

Arkansas District Events

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge, information, and belief.

I, the undersigned, hereby authorize the director or other responsible staff acting on behalf of the Arkansas District Council, to act as my Agent, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency, please contact the above emergency contact.

I acknowledge that participation in all camp-related activities necessarily involves risk of physical injury. I (for myself as well as for my child, his heirs and assigns) hereby release, discharge, and hold harmless Arkansas District Camps and its employees, volunteers, and other representatives or affiliates from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in an Arkansas District sponsored event, including any physical injury by negligence of any paid or volunteer staff while performing his/her duties. I attest that I am physically capable to participate in this event. However, should directors, representatives or volunteers determine in their sole discretion that completion or participation in events would be injurious to my health, or should I become ill or injured, I consent to my removal and treatment by any physician or medical care provider at the direction of the event director and/or assistant.

I give my permission for free use of any videotape, photographs, audiotapes, or any other visual or audio reproduction in which I may appear by the Arkansas Assemblies of God. I release the Arkansas Assemblies of God from any liability connected with the use of picture or voice recording as part of any promotion.

I understand that the Arkansas District Camps and the rented facility make rules and guidelines that I will abide by while attending camp. I agree to be given any position or assignment, be placed in any room, and if need be, go beyond the duties of the assigned position.

In addition, **I will pay for any damage that is done to the camp or to personal property belonging to another individual.** I give permission to the camp director and/or assistant camp director to inspect the contents of any or all of my personal belongings, and to withhold and/or dispose of any improper or illegal contents.

Should my application be accepted, I agree to be bound by the policies of the Arkansas Assemblies of God, including all camp rules, and to refrain from unscriptural conduct in the performance of my services on behalf of the camp.

Applicant's Signature _____ **Date** _____

Send application to: Camps, PO Box 191670, Little Rock, AR 72219

Pastoral Recommendation

This section is to be completed by the applicant (please print):

LAST NAME

FIRST NAME

Grid for name entry

MAILING ADDRESS

Grid for mailing address

CITY

STATE

ZIP

Grid for city

Grid for state

Grid for zip

AREA CODE + PHONE NUMBER

Grid for area code and phone number

If you are an Assemblies of God credentialed minister or minister's spouse, you are not required to fill out this form.

The section below is to be filled out by the applicant's Pastor. Pastor please return this form NO LATER than June 2nd. Please understand that your responses will be held in strictest confidence.

The aforementioned has applied for a volunteer/paid position with the Arkansas District Events Program. Please understand that the applicant will not be approved without this form on file for 2007. A member of the church's pastoral staff who has known this applicant for a minimum of 6 months should fill out this reference. This recommendation should be mailed to the AR District without returning it to the applicant as soon as possible. Please complete and return this form to: AR DISTRICT EVENTS, PO BOX 191670, LITTLE ROCK, AR 72219-1670.

How long have you know this applicant? Does this applicant attend all church services faithfully? Yes No

In what capacity does he/she currently minister in your church?

Has the applicant ever worked with student ages: (check all that apply)

5 - 6 years 7 - 10 years 11 - 12 years 13 - 18 years

To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor? Yes No

Would you feel comfortable leaving your children in his/her care? Yes No

If no, please explain.

List any tendencies or traits that you feel might reduce the effectiveness of the applicant in this position.

To your knowledge, is the applicant free from the use of tobacco, alcohol, or other drugs? Yes No

In the past five years has the applicant had any negative changes in 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 maturity to pray with students in the altar? Yes No

Has this person been cleared through your church child/adolescent abuse prevention policy? 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 work at an Arkansas District event? Yes No

PASTOR'S NAME (First, Last)

Grid for pastor's name

DAYTIME PHONE NUMBER

Grid for daytime phone number

POSITION Date / /

SIGNATURE

Arkansas District Events
Volunteer/Staff Authorization Form
Background Investigation Consent

I, _____ hereby authorize Arkansas District Council of the Assemblies of God and/or its churches, ministers, agents, or representatives 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 volunteer/staff ministry at local church events and/or Arkansas District Events.

I release Arkansas District Council of the Assemblies of God and/or its churches, ministers, agents, or representatives 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 following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Present Address _____

City _____ State _____ Zip _____

How long at Present Address? _____

If present address is less than 10 years, list all former addresses. If needed, use back of this form.

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? _____

Date of Birth*: _____

Phone Number: _____

Social Security Number*: _____

Driver's License Number: _____ State of License: _____

Signature of Volunteer/Staff Date

*NOTE: The above information is required for identification purposes only.

Authorization for Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry

Applicant mail this form directly to Arkansas Child Maltreatment Central Registry

I hereby request that the **Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203**, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

This information should be addressed to:

Arkansas District Council of the Assemblies of God, Inc.

PO Box 191670 Little Rock AR 72219-1670

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Full Name/DOB children

Race Age/DOB

Full Name/DOB children

Present Address:

Full Name/DOB children

From _____ to _____

Full Name/DOB children

Past address:

From _____ to _____

From _____ to _____

Applicant's Signature

From _____ to _____

County of _____ State of Arkansas
Acknowledges before me this _____ day of _____ 200 _____.
My commission expires: _____

**Notary Public
(REQUIRED)**