

CAMP BOOTHE STAFF APPLICATION

P.O. BOX 240 GREENPOND, AL 35074
THE CHURCH OF GOD OF PROPHECY CAMPING & RETREAT MINISTRY
PHONE NUMBER (205) 938-2444 FAX (205) 938-9779

PROSPECTIVE STAFF APPLICATION

(All applications are CONFIDENTIAL)

PERSONAL DATA

BACKGROUND

TODAY'S DATE	Have you ever been convicted of a felony?
NAME	If yes, please list charge and conviction:
ADDRESS	Have you ever been convicted of sexual misconduct?
CITY STATE ZIP	If so, please explain.
PHONE ()	
DATE OF BIRTH / / AGE	
GENDER (Circle One) MALE FEMALE	
EMAIL:	
EMPLOYER:	
PHONE NUMBER: ()	

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:

() Big Shots (Ages 3-5) () Discovery (Ages 9 - 11) () Collegiate (Ages 15 - 19)
() Pee Wee (Ages 6-8) () Senior (Ages 12 - 14) () Outreach (Ages 8 - 12)

RETREATS: () Ladies () Men () Youth Winter Conference () Season 5 Young Adults () Other _____

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 local income? _____

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

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

COMMITMENT OF FAITH

I understand that there is no remuneration for any work provided; therefore, all assistance is considered volunteer labor. My application is carefully completed. I understand it will be prayerfully considered by Directors and State Coordinator. If selected, I will read and abide by rules outlined in the Policies and Procedures Manual and I will 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.

APPLICANT'S SIGNATURE

DATE

Revised April 2013

HEALTH DATA

Do you have hospital insurance? _____ Insurance Co. _____

Policy # _____ List drug allergies, if any: _____

Please list any medical conditions that may be of importance in case of an emergency: _____

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

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

Contact person in case of an emergency: _____ Phone: _____

MEDICAL CONSENT:

In the case of a medical emergency, I understand that reasonable effort will be made to contact person 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. I understand that Camp Boothe Accident Insurance policy provides coverage not to exceed \$2,500.00. Any pre-existing injury or illness is not covered under policy. I am financially responsible for any amount that exceeds coverage.

SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN
(if applicant is under 18)

DATE

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

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.

PASTOR'S SIGNATURE OF APPROVAL

DATE

PASTOR'S COMMENTS:

Pastors, upon your signature of approval, please mail all staff applications to Camp Boothe State Coordinator, P. O. Box 240, Greenpond, Alabama 35074. Please call State Coordinator if you should have any questions or helpful information.

FOR OFFICE USE ONLY

Date received: _____

Comments: _____

