

The graphic features a vibrant tropical background with palm trees and foliage in shades of red, orange, yellow, and green. On the left, four staff members are introduced with their names and assigned weeks: Johnnie Wilson (Week 1), Chris Estrada (Week 2), Daniel Gray (Week 3), and Allen Griffin (Week 4). Each name is accompanied by a small portrait photo. In the center, the text '2021 ALABAMA YOUTH' is written in white above the large, bold, white words 'SUMMER CAMP'. Below this, the registration information is provided: 'REGISTER ONLINE AT: ALABAMAYOUTHMINISTRIES.COM'. At the bottom left, the contact details for Alabama Youth Ministries are listed: '5919 CARMICHAEL ROAD MONTGOMERY, AL 36117 PHONE: 334-279-7172 X3 E-MAIL: DYDSEC@ADCAG.ORG'. A small portrait of Steve Mason, the DYD, is also included at the bottom right.

2021 Youth Camp Staff Application Packet

Completely fill out and return application, a recent picture of yourself, and a 90 second video of yourself stating what you wish to work as youth camp staff.

Send to: dydsec@adcag.org

ALABAMA YOUTH MINISTRIES

2021 CAMP STAFF APPLICATION

Please attach a recent personal photograph.

Last Name: _____ First Name: _____ Gender M F
Social Security Number: _____ Birth Date ____/____/____ Age: _____
Email Address: _____ Cell Number: _____

Home Church and City: _____

Home Address: _____

College Address: _____

Use College Address Until (date): _____

Please initial here that you agree a background check will be done on you _____ (initial here)

Grade of High School (or College) just completing: _____

Are you saved? YES NO Date: _____ Are you spirit filled? YES NO Date: _____

Have you been called into the ministry? YES NO

T-shirt size S M L XL 2XL Have you ever worked at another camp before? YES NO

When and where? _____

What were your duties? _____

What experience can you bring to this job?

List all media skills and experience that you have (computer, video, editing, etc) _____

List any artistic ability and/or experience you have _____

Do you have Lifeguard certification? YES NO Date of Expiration _____ **Send a Copy

Do you have CPR certification? YES NO Date of Expiration _____ **Send a Copy

List any physical limitations you may have that would hinder you in working as camp staff _____

List any special talents and skills you may have that would aid you in working as camp staff _____

Why do you want to work at Youth Camp? Be specific - use another sheet if necessary _____

Initial Here: I understand that working camp staff is a 4-week commitment that runs **June 18-July 18, 2021.**

In case of emergency, contact: Name _____ Phone # _____

Applicant Questionnaire:

1 Why do you want to work on camp staff? _____

2 What does being in a staff leadership position mean to you? _____

3 Why should we hire you? _____

4 What makes you a great candidate for this position? _____

5 What are your strengths/weaknesses when interacting with others/campers? _____

6 What previous jobs have you had, and what were your responsibilities? _____

7 What strengths can you bring to this job from past job experiences? _____

8 Are you good at handling conflict? _____

9 Do you work well under time restraints and pressure? _____

10 Have you ever been a team where someone did not pull their own weight? _____

How did you handle it? _____

11 Do you work better as a team player or individually? _____

12 If you had to choose one, would you consider yourself a big-picture person or a detail-oriented person?

13 What are three positive things your previous employer would say about you? _____

14 What negative thing would your previous employer say about you? _____

15 What three character traits would your friends use to describe you? _____

16 What are your greatest achievements outside of a work environment? _____

17 Do you have physical limitations that prevent you from doing manual labor? If yes, please

explain _____

18 How much weight can you lift/carry? _____

Applicant Statement

The information in this application is correct to the best of my knowledge. I authorize any references listed on this application to give you any information they may have regarding my character and fitness for work at Youth Camp. I release AYM from liability and any damage that may result from furnishing such evaluations to you. Should my application be accepted, I agree to be bound by the rules and policies of the Alabama District Youth Department of the Assemblies of God, and to refrain from unscriptural conduct in the performance of my service on behalf of the camp program.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

Reference Information

Please give the names, addresses, and phone numbers of your pastor and two other persons not related to you. Give appropriate forms to these people. They will mail, or email it back **separately**, to be received by March 15, 2021. This must be complete for the application to be processed and considered.

