement shall constitute a waiver of any legal defense available to any Indemnified Party. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not mere recitals. The validity, interpretation, and effect of this Agreement shall be governed by the laws of the State of Georgia.

**Background Investigation Consent:** I authorize any references, or any other persons or organizations, whether or not identified in this Application, to provide the District and its agents any information (including opinions) regarding Applicant's character and fitness to work with children. I hereby release any individual, church, agency, organization, employer, reference, or any other person or organization, including record custodians, both collectively or individually, and whether or not identified in this Application, from any and all liability for damages of whatever kind or nature which may at any time result to Applicant, me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I hereby authorize the District and/or its agents to make an independent investigation of Applicant's background, references, character, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming information contained on Applicant's Application and/or obtaining other information which may be material to Applicant's qualifications for service now, and if applicable, during the tenure of Applicant's service. I authorize the District and/or its agents to discuss the results of such investigation with Applicant's Pastor. I release the District and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regard to the information obtained from any and all of the above references sources used.

I HAVE CAREFULLY READ THE FOREGOING AGREEMENT, KNOW THE CONTENTS THEREOF, AND SIGN THIS AGREEMENT AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand. I have read the Guidelines and will support the GDCM's enforcement of them.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Minor Applicants (under 18):** If Applicant has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them on the prior page of this Agreement. As a Parent with regard to an Applicant younger than 18 years old, I hereby authorize any adult member of the Event staff to make emergency medical decisions for Applicant and to seek medical treatment for Applicant, including undertaking, arranging for, and/or consenting to medical procedures or treatment in the adult Event staff member's sole discretion. I understand, acknowledge and agree that I will be responsible for any and all expenses/fees of any kind related to any medical care for the treatment of any emergency, illness, injury, accident, sickness, or condition while Applicant is serving at the Event ("Medical Expenses"). I further understand, acknowledge and agree that none of the Indemnified Parties are liable for any such Medical Expenses under any circumstance. A decision by the District or the GDCM to pay any insurance co-pay or co-insurance in no way constitutes an admission of liability or invalidates or negates the effect or enforcement of this comprehensive waiver and indemnification that I give herein.

**SIGNATURE OF PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_