

Camp Boothe Staff Application

PO BOX 970 Moulton AL 35650

The Church of God of Prophecy Camping & Retreat Ministry

Phone: (205) 938-2444 Fax (205) 938-9779

Prospective Staff Application

ALL Staff applications are due no later than May 15th

(All applications are CONFIDENTIAL)

PERSONAL DATA

TODAY'S DATE	
FULL NAME: (First, Middle, Last)	ALIAS/MAIDEN/ NICKNAME
ADDRESS:	Have you ever been convicted of a felony?
CITY: STATE: ZIP	If yes, please list charge and conviction:
PHONE: ()	Have you ever been convicted of sexual misconduct?
DATE OF BIRTH:	If so, please explain:
BIRTH GENDER (circle one) MALE FEMALE	
EMAIL	

CAMPING DATA

Have you ever volunteered in a Christian Camp? _____ If yes, where? _____

Has a director contacted you about working this year? _____ If yes, please indicate camp and position below:

() Junior (ages 6-10) () Senior (ages 11-14) () Collegiate (ages 15-19)

() Winter Conference (ages 14+)

Position: _____

If no, please contact Director for information and willingness to participate in camping program.

List your area of giftedness, talent, or ministry: _____

SPIRITUAL DATA

Spiritual Status: () Saved () Sanctified () Filled with Holy Ghost

Are you a member of the Church of God of Prophecy? If so, where? _____

If not, please list local church affiliation: _____

Do you faithfully attend your local church? _____ Do you faithfully tithe your income? _____

Please list any positions appointed by pastor that you currently hold? _____

(Optional) Please give a brief testimony of what God is currently doing in your life? _____

Please list two personal references (other for Pastor) with phone numbers

HEALTH DATA

Do you have hospital insurance? _____ Insurance Company _____

List any allergies and/or drug allergies, if any: _____

Please list any prescription drugs you are currently taking and the reason for taking. _____

Have you ever been tested positive for HIV virus? _____ If yes, please explain: _____

In case of emergency please contact: _____ Phone: _____

Medical Consent: In the case of a medical emergency, I understand that reasonable effort will be made to contact person(s) designated above. In the event they cannot be reached, I give permission to camp administration and physician selected to secure any and all proper medical treatment.

COMMITMENT OF FAITH

I understand that there is no remuneration for any work provided; therefore, all assistance considered volunteer labor. My application is carefully completed. I understand it will be prayerfully considered by Directors, State Coordinator, and State Bishop. If selected, I will read and abide by rules outlined in the Policies and Procedures Manual, Camp Boothe Code of Conduct, and attend any staff training sessions when made available. I will work in a spirit of unity with leadership and staff. I pledge my complete support and prayers to Camp Boothe Ministries.

COVID INFORMATION

Camp Boothe has put in place preventative measures to reduce the spread of COVID-19; however, Camp Boothe cannot guarantee that you will not become infected with COVID-19. Further, attending Camp Boothe could increase your risk of contracting COVID-19.

*By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp Boothe and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp Boothe employees, volunteers, and program participants and their families.

*I understand that my child must be free from COVID-19 symptoms and, should symptoms develop while in the care of Camp Boothe, my child will be separated from the rest of the people at Camp. I will be contacted and my child must be picked up within three hours of my being notified. I further voluntarily agree that Camp Boothe may monitor my child for symptoms of COVID-19 (including, but not limited to, fever of 100.4 degrees Fahrenheit or higher, shortness of breath, chills, dry cough, sore throat and muscle aches).

*I will immediately notify Camp Management if I become aware of any person with whom my child or I have had contact exhibits any symptoms of COVID-19, is advised to self-isolate, quarantine, or has tested positive for COVID-19.

*I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)'S ATTENDANCE AT CAMP OR PARTICIPATION IN CAMP PROGRAMMING ("CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE CAMP, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE CAMP, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY CAMP PROGRAM.

BACKGROUND CHECK INFORMATION

I, undersigned applicant (also known as "consumer"), authorize the Church of God of Prophecy through its independent contractor, First Advantage Corporation, to procure background information (also known as a "consumer report and/or investigative consumer report" about me. This report may include but is not limited to my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and state, county and nations sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to the Church of God of Prophecy, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Driver's License Number _____ State of Issuance _____

I certify that all information provided as part of this application is true and correct to the best of my knowledge.

Signature of Application _____ Date _____

PASTORS ONLY

Thank you, Pastor, for your local church support of Camp Boothe Ministries. Please prayerfully consider applicant's staff application for approval. Our commitment is to provide an evangelistic endeavor that will begin a spiritual relationship. In return the local church will provide Biblical discipleship for spiritual maturity. Please consider and approve any spiritual leadership for our evangelistic teams. We need good qualified staff. This application will not be considered without your endorsement. Pastors, upon your signature of approval please mail all staff applications to Camp Boothe please call State Coordinator if you should have any questions or helpful information.

Pastor Signature _____ Date _____

Pastor Comments: _____