2018 pk retreat counselor application

Please contact ISM at ilsmonline@idcag.org or 217-854-4641 with any questions or concerns.

PK Retreat is designed to encourage the developement of the PK physically, socially, emotionally and spiritually. PK Retreat provides pastor's kids a chance to get to know other PK's who are just like them, and also provides a break from routine to encourage a fresh encounter with God.

REQUIREMENTS:

- 1) All staff must fill out an application to participate in any part of the weekend. This includes all administrative staff, counselors, special guests, and support staff.
- 2) All staff must submit a pastoral reference and one other reference to participate in PK Retreat.
- 3) All staff must submit to a national background check to be kept on file.
- 4) All staff must attend the counselor orientation meeting.

REGISTRATION:

PK Retreat counselors & staff must have their completed application mailed/faxed to ISM no later than December 29, 2017. No phone registrations or partial registrations will be accepted.

RETREAT SCHEDULE:

Due to travel time for our counselors and staff, arrangements can be made to arrive on Friday evening. Breakfast will be served in the Dining Hall on Saturday morning at 8:30 am with orientation at 10 am in the Activity Center's upstairs room. Please communicate to ISM your arrival time so that we may adequately prepare.

WHAT TO BRING:

Sleeping bag or twin bed sheets, blanket, pillow, towel, recreational clothes(indoor and outdoor), toiletries, modest swimwear, Bible, spending money for snacks and camp store. Variety show preparation items. Please clearly label all items. PK's are responsible for personal belongings. ISM is not responsible for lost/stolen items. Various clothing items, candy, & trinkets will available to purchase at the store.

PK Retreat, c/o Illinois Student Ministries, PO Box 620, Carlinville, IL 62626 along with your authorization form and supporting documents by December 29, 2017.

ALL staff must complete ALL pages of this application in their entirety before returning to ISM. Incomplete applications will incur a delay in processing and may result in a staff members inability to serve at PK Retreat. completing this application does NOT guarantee placement at PK Retreat as either staff or counselor. All staff will be notified of their placement prior to PK Retreat.

Step 1: Please complete

The following information is required to run a national background check and must be complete in its entirety.

FIRST NAME MIDDLE NAME	
INDEE IVANE	
LAST NAME	
FEMALE MAIDEN NAME OR OTHER NAMES USED D.O.B. (MM, DD, YY) AGE	E SEX
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER DL STATE	<u> </u>
PRESENT ADDRESS / MAILING ADDRESS	
CITY STATE ZIP CODE AREA CODE + PHONE NU	JMBER
HOW LONG HAVE YOU BEEN AT YOUR PRESENT ADDRESS?	
EMAIL ADDRESS	
HOW LONG HAD YOU BEEN AT YOUR FORMER ADDRESS?	
FORMER ADDRESS	
CITY STATE ZIP CODE	
EMERGENCY CONTACT NAME EMERGENCY CONTACT F	PHONE NO.
EMERGENCY CONTACT EMAIL ADDRESS	
step 2: Please complete the background consent - this section MUST	be signed.
ISM requires that any adult on grounds during PK Retreat have a national background check on file was a part of the support of 2017, you will have a background check on file was	
were a camp counselor in the summer of 2017, you will have a background check on file w	ith isivi.
Please check one of the following:	
I give ISM permission to perform my national background check . I have a national background check on file with ISM from camp year 2017	
I,hereby authorize Illinois Student Ministries/and/or its agents to make a	an independent
investigation of my background, references, character, past employment, education, criminal or police recor	ds, including those
maintained by both public and private organizations and all public records for confirming the information co application and/or obtaining other information which may be material to my qualifications for volunteering	
the PK Retreat.	Tor couriseior/stair at
I release Illinois Student Ministries and/or its agents and any person or entity, which provides information p	
authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any referenced sources used.	and all of the above
The information submitted in step two of this form is my true and legal name and all information is true and	correct to the best
of my knowledge.	condition the best
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step 3: please complete the counselor and staff preparation questions