Pastor _____ Phone Number _____

Email address _____

Mature Christian Reference #1 _____ Phone Number _____

Email address _____

Mature Christian Reference #2 _____ Phone Number _____

Email address _____

MAIL COMPLETED APPLICATION TO:

Alabama Youth Ministries
5919 Carmichael Road
Montgomery, AL 36117

or EMAIL it to: dydsec@adcag.org

PASTORAL REFERENCE RECOMMENDATION FORM 2021 CAMP STAFF APPLICATION (page 1)

Applicant's Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Cell Phone: _____

Email Address: _____

This section to be completed by the person who is referring the student.

The above named person is applying for a position as camp staff with Alabama Youth Ministries.

Your cooperation in answering the following questions with utmost frankness is appreciated.

The information you provide will help us in selecting our summer camp staff. Thanks for your assistance.

Please mail, email, or fax this directly back to the address on page 2 of this form. **PLEASE DO NOT RETURN TO THE STUDENT.**

How long have you known this applicant? _____

How well do you know this applicant? (check one)

Not very well	<input type="checkbox"/>
Casually	<input type="checkbox"/>
Well	<input type="checkbox"/>
Very Well	<input type="checkbox"/>

Do you believe this applicant is a committed Christian?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

To what extent is the applicant involved in church?

No involvement	<input type="checkbox"/>
Slightly involved	<input type="checkbox"/>
Involved	<input type="checkbox"/>
Very involved	<input type="checkbox"/>

What special talents have he/she shown? _____

What leadership abilities has he/she shown? _____

To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs?

YES	<input type="checkbox"/>	If yes, explain:
NO	<input type="checkbox"/>	_____

Do you know of any reason why this applicant would be unsuitable to work as camp staff? (Be specific)

PASTORAL REFERENCE RECOMMENDATION FORM 202 CAMP STAFF APPLICATION (page 2)

Category	Poor	Fair	Good	Excellent	Comments
Christian Life					
Social Adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachableness					
Motivation					
Emotional Stability					
Personal Appearance					
Health					
Attitude to others					
Other					

Knowing the applicant as you do, what recommendation would you make? (Select One)

- Strongly Recommend
- Recommend
- Recommend With Reservation
- Do Not Recommend
- Prefer not to make a Recommendation

Comments

Pastoral Reference

Church Name _____

Address _____

City _____

Phone # _____

Email _____

Pastor Name _____

Pastor's Signature _____

Mail to:
Alabama Youth Ministries
5919 Carmichael Road
Montgomery, AL 36117

or:
email to: dydsec@adcag.org
FAX to: 334-279-0016

MATURE CHRISTIAN REFERENCE RECOMMENDATION FORM 2021 CAMP STAFF APPLICATION (page 1)

Top section to be completed by student (please print)

Applicant's Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Cell Phone: _____

Email Address: _____

This section to be completed by the person who is referring the student.

The above named person is applying for a position as camp staff with Alabama Youth Ministries.
Your cooperation in answering the following questions with utmost frankness is appreciated.
The information you provide will help us in selecting our summer camp staff. Thanks for your assistance.
Please mail, email, or FAX this directly back to the address on page 2 of this form. **PLEASE DO NOT RETURN TO THE STUDENT.**

How long have you known this applicant? _____

How well do you know this applicant? (check one)

Not very well	<input type="checkbox"/>
Casually	<input type="checkbox"/>
Well	<input type="checkbox"/>
Very Well	<input type="checkbox"/>

Do you believe this applicant is a committed Christian?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

To what extent is the applicant involved in church?

