

# 2024 GLR YOUTH CAMP: "IN REAL LIFE" STAFF APPLICATION

June 17<sup>th</sup> – 21<sup>st</sup>, 2024

Mail To: GLR Camp 2024, 17W735 D Butterfield Rd., Oakbrook Terrace, IL 60181 (Application Deadline: Postmarked by May 17<sup>th</sup>)

**\*ONLY CONFIRMED STAFF MAY ARRIVE FOR ORIENTATION & CAMP\***

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: M / F Age: \_\_\_\_\_

Birthdate: \_\_\_ / \_\_\_ / \_\_\_\_\_

Married Status: Single / Married / Divorced

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

### Personal Information:

Social Security #: \_\_\_\_\_  
(Required for Mandatory Background Check & Kept Strictly Confidential)

Do you have any health problems or physical limitations that would affect your ability to lead or the determination of your role?

YES  NO

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

List any allergies that you may have: \_\_\_\_\_

### Medications:

Prescriptions: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Prescriptions: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a felony?

YES  NO

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

Have you ever been charged with or pleaded guilty to an assault, sexual abuse or child abuse?

YES  NO

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

### Spiritual Status: (check all appropriate boxes)

- Saved  Baptized in Water  Filled with the Holy Spirit  
 Church Member  Lay Minister  Church Staff  
 Credentialed Minister

Name of Local Church: \_\_\_\_\_

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

Name of Local Pastor: \_\_\_\_\_

Church Activities: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Position Desired: (you may check more than one)

- JR. Cabin Leader  SR. Cabin Leader  Nurse  
 Canteen (Concessions)  Recreation  
 OTHER: \_\_\_\_\_

**\* REQUIRED \***

### CAMP T-SHIRT (circle appropriate size)

Adult: S M L XL 2XL 3XL

### Acknowledgments & Understandings

*\*I Understand that the camp insurance policy provides secondary medical coverage, and that my insurance policy listed above is primary. I accept any and all medical costs. In case of an accident or serious illness/injury, you have me permission to secure the proper medical treatment.*

*\*\*I certify that all of the above information is true. I agree to comply with and abide by any and all rules and regulations of the Church of God Youth Camp as set forth by the State Youth Department. I further agree to any and all background checks which shall be deemed necessary by the Church of God. I will attend the mandatory Pre-Camp Training Session prior to registration.*

**Staff Applicant Signature:** \_\_\_\_\_

### Church of God Pastor's Recommendation Required

*I certify that I know the above applicant and he/she is a capable and qualified person to work in the Church of God Youth Camp. I, hereby, recommend them to serve with youth/children in any capacity deemed necessary by the State Youth Director.*

**Pastor's Signature:** \_\_\_\_\_

*While no one is rejected to work or attend the Church of God Youth Camp on the basis of gender or race, the State Youth Director and State Bishop does reserve the right to accept or reject any application for volunteer work after review of said application reveals that the services of the applicant would not be needed or not be in the best interest of the camp.*

For Office Use Only: Postmarked: \_\_\_/\_\_\_/\_\_\_ Background Check Date: \_\_\_/\_\_\_/\_\_\_ Status:  Approved  Not Approved Area Assigned: \_\_\_\_\_