

# 2022 South Arkansas District TEEN CAMP VOLUNTEER APPLICATION & PACKET

**\*\*PLEASE RETURN ALL NECESSARY WORKER APPLICATION  
FORM PACKETS  
TO**

**South Arkansas District Office  
ATTN: Joseph Blissett  
P.O. Box 55005  
Little Rock, AR 72215**

South Arkansas District/Heath Valley Campground  
General Information

Address: Heath Valley Campground  
928 Polk 61  
Mena, AR 71953  
479-394-1177

**All camp workers/volunteers (over the age of 18) MUST take part in a national criminal file search which includes the National Sex Offender Registry check. This search is conducted through a Church Mutual partner company by the name of LexisNexis/First Advantage and will be kept completely confidential by Staff/Volunteer Coordinator and District Office. Please complete and sign the Authorization document that provides your permission for the District to complete this process. There is a cost associated with this background check and will be covered by the worker/volunteer/church. Checks should be made to SOAR in the amount of \$8.00 and should accompany this application and the Authorization. This information is applicable for 2 year (only has to be done once every 2 years) and can be used for Local Church background checks.**

**Your willingness to serve as a volunteer is greatly appreciated! Your life will touch and bless the Youth at our camp. In turn, our prayer is that you are blessed during this incredible experience of camp ministry.**

## South Arkansas District Camp Volunteer Application

Qualifications of a camp counselor or worker:

- Willingness to share your faith and pray with students to receive Christ
- Be able to lead or assist with devotional time each day
- Physically capable of walking on uneven ground and some stairs
- Have a completed background check completed by the district prior to camp

Responsibilities of a camp counselor or worker:

- For a counselor---to be able to be responsible for a cabin of 14-18 campers
- For a worker---to be willing to work in a variety of capacities
- Accompany the campers to daily activities and meals
- Play, laugh and worship with your campers
- Assist campers in developing a relationship with the Lord and other campers

We appreciate your willingness to serve at SOAR camp this year. If not otherwise notified, we will try to assign you to a cabin with campers from your church. Please be aware that when you come to camp you are there to serve the spiritual needs of all the campers including, but not limited to, the campers from your home church.

### Teen Camp 2022 Dates: July 18th-22nd

Discounts for worker's children will not be allowed if the worker's application is not submitted 14 days prior to the 1<sup>st</sup> day of camp.

#### Personal Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

# Spiritual Information

Are you an active member of a church? \_\_\_\_\_

Where do you attend? \_\_\_\_\_

What previous experience do you have working with children or youth:

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Briefly provide your testimony or share what God is doing in your life:

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# Pastoral Endorsement

I recommend \_\_\_\_\_ as a suitable volunteer candidate for worker/counselor position at Heath Valley Campground/South Arkansas District camps for summer 2022. I endorse that he/she has a relationship with Jesus Christ, works well with children and youth, and can be trusted with the supervision, guidance and care of young people.

Pastor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Information:

Do you have any physical limitations or medical needs we need to be aware of in order that may limit your ability to serve at camp? (ie: any allergies, diabetic diet, heart condition, asthma, etc)

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Have you been sick within the last 30 days? If so, what was the illness(pinkeye, head lice, measles, sore throat, etc.) Also list the treatment.

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List medications currently being taken, both prescription and over the counter. All medications will be checked in and discussed with camp nurse for appropriate storage & dispensing:

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\*All workers and campers will be checked for head lice. No one with head lice will be admitted onto the campgrounds.

### ATTACH A COPY OF THE INSURANCE CARD

Health Insurance Company	Policy Holder
Name:	Name:
Address:	SS #:
Phone #:	Policy/Account #:

I hereby certify that \_\_\_\_\_ is in good health, free from communicable disease, and able to participate in all camp activities. In case of medical and/or surgical emergency, I hereby give permission to the camp nurse, emergency medical personnel and physician/hospital (selected by the camp administration) to hospitalize, secure proper treatment for, and/or order injection, anesthesia and/or surgery for the person named above as deemed necessary.

I hereby waive any and all claims against the South Arkansas District Church of the Nazarene, or its representatives, because of any injury and/or damage to the person or property of the above applicant. I will assume financial responsibility for the applicant's care (beyond what any insurance might cover).

I understand that South Arkansas District Church of the Nazarene, or its representatives, are not responsible for lost, stole, or damaged items belonging to the above applicant. I will assume financial responsibility for any times, damages, destroyed or stolen by the above applicant. I agree to pay transportation costs in the event that the applicant must be returned home because of discipline reasons. I also understand that I will be signing additional documents (Child Abuse Policy and Sexual Harassment Policy) once application is processed.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# General Information

\*Do you have a child who is attending a 2022 SOAR camp? \_\_\_\_\_ \*

If so, please list names and camp:

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\*Red Cross Certification in First Aid? Y / N \* CPR Certified Y / N

Areas you are willing to work in: (please remember that we are all there to serve no matter what the position and that some positions may be assigned based upon licensure and qualifications)

- Counselor  Kitchen  Snack Shack  Nurse  Lifeguard  Runner  Fishing/Canoeing  
 Other: \_\_\_\_\_

**\*\*\*Camp T-shirts will be available for \$10 and must be pre-ordered 2 weeks before camp. Please indicate your size and include with your application a \$10 check written to SOAR**

**Size of shirt to be ordered (please circle): S M L XL 2XL 3X**

"It is the policy of the South Arkansas District Camps to admit all persons without regard to race, color, age, national origin, sex or handicap. The same requirements for admissions are applied to persons without regard to race, color, age, national origin, sex or handicap. There is no distinction in eligibility or in the manner of providing services by this agency; all facilities of the agency are available regardless of race, color, age, national origin, sex or handicap."

# AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS VERIFICATION AND FINGERPRINT INFORMATION

**I, \_\_\_\_\_, hereby authorize South Arkansas District Church of the Nazarene to obtain and/or request information about my criminal history and fingerprint information from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same.**

**Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_**

Name:	(Last)	(First)	(Middle)
Address:	City	State	ZIP code
Other names used by applicant (if any):			
Date of Birth	Place of Birth	Social Security Number	
Driver's License No.	Issuing State	License expiration date	

**\*\*This background check will be valid for 2 years.**

**\*\*Please include a check for \$10 made out to SOAR or