



Thank you for registering for Missouri Youth Camp!

Online registration is great, but there are still some things of which we prefer to have hard copies. Please complete the online registration, including payment of deposit, by May 19. This small packet will complete your Youth Camp registration process.

Workers, please postmark this packet by May 19 and mail to the address specified.

Incomplete forms or applications without deposits will not be considered. Workers are required to stay on the campgrounds. No worker's child under 12 will be allowed to stay in the dorms. If you plan to work & have small children, please make other arrangements for them during the week of Youth Camp.

WORKER REGISTRATION

Early Registration is \$125 per worker & Late Registration is \$135 per worker.
Refer to www.moyouth.com for registration dates and deadlines

Send all Worker application material to:

Youth Camp Registration; c/o Dustin Williams, 1607 Ellen Lane, Poplar Bluff, MO 63901

IMPORTANT REMINDERS

ALL campers & workers must arrive onsite at Pinecrest Campground on the Monday of the week of Youth Camp **BEFORE** 2pm. Registration will be open from 12noon to 3pm only.

There will be a **REQUIRED** worker orientation for **ALL** workers at 3pm
There will be a **REQUIRED** camper orientation for **ALL** campers at 4pm

Dinner will be served Monday at 4:30pm.

All campers and workers need to bring their own towels and bedding.

Any worker arriving to Youth Camp without having postmarked and mailed this packet by May 19 will be denied admission to Youth Camp regardless of monies paid.

Space is Limited

No refunds, exchanges or transfers on all registrations.

Questions? Contact Youth Secretary Dustin Williams >> dwilliams@moyouth.com

Youth Camp Overview

Date:

Arrive Monday – Registration is from 12 noon to 3pm.

Depart Saturday at 12 noon

Ages:

Workers must be 23 years or older unless approved otherwise by MO Youth Leadership.

NEED MORE INFO? VISIT WWW.MOYOUTH.COM

Worker Registration Packet

After completing the online portion of registration and paying the \$25 (online via PayPal), please complete the following items and postmark and mail them by May 19.

- ☒ Worker Information & Agreement Form
- ☒ Pastoral Reference Form
- ☒ Background Check
- ☒ **If worker registration cost was not paid in full online via PayPal, the remainder can be paid via check and mailed with your completed packet or presented on-site at Youth Camp check-in*

Mail all Worker Application items to:

Youth Camp Registration; c/o Dustin Williams, 1607 Ellen Lane, Poplar Bluff, MO 63901

All Worker Application items must be postmarked by May 19.

Missouri District United Pentecostal Church

Youth Camp Workers Application

Part One (page 1) — Worker Information & Agreement Form

Please PRINT clearly. This application is incomplete without the Pastoral Reference Form & the MO State Child Abuse or Neglect Form. You **MUST** be 23 or older to be a camp worker unless approved otherwise by MO Youth Leadership. Incomplete worker applications will not be considered.

Name: _____ Sex: ☐ Male ☐ Female

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: () _____ - _____ Age: _____ Marital Status: ☐ Single ☐ Married

Pastor's Name: _____ Church City: _____

Email Address (required): _____

Have you received the Gift of the Holy Ghost? ☐ NO ☐ YES If yes, what year? _____

Are you presently active in your local church? ☐ NO ☐ YES If yes, how?

Allergies, if any:

Date of last Tetanus injection, if any: _____ / _____ / _____

Please indicate if worker has any type of long term illness (i.e. Diabetes, epilepsy, heart condition, etc.)

If worker is currently taking any form of medication, please indicate the medication and include exact dosage instructions:

Please indicate if worker is currently on any behavioral or depression medication:

(Please bring all needed medication and instructions; a nurse will be on duty at all times)

I hereby give my permission to be given emergency treatment by a staff member of Missouri District Youth or Pinecrest Campground and/or other certified medical personnel. I give permission to be transported for medical treatment by medical personnel in case of an emergency or serious illness. I agree to hold Missouri District Youth, Pinecrest Campground, and any staff/medical personnel harmless. I further agree to assume full responsibility for any & all expenses which may incur for any needed medical treatment. Initial _____

Please indicate the condition of your health ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Are you willing to abide by the dress and conduct codes of our camp and follow the instructions of camp leaders? ☐ Yes ☐ No

If you have worked a camp before, please list: _____

I certify the above information is true and wish to be considered for this year's Missouri District Pentecostal Youth Camp.

X _____ / _____ / _____
Applicant's Signature

Part One (page 2) — Worker Information & Agreement Form

Please PRINT clearly. This application is incomplete without the Pastoral Reference Form & the MO State Child Abuse or Neglect Form. You **MUST** be 23 or older to be a camp worker unless approved otherwise by MO Youth Leadership. Incomplete worker applications will not be considered.

Photography and videos will be taken during camp, and due to this fact, I understand that I may be included in these photos and/or videos. My initials below allows these photos/videos to be used in the camp promotional video and/or used for any camp promotional purposes. Initial _____

I signify that I have received a copy of the camp rules and have agreed to adhere to such rules. I understand that if I am sent home due to lack of compliance to the camp rules, no refund will be provided.

X _____
Worker Signature Only

I have reviewed and I agree to abide by all camp rules and show a spirit of obedience and cooperation. I understand that my failure to do so will result in my immediate dismissal from the camp.

X _____
Worker Signature Only

Have you ever been convicted of, or pleaded guilty or no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offense? A criminal conviction will not necessarily disqualify you from consideration.

____ Yes ____ No ***If yes, please explain on a separate sheet of paper.***

Have you ever been accused, charged, convicted or plead no contest to of child abuse, molestation, or any crime involving any type of sexual misconduct ?

