

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 development 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 _____

 LAST NAME _____

 FEMALE MAIDEN NAME OR OTHER NAMES USED _____ D.O.B. (MM, DD, YY) _____ AGE _____ SEX _____

 SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____ DL STATE _____

 PRESENT ADDRESS / MAILING ADDRESS _____

 CITY _____ STATE _____ ZIP CODE _____ AREA CODE + PHONE NUMBER _____

 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 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 with our office. If you were a camp counselor in the summer of 2017, you will have a background check on file with ISM.

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 an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering for counselor/staff at the PK Retreat.

I release **Illinois Student Ministries** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

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.

Signature _____ Date ____/____/____

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 MUST 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 the Assemblies of God.
 Yes No I can explain the plan of salvation and the baptism of the Holy Spirit to another individual.
 Yes No I have often prayed with others in my church at the altar.

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)?

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 molestation of a minor?

Yes No If yes, please explain _____

step 5: please complete with health care information

On a separate piece of paper please explain any checked items AND list any medications (name/reason/instructions) you are taking. all medications, prescriptions, and over-the-counter drugs must be brought in the original container to the nurse during registration.

INSURANCE CARRIER _____

 INSURED'S NAME (FIRST) _____ (LAST) _____

 INSURANCE CO PHONE NUMBER _____

 INSURANCE / POLICY / OR GROUP NUMBER _____

What communicable diseases have you had?

Measles Polio Mumps Chicken Pox Scarlet Fever Whooping Cough Other _____

Please list the year you received the following immunizations:

Diphtheria _____ Whooping Cough _____ Polio _____ Tetanus Toxoid _____

Do you have: Heart Trouble Ear Trouble Asthma Hernia Pregnancy HIV/AIDS Other _____

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, attempted suicide, or a 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 hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Camp to consent to any x-ray, examination, 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 _____ Date ____/____/____