1) I have previously served at Assemblies of God kids camp or youth camps? Yes No		
If yes, what district? Which years & camps? Kids camp Youth camp		
2) Why do you want to participate in this PK Retreat?		
3) What ministries have you been involved with at your home church?		
4) What age group of children do you prefer to work with?		
Step 4: please complete the spiritual status questions - this section MUS	ST be signed	
CHURCH NOW ATTENDING CITY		
Circle one Yes No I have been born again and know my salvation is real. Yes No I hold membership in the church named above.		
Yes No I attend all services faithfully.		
Yes No I fully and completely agree with, believe in, and adhere to the tenets of faith of Yes No I can explain the plan of salvation and the baptism of the Holy Spirit to another		God.
Yes No I can explain the plan of salvation and the baptism of the Holy Spirit to another Yes No I have often prayed with others in my church at the altar.	maividuai.	
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Do you currently use tobacco, alcohol, or any illegal drugs? Yes No Have you in the past used any illegal drugs? Yes No		
If yes, how long ago? Prior to salvation? Yes No		
During the past ten years, have you ever been convicted of a crime, excluding traffic violations (i.e. speeding tickets	s)?	
Yes No If yes, please explain		
Have you ever been involved with or convicted of child abuse or a crime involving actual or attempted sexual mole Yes No If yes, please explain	estation of a minor?	
step 5: please complete with health care inform On a separate piece of paper please explain any checked items AND list any medications (name/reason/ins	ation	
On a separate piece of paper please explain any checked items AND list any medications (name/reason/ins I medications, prescriptions, and over-the-counter drugs must be brought in the original container to the	structions) you are	e taki
INSURANCE CARRIER	murse during reg	jistia
INSURED'S NAME (FIRST) (LAST)		
INSURANCE CO PHONE NUMBER		
INSURANCE / POLICY / OR GROUP NUMBER		i
What communicable diseases have you had?		
Please list the year you received the following immunizations: Diptheria Whooping Cough Polio Tetanus Toxoid		
	 er	
Do you have allergies? Yes No If yes, please explain:		
Required: Height Weight In one word, describe your health Within the last year, have you had problems with nervous breakdown, extreme depression, extreme anxiety, attemption and the last year.		
destructive temper? Yes No If yes, please explain		
Is there any information we should have regarding your welfare (handicaps, restrictions, diets, etc.)?		
I do hereby state that while I am a registered staff member at any Illinois Assemblies of God camp, I h director, counselor, nurse, dean, lifeguard, or other responsible person of said Camp to consent to any	ereby authorize a	iny
uirector, counseior, nurse, dean, liteguard, or other responsible person of said Camp to consent to any	y x-ray, examınatı	on,

anesthetic, medical or surgical treatment, and hospital care, to be rendered under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I give full permission to Illinois District Assemblies of God camps to reproduce any photograph and/or video image of me for promotional usage without obligation to me. I have read the rules and agree to abide by them.

Signature____

STOP: Please submit completed application and personal reference to your senior pastor for final signatures and approval. This completed application should be submitted to ISM from your senior pastor so that all responses can remain confidential.

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Please note that the pastor must also sign off on the personal reference

Counselor Order Form - PK Sweatshirt

If you would like to purchase this year's PK Sweatshirt, please complete the form below. If paying with credit card, a processing fee will be added. If paying by check, mail check along with your completed application. YOU MUST SUBMIT BY THE December 29, 2017 DEADLINE, or we will be unable to process your order. Thank you!

	size	qty	size	qty	size	qty				
	Youth Small		Adult Sm		Adult XL					
	Youth Med		Adult Med		Adult 2XL					
	Youth Lrg		Adult Lrg		Adult 3XL					
					Adult 4XL		TC	TAL:		
	Total Qty of Sweatshirts: (x \$20 ea) = \$ If paying by Credit Card, add \$1 <u>FOR EACH SWEATSHIRT</u> = \$									
Т	OTAL COS	T:					ģ	\$		

FORM OF PAYMENT

Check enclosed (please make payable to ISM)									
I authorize ISM to charge \$ to my (check one)									
Visa	Mastercard	American	Express	Other					
CREDIT CARD BILLING INFO: First Name Last Name									
Card Number 3 digit Security Code (CCV)									
Exp Date		Billi	ing Zip Code						

Authorized Signature