



## COUNSELOR APPLICATION

All Counselors will be required to be cleared with a background check and submit all forms (Counselor Application, Background Authorization Form, Pastor Recommendation Form and a Medical Waiver Form), attend a camp training/meeting, and be signed off by the Camp Director.

For Questions & Information Contact:

Youth Director – Jeff Irving @ 501-690-4435 or email @ [imaginefitness@att.net](mailto:imaginefitness@att.net)

Children Director – Brenda Duff @ 501-722-7657 or email @ [duffbrenda@ymail.com](mailto:duffbrenda@ymail.com)

Registration – Rachael Blasingame @ 501-317-6446 or email @ [rablasing75@gmail.com](mailto:rablasing75@gmail.com)

Mail Application to 846 Breckenridge Dr.

Benton, AR 72019

**CHOGAR 2023 CAMP DATES: CHILDREN - JULY 23<sup>rd</sup> – 25<sup>th</sup> & YOUTH - JULY 25<sup>th</sup> – 29<sup>th</sup>**

Camp Applying for: ☐ Children 1<sup>st</sup> – 6<sup>th</sup> grade ☐ Youth 7<sup>th</sup>-12<sup>th</sup> grade

Are you or your spouse credentialed with the Church of God in Arkansas?

T-shirt size: (Circle one) S M L XL 2X 3X  
(Teen/Adult)

**PERSONAL INFORMATION – All information below must be completed. \*The information below will be used for the background check.**

Social Security Number: _ _ - _ - _ _ _		Daytime Phone Number: _ _ - _ - _ _ _	
Last Name:		First Name:	MI:
Birthdate (M/D/YR): _ _ / _ _ / _ _		Driver's License State:	
Mailing Address:			
Physical Address (if different than mailing):			
City:	State:	Zip:	
Email:			
Emergency Contact:		Contact Phone Number: _ _ - _ - _ _ _	
Relation to Contact:			
Church Affiliation:		City of Church:	

How long have you been attending this church?

If less than **FIVE** years, list the name and location of other churches in which you were a member or regularly attended during the past five years:

Do you have medical training? (i.e. RN, LPN, EMT, First Aid Certification)? Yes ☐ No ☐

**Signature**

To be considered as a counselor you must have completed and returned along with this application the following:

☐ Signed Background Authorization Form

☐ Signed Pastor Recommendation Form

☐ Waiver and Medical Release Form

\*If you are selected to be a Camp Counselor a Camp Director will notify you through email with the Counselor Training Information.

Counselor Training: Date, Time & Location TBD

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DISCLOSURE REGARDING BACKGROUND INVESTIGATION (Authorization & Release Form)

I, \_\_\_\_\_, of \_\_\_\_\_,  
(Applicant's name) (City) (State)

having filed an application as a volunteer for Church of God in Arkansas 2023 Camp, consent to have an investigation made as to the conduct of my personal affairs, motor vehicle records, my moral character, professional reputation, fitness for the ministry, and such further information relating to my criminal history, social security number verification, or other background checks, may be received by or reported to the Church of God in Arkansas Ministries, from any acceptable national background research organization. I agree to give any further information that may be required in reference to my past history.

Such reports may be obtained at any time after receipt of this Disclosure Regarding Background Investigation and Acknowledgement and Authorization and if I am selected to serve as a volunteer worker, throughout the course of my volunteer service as permitted by law, and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report of any outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

By signing below, I hereby release, discharge, and exonerate the Church of God in Arkansas Ministry, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of this district. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the time in which I am volunteer, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by any acceptable national background research organization acting on behalf of Church of God in Arkansas Ministry. The Church of God in Arkansas Ministry shall not be required to verify any information received during the course of its investigations and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete. I also authorize that the information provided on the Counselors Application is correct and can be used to conduct the background check by the Church of God in Arkansas Ministry.

I have read and signed the foregoing Authorization and Release as my own free act and deed.

Signature:

Date:

Print Name:

PLEASE PRINT CLEARLY!



