

CAMP STAFF APPLICATION 2023

ALL STAFF APPLICATIONS DUE BY May 26th

Please Check All Camps You Wish To Attend:

- ☐ Teen Camp is July 3rd - 7th (ages 13-19) 7th AM departure
☐ Tween Camp is June 14th - 17th (ages 9-12) 17th AM departure
☐ Little Rascal's Camp is June 12th - 14th (ages 6-8) 14th AM departure



(Camp Staff Positions Are Limited In # And Upon Approval)

Teen Staff Positions: age qualification is 16 - 19

We will be accepting the first 20 applicants under approval by DYD. No more than 20 applicants for teen workers.

Staff Registration Fee: (Do Not Pay Until Registration Is Approved)

2 day stay Little Rascal's Camp - \$30 per person

4 day stay Tween Camp - \$50 per person

5 day stay Teen Camp - \$65 per person

Little Rascal's & Tween Camp together - \$70 per person

All Camps together - \$120 per person

Background check: \$10

The following are exempt from background checks: All PCG credentialed ministers/spouses. Due to insurance purposes, we ask that background checks are up to date and renewed every year through the Arkansas PCG Office.

Are you exempt? ☐ Yes ☐ No

Optional Camp T-Shirt: \$10 Youth or \$12 Adult ☐ Yes ☐ No Size _____

Optional Diner Card: \$_____ (no tabs allowed this year in the diner)

TOTAL AMOUNT: \$_____

OFFICE USE Only:

RECEIVED:

\$_____

BALANCE OWED:

\$_____

Full Name _____ male _____ female _____

Address _____ City _____ State _____ Zip _____

Phone # (____) ____-____ Emergency # (____) ____-____ Date of Birth ____/____/____

I would like to serve as:

☐ Dorm Leader

☐ Kitchen Helper

☐ Teen Worker

☐ Anything

☐ Dorm Assistant

☐ Night Watchman

☐ Activities Director / Helper

I enjoy the following activities:

☐ Music

☐ Games

☐ Sports

As a member of the camp staff, I understand and agree to the following:

I agree that I must obey all camp rules and always conduct myself in a Christ-like manner.

I agree to NEVER be alone with a camper - ANYWHERE, AT ANY TIME, FOR ANY REASON I agree that I should never administer any form of punishment to any camper.

I agree that I should NOT leave the campground without permission.

I AGREE THAT I SHOULD ARRIVE NO LATER THAN 9 AM ON THE FIRST DAY OF CAMP

AND STAY UNTIL MY DORM AND BATHROOM IS CLEAN ON THE LAST DAY OF CAMP, unless approved by camp director.

Answer The Following Questions:

Do you have a definite experience of salvation?

☐ Yes ☐ No

Have you received the Baptism of the Holy Ghost?

☐ Yes ☐ No

Have you ever been convicted of a felony?

☐ Yes ☐ No

Have you ever been convicted of sexual abuse?

☐ Yes ☐ No

Do you have any health problems?

☐ Yes ☐ No

If Yes, please explain: _____

Do you give your consent to do a background check? () YES () NO

PRINT FULL NAME

PRINT MAIDEN NAME IF APPLICABLE

SOCIAL SECURITY NUMBER _____-_____-

APPLICANT'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE (Teen Workers Only) _____ DATE _____

CHURCH YOU ATTEND _____

PASTOR'S SIGNATURE OF RECOMMENDATION _____

Please mail application & money by May 26th to: AR Youth Camp, P.O. Box 309 Vilonia, AR. 72173 or go to:
www.arpcg.org/youth to Register and Pay online