

2019 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 28, 2018.

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 2018, 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 2018

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
<input type="text"/>	<input type="text"/>

- 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 ____/____/____

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.

PERSONAL REFERENCE This section is to be completed by your personal reference and signed by your senior pastor

NAME (Last) _____ (First) _____
[Grid for name entry]

ADDRESS _____
[Grid for address entry]

CITY _____ STATE _____ ZIP _____ PHONE _____
[Grids for city, state, zip, and phone entry]

NAME OF APPLICANT (Last) _____ (First) _____
[Grids for applicant name entry]

How long have you known this applicant? _____
Can you vouch for the moral integrity of this applicant? Yes No
Is this applicant free from use of tobacco, alcohol, or other drugs? _____
Has this applicant, during the last ten years, been convicted of a crime, excluding misdemeanors and speeding tickets? _____
If yes, please describe: _____
In the past five years, has the applicant had any negative changes in their moral, marital, or other life situations? _____
If yes, please explain: _____
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 would be necessary for us to know? _____
Would you recommend this person to be a counselor at camp? Yes No

Signature of Personal Reference/Date

Senior Pastor Signature/Date

SENIOR PASTOR REFERENCE the senior pastor MUST complete this portion

Please read this paragraph of instructions carefully! The prospective staff member should complete this application to this point first, then give this application to the Senior Pastor to complete. The Senior Pastor should then mail it to ISM without returning it to the applicant. The pastor's answers will remain confidential.

How long have you known this applicant? _____ Does this applicant attend all church services faithfully? Yes No
In what capacity does he/she currently minister in your church? _____
Do you know that this applicant is free from use of tobacco, alcohol, or other drugs? Yes No
In the past five years has the applicant had any negative changes in their moral, marital, or other life situations? Yes No
If yes, please explain _____
Can you vouch for the moral integrity of this applicant? 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 would be necessary for us to know? Yes No
If yes, please explain _____
Do you recommend this individual to counsel at our camp? Yes No

PASTOR'S NAME (Last, First) _____
[Grid for pastor name entry]

CHURCH PHONE NUMBER _____
[Grid for church phone number entry]

APPLICANT'S NAME (Last, First) _____
[Grid for applicant name entry]

Pastor's Signature _____ Date ____/____/____

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 28, 2018 DEADLINE,** or we will be unable to process your order. Thank you!

size	qty
Youth Small	
Youth Med	
Youth Lrg	

size	qty
Adult Sm	
Adult Med	
Adult Lrg	

size	qty
Adult XL	
Adult 2XL	
Adult 3XL	
Adult 4XL	

TOTAL:	
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Total Qty of Sweatshirts: _____ (x \$20 ea) = \$ _____
 If paying by Credit Card, add \$1 FOR EACH SWEATSHIRT = \$ _____
TOTAL COST: \$ _____

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

--	--	--	--

Billing Zip Code

--	--	--	--

Authorized Signature
