



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
 Children Director – Brenda Duff @ 501-722-7657 or email @ duffbrenda@ymail.com

Registration – Rachael Blasingame @ 501-317-6446 or email @ rablasing75@gmail.com

Mail Application to 846 Breckenridge Dr. Benton, Ar 72019

CHOGAR 2024 CAMP DATES:

CHILDREN- July 28th- July 30th

YOUTH- July 30th-August 3rd

Camp Applying for: Children 1st – 6th grade Youth 7th-12th grade

Are you or your spouse credentialed with the Church of God in Arkansas? Yes/No

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

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 (MM/DD/YYYY): __/__/_____		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 (print): _____

Signature (sign): _____

To be considered as a counselor you must have completed and returned along with the 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 with Counselor Training Information.
 - Counselor Training: Date, Time and Location TBD

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: _____