____ Yes ____ No ***If yes, please explain on a separate sheet of paper.***

Have you ever been involved in the following activities?

Homosexual activity? ____ Yes ____ No Theft? ____ Yes ____ No

Drug Addiction? ____ Yes ____ No Anger Issues? ____ Yes ____ No

If yes, to any of these items, please explain on a separate sheet of paper.

I certify the above information is true and wish to be considered for this year's Missouri District Pentecostal Youth Camp.

X _____ ____/____/____
Applicant's Signature

Missouri District United Pentecostal Church

Youth Camp Workers Application

Part Two (Page 1) — Pastoral Reference Form

Please PRINT clearly. This application is incomplete without the Pastoral Reference Form & the MO State Child Abuse or Neglect Form. You **MUST** be 23 or older to be a camp worker unless approved otherwise by MO Youth Leadership. Incomplete worker applications will not be considered.

PASTORAL REFERENCE (CONFIDENTIAL)

Name of Applicant: _____

Pastor's Name: _____ Church City: _____

Dear Pastor,

The individual for whom you are completing this reference will be considered for serving at Missouri District Pentecostal Youth Camp this year. It is important to remember that this person will need patience and competence in working with young people in the camp environment. Your reference is necessary to complete the worker's application so please mail this form along with the first part of the application (completed by applicant) to:

Youth Camp Worker Registration

c/o Dustin Williams, 1607 Ellen Lane, Poplar Bluff, MO 63901

Please evaluate the applicant in the following areas:

	<i>Poor</i>		<i>Fair</i>		<i>Average</i>		<i>Good</i>		<i>Excellent</i>		Score
Emotional Stability	1	2	3	4	5	6	7	8	9	10	
Personal Appearance	1	2	3	4	5	6	7	8	9	10	
Moral Character	1	2	3	4	5	6	7	8	9	10	
Personal Initiative	1	2	3	4	5	6	7	8	9	10	
Cooperation	1	2	3	4	5	6	7	8	9	10	
Respect for Authority	1	2	3	4	5	6	7	8	9	10	
Personal Motivation	1	2	3	4	5	6	7	8	9	10	
Leadership Ability	1	2	3	4	5	6	7	8	9	10	
Consideration for Others	1	2	3	4	5	6	7	8	9	10	
Personal Responsibility	1	2	3	4	5	6	7	8	9	10	
Spiritual Development	1	2	3	4	5	6	7	8	9	10	
Trusted with Children	1	2	3	4	5	6	7	8	9	10	

Missouri District United Pentecostal Church

Youth Camp Workers Application

Part Two (Page 2) — Pastoral Reference Form

Please PRINT clearly. This application is incomplete without the Pastoral Reference Form & the MO State Child Abuse or Neglect Form. You **MUST** be 23 or older to be a camp worker unless approved otherwise by MO Youth Leadership. Incomplete worker applications will not be considered.

PASTORAL REFERENCE (CONFIDENTIAL)

How long have you known this person? _____

Is this person involved in your church's activities? ☐ Yes ☐ No

If yes, please explain: _____

Do you know of any health (physical and/or emotional) of which we should be aware in considering this person as a Youth Camp Worker? ☐ Yes ☐ No

If yes, please explain: _____

Missouri State Highway Patrol/Missouri Department of Social Services

REQUEST FOR CHILD ABUSE OR NEGLECT/CRIMINAL RECORD

TYPE OF SERVICE (Check only one) See reverse side for further instructions

- ☐ (1) Name Search - \$5.00 (Criminal Record and Child Abuse Search)
- ☐ (2) Fingerprint Search - \$14.00 (Criminal Record and Child Abuse Search)
- ☐ (3) DFS Central Registry Child Abuse Search Only – No Charge

IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)

MAIDEN NAME

DATE OF BIRTH (MM/DD/YY)

STATE OF BIRTH

SEX

RACE

ALIAS NAME(S)

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER / STATE
/

ADDRESSES FOR PAST 5 YEARS

STREET

CITY

STATE

STREET

CITY

STATE

Have you ever been charged / pled guilty to or been convicted or any criminal act in this state or any state?

☐ YES (Complete section below)☐ NO, I have not been charged / pled guilty to or been convicted or any criminal offense in this state or any state.

DATE

CITY

STATE

COUNTY

CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in this state or any state?

☐ YES (Complete section below)☐ NO, I have not been substantiated as a perpetrator in any child abuse or neglect report..

DATE

CITY

STATE

COUNTY

CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)

DATE

SIGNATURE OF CHILD CARE PROVIDER (Required in ink)

DATE

TITLE OF CHILD CARE PROVIDER

TELEPHONE

STATE AGENCY

STATE VENDOR OR CONTRACT NO. (If applicable)

CHECK APPROPRIATE BOX

- ☐ CHILD CARE RELATED EMPLOYMENT
- ☐ CHILD CARE RELATED VOLUNTEER
- ☐ DFS LICENSURE

- ☐ DOH / CCB CHILD CARE BUREAU
- ☐ DMH / DMH VENDOR
- ☐ HEALTH CARE

- ☐ SCHOOLS / PUBLIC AND PRIVATE
- ☐ DYS
- ☐ OTHER _____

RETURN ADDRESS (REQUIRED ON EACH APPLICATION)

Complete your mailing label below
Confidential Mail

AGENCY NAME	Missouri Youth UPCI
ATTENTION	Dustin Williams
ADDRESS	1607 Ellen Lane
CITY, STATE, ZIP CODE	Poplar Bluff MO 63901