No involvement	<input type="checkbox"/>
Slightly involved	<input type="checkbox"/>
Involved	<input type="checkbox"/>
Very involved	<input type="checkbox"/>

What special talents have he/she shown? _____

What leadership abilities has he/she shown? _____

To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs?

YES	<input type="checkbox"/>	If yes, explain. _____
NO	<input type="checkbox"/>	_____

Do you know of any reason why this applicant would be unsuitable to work as camp staff? (Be specific)

MATURE CHRISTIAN REFERENCE RECOMMENDATION FORM 2021 CAMP STAFF APPLICATION (page 2)

Category	Poor	Fair	Good	Excellent	Comment
Christian Life					
Social Adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachableness					
Motivation					
Emotional Stability					
Personal Appearance					
Health					
Attitude to others					
Other					

Knowing the applicant as you do, what recommendation would you make? (Select One)

Strongly Recommend	<input type="checkbox"/>
Recommend	<input type="checkbox"/>
Recommend With Reservation	<input type="checkbox"/>
Do Not Recommend	<input type="checkbox"/>
Prefer not to make a Recommendation	<input type="checkbox"/>

Comments _____

Mature Christian Reference

Name _____

Address _____

City _____

Phone # _____

Email _____

Signature _____

Mail to:
Alabama Youth Ministries
5919 Carmichael Road
Montgomery, AL 36117

Email to: dvdsec@adcag.org
Fax to: 334-279-0016

MATURE CHRISTIAN REFERENCE RECOMMENDATION FORM 2021 CAMP STAFF APPLICATION (page 1)

Top section to be completed by student (please print)

Applicant's Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Cell Phone: _____

Email Address: _____

This section to be completed by the person who is referring the student.

The above named person is applying for a position as camp staff with Alabama Youth Ministries.

Your cooperation in answering the following questions with utmost frankness is appreciated.

The information you provide will help us in selecting our summer camp staff. Thanks for your assistance.

Please mail, email, or FAX this directly back to the address on page 2 of this form. **PLEASE DO NOT RETURN TO THE STUDENT.**

How long have you known this applicant? _____

How well do you know this applicant? (check one)

Not very well	<input type="checkbox"/>
Casually	<input type="checkbox"/>
Well	<input type="checkbox"/>
Very Well	<input type="checkbox"/>

Do you believe this applicant is a committed Christian?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

To what extent is the applicant involved in church?

No involvement	<input type="checkbox"/>
Slightly involved	<input type="checkbox"/>
Involved	<input type="checkbox"/>
Very involved	<input type="checkbox"/>

What special talents have he/she shown? _____

What leadership abilities has he/she shown? _____

To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs?

YES	<input type="checkbox"/>	If yes, explain. _____
NO	<input type="checkbox"/>	_____

Do you know of any reason why this applicant would be unsuitable to work as camp staff? (Be specific)

MATURE CHRISTIAN REFERENCE RECOMMENDATION FORM 2021 CAMP STAFF APPLICATION (page 2)

Category	Poor	Fair	Good	Excellent	Comment
Christian Life					
Social Adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachableness					
Motivation					
Emotional Stability					
Personal Appearance					
Health					
Attitude to others					
Other					

Knowing the applicant as you do, what recommendation would you make? (Select One)

Strongly Recommend	<input type="checkbox"/>
Recommend	<input type="checkbox"/>
Recommend With Reservation	<input type="checkbox"/>
Do Not Recommend	<input type="checkbox"/>
Prefer not to make a Recommendation	<input type="checkbox"/>

Comments _____

Mature Christian Reference

Name _____

Address _____

City _____

Phone # _____

Email _____

Signature _____

Mail to:
Alabama Youth Ministries
5919 Carmichael Road
Montgomery, AL 36117

Email to: dydsec@adcag.org
Fax to: 334-279-0016