# Pastoral Recommendation Form For 2023 CHOGAR Camp Counselor

**This form must be completed and returned with the application.**

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

Last Name:	First Name:	
Mailing Address:		
City:	State:	Zip:
Email:		
Phone Number: ____-____-____		

**The section below is to be filled out by the applicant's Senior, Children or Youth Pastor. The aforementioned has applied to be a counselor for either the Children or Youth 2022 Church of God in Arkansas Camp. Please understand that the applicant will not be approved without this form on file for 2023.**

**Please answer all 14 questions.**

1. How long have you known this applicant?
2. Does this applicant attend all church services faithfully? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. In what capacity does he/she currently minister in your church?
4. Has the applicant ever worked with student ages: (check all that apply) <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>
5. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Would you feel comfortable leaving your children in his/her care? <input type="checkbox"/> Yes <input type="checkbox"/> No If no please explain:
7. List any tendencies or traits that you feel might reduce the effectiveness of the applicant in this position.

8. To your knowledge, is the applicant free from the use of tobacco, alcohol, or other drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. In the past five years has the applicant had any negative changes in moral, marital, or other life situations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
10. Can you vouch for the moral integrity of this applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does this applicant have adequate spiritual maturity to pray with students? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has this person been cleared through your church child/adolescent abuse prevention policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is there any information about this applicant you feel would be necessary for us to know? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
14. Do you recommend this individual to be a camp counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No

PASTOR’S NAME (First, Last):

DAYTIME PHONE NUMBER:

PASTOR SIGNATURE:

✕ \_\_\_\_\_

To be considered as a counselor in you must have completed and returned along with this recommendation form the following:

- ☐ Signed Counselor Application
- ☐ Background Authorization Form
- ☐ Waiver and Medical Release Form

\*If you are selected to be a Camp Counselor then a Camp Director will notify you through email with the Counselor Training Information.  
Counselor Training: Date, Time & Location TBD

## Registration Medical Information

Camper's Name \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Does this require an EPI pen ☐ Who carries it – camper ☐ or nurse ☐

If EPI is given, we will take the camper to the nearest ER. Do you allow us to give Diphenhydramine per bottle instructions in the event a camper has an allergic reaction. YES ☐ or NO ☐ Initials \_\_\_\_\_

**Asthma** ☐ Does camper have an inhaler – YES ☐ or NO ☐ Who carries the inhaler – camper ☐ Nurse ☐

**Seizure Disorder** ☐ Emergency medication brought ☐ Does NOT have emergency medication ☐

In the event a camper has a seizure lasting longer than 5 minutes or the camper isn't breathing, they will be transported to the nearest ER via ambulance. \_\_\_\_\_

Type of Seizure Disorder \_\_\_\_\_

Triggers \_\_\_\_\_

What does the campers seizures look like and how long are they normally? \_\_\_\_\_

**Any other disease process that the camp nurse/officials need to be aware of?** \_\_\_\_\_

Please list all medications the camper will be taking while at camp. Please be sure that all medication is brought in the prescription bottle or over the counter bottle with the camper's name and instructions clearly labeled on the bottle.

Medication	Dosage	Route	Time	Diagnosis
<i>Ex. Claritin 10 mg</i>	<i>1 tab</i>	<i>By mouth</i>	<i>Each morning</i>	<i>allergies</i>

We do provide camp stock over the counter medication. In the event that your camper needs an over the counter medication we can give the following medications. If you will allow one of these medications to be given please initial beside the medication to indicate which are allowed and please indicate the dose you allow to be given. You will still receive notification that the medicine has been given and what it was given for. The call or text will come from this phone number (870) 489-2447.

Initials Medication Dosage allowed and Instructions Method of Notification

\_\_\_\_\_ Ibuprofen 200 mg tab \_\_\_\_\_ tabs by mouth every 4 to 6 hours as needed Text ☐ or Call ☐

\_\_\_\_\_ Acetaminophen 500 mg tab \_\_\_\_\_ tabs by mouth every 4 to 6 hours as needed Text ☐ or Call ☐

\_\_\_\_\_ Diphenhydramine 25 mg \_\_\_\_\_ tabs by mouth every 4 to 6 hours as needed Text ☐ or Call ☐

\_\_\_\_\_ Melatonin 3 mg \_\_\_\_\_ tabs by mouth at bedtime as needed Text ☐ or Call ☐

I, \_\_\_\_\_ (parent), certify that all the above information is accurate and/or approved for \_\_\_\_\_ (camper). I understand that any inaccurate information or permission granted that lead to negative outcomes for my camper are at no fault of the facility, organization, or nurse and I can not hold them liable for such outcomes. I understand there are unforeseen events that may happen that could affect my camper and I am aware of the risk and choose to still let my camper participate in all camp activities anyway.

Printed parent name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_