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# Staff Application 2010

Alaska District Summer Camp

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We are required by the District Office and for insurance purposes to have every individual who works with young people/children at a District function fill out the following forms.

1. The first section entitled “**Staff Application 2010 | Part 1**” must be filled out annually for every staff person and turned into our office.
2. The second section entitled “**Staff Application 2010 | Part 2**” must be signed by your pastor and included with “**Staff Application 2010 | Part 1**” to show that your church has done their due diligence to properly screen you.
3. The third section entitled “**Volunteer Screening Form | Part 3**” is to be completed by applicants who do not have a background check on file at their local church. This is to be retained by your church.
4. Our staff costs for camps this summer is \$85.00 for the week-long camps. We would love to be at a place budget wise to comp leader’s however we do not have the ability at this time to do that.

*If you have any questions please contact us at:*

**Youth Ministry** | Mark Zweifel

Call: 907.562.2247

Email: [markz@alaskayouthministries.com](mailto:markz@alaskayouthministries.com)

**Children’s Ministry** | Pam Hodges

Call: 907-337-9495

Email: [pamhodges@mcaonline.com](mailto:pamhodges@mcaonline.com)

# Staff Application 2010 | Part 1

## Alaska District Summer Camps

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors in any scheduled program or activity of the Alaska District Council of the Assemblies of God. It is being used to help provide a safe and secure environment for those children and youth who participate in schedule children's and youth activities of the Alaska District Council of the Assemblies of God.

### PERSONAL

Date: \_\_\_\_\_

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

Present Address: \_\_\_\_\_  
Number Street City State Zip

Home Phone: (907) \_\_\_\_\_ Age: \_\_\_\_\_

What age level of children / youth work do you prefer? \_\_\_\_\_

Which event are you applying to work at? \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ Drink alcoholic beverages? \_\_\_\_\_ Nonprescription drugs? \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ . If yes, please explain

(attach a separate page,if necessary): \_\_\_\_\_

### CHURCH HISTORY AND PRIOR YOUTH/CHILDREN'S WORK

Name of Church Regularly Attend \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Church Phone Number \_\_\_\_\_

List other churches you have attended regularly during the past 5 years and the type of all previous work you performed; (Attach a separate sheet if necessary.)

	Church 1	Church 2	Church 3
Church Name			
Address			
City			
State   Zip			
Phone #			
Type of work performed			

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# Staff Application 2010 | Part 2

Alaska District Summer Camps

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## REFERENCE CERTIFICATION

Because of the large number of applicants it is impossible to do background checks on each applicant. As a result, great reliance is placed on the presentation of each applicant's pastor and there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. PLEASE HAVE YOUR SENIOR PASTOR COMPLETE THE FOLLOWING CERTIFICATION. ALSO, PLEASE CHOOSE ANOTHER MEMBER OF THE PASTOR STAFF OR CHURCH BOARD WHO KNOW YOU WELL TO CO-SIGN. DO NOT USE SOMEONE WHO IS RELATED TO YOU.

(Please check box if answer is yes.)

- I am personally acquainted with the applicant, and in my opinion he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: \_\_\_\_\_
- We have screened this individual, and have the completed forms on file.

\_\_\_\_\_  
Legible signature  
Senior Minister

\_\_\_\_\_  
Legible Signature  
\_\_\_\_ Pastoral Staff Member  
\_\_\_\_ Church Board Member  
(check one)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**Please Note:** (if applicant is a minor, the witness must be a parent or legal guardian)

Thank you for completing this application form and for your interest in working with young people.

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# Volunteer Screening Form | Part 3

Local Church

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## CONFIDENTIAL

This application is to be completed by all applicants for any position (volunteer or compensated). This is not an employment form. Persons seeking a position in the church or as a paid employee will be required to complete an employment application in addition to this screening form. This form is being used to help the church and/or Alaska District of the Assemblies of God provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

### PERSONAL

Date: \_\_\_\_\_

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

Present Address: \_\_\_\_\_  
Number Street City State Zip

Home Phone: (907) \_\_\_\_\_ Age: \_\_\_\_\_

What age level of children / youth work do you prefer? \_\_\_\_\_

Which event are you applying to work at? \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ Drink alcoholic beverages? \_\_\_\_\_ Nonprescription drugs? \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain (attach a separate page, if necessary): \_\_\_\_\_

### CHURCH HISTORY AND PRIOR YOUTH/CHILDREN'S WORK

Name of Church Regularly Attend \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Church Phone Number \_\_\_\_\_

List other churches you have attended regularly during the past 5 years and the type of all previous work you performed; (Attach a separate sheet if necessary.)

	Church 1	Church 2	Church 3
Church Name			
Address			
City			
State   Zip			
Phone #			
Type of work performed			



