

2019 NOMOAG Adult Worker Camp Application - \$85

1. REGISTRANT INFORMATION AND BACKGROUND CHECK DISCLOSURE

Camp staff must submit to a criminal background check. Their completed birth date and social security number must be accurate. Your local church and NOMOAG will arrange to have this check done upon acceptance of the application. Final approval of this application can only be completed after the background report is approved.

I authorize (church) _____ and the Northern Missouri District Council of the Assemblies of God to make an independent investigation of my background, character, past employment, education, credit history, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, and/or obtaining other information which may be material to my qualifications for employment, volunteer staff and/or volunteer worker now and, if applicable, in the future with the Northern Missouri District Council.

I release the Northern Missouri District of the Assemblies of God and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Name _____ Age _____ Birth Date _____ / _____ / _____

Social Security # _____ Gender at Birth M F Marital Status _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) - _____ E-mail _____

SIGNATURE _____ Date _____ / _____ / _____

Week Attending: Youth Camp Week 1: June 17-21 Youth Camp Week 2: June 24-28 Kids Camp Week 1: June 10-14 Kids Camp Week 2: July 8-12

Due June 1

Due June 1

Due June 1

Due July 1

2. ADDITIONAL INFORMATION

Church Name _____ City _____

Do you have the following, and are you willing to step in if needed?

Life Guard certification? Yes No Date of Expiration: _____ / _____ / _____

CPR certification? Yes No Date of Expiration: _____ / _____ / _____

EMT certification? Yes No Date of Expiration: _____ / _____ / _____

Is there any activity in which you do not wish to participate? _____

I give full permission to NOMOAG summer camps to reproduce any photograph and/or video image of me for promotional usage without obligation to me.

SIGNATURE _____ Date _____ / _____ / _____

3. MEDICAL INFORMATION

Insurance Carrier _____ Phone Number (_____) - _____

Policy/Member # _____ Group # _____

Doctor's Name _____ Phone Number (_____) - _____

Do you have: Allergies Heart Trouble Diabetes Ear Trouble Asthma Hernia Allergies

Please explain _____

Within the last year, have you had problems with:

Nervous Breakdown Extreme Depression Extreme Anxiety Attempted Suicide Destructive Temper

Please explain _____

Are you pregnant? Yes No

Are there any medical conditions camp personnel would need to be aware of? _____

Emergency Contact _____ Phone Number (_____) - _____

4. PARENTAL AUTHORIZATION – Mandatory for applicants ages 15-17 working at Kids Camp

I hereby give permission for my child to attend camp as indicated. I further certify that the health history above is correct, as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted. IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for and to order injection anesthesia or surgery for my child. I give full permission to NOMOAG summer camps to reproduce any photograph and/or video image of my child for promotional usage without obligation to me.

PARENT'S SIGNATURE _____

Date _____ / _____ / _____

5. PASTORAL REFERENCE – A pastor MUST complete and sign this portion!

The prospective camp worker should complete the application to this point first, and then give this application to the pastor to complete.

How long have you known this applicant? _____

In what capacity does he/she currently minister in your church? _____

Does the applicant currently work with adolescents in your church? Yes No

Do you have reservations concerning their ability to work at camp? Yes No

Do you feel this person submits to leadership, listens and follows instructions, and will take their position seriously as camp staff? Yes No

Does this applicant have adequate spiritual and emotional maturity necessary for praying with campers regarding the various problems they may be presented with? Yes No

Is there any information about this applicant you feel is necessary for us to know? Yes No

If yes, please explain. _____

Do you recommend this individual to serve as a volunteer at our camp? Yes No

PASTOR'S NAME (print) _____

PASTOR'S SIGNATURE _____

Date _____ / _____ / _____

5. PAYMENT INFORMATION

The cost for camp workers is \$85. How will you be paying?

- The church is submitting one check for all of the registrations.
- I am paying online at www.nomoag.org.
- I am enclosing a check with this application made out to NOMOAG.

Upon completion of this application, please mail, fax, or email this form to the NOMOAG District Office:

NOMOAG
2600 I-70 Dr. NW
Columbia, MO 65202
 FAX: 573.445.3641
 EMAIL: rchristopher@nomoag.org

This application is an endorsement from your church. It will not be accepted without your pastor, credentialed youth pastor or childrens pastor's signature. Completing this application does NOT guarantee placement.
All staff will be notified of their acceptance prior to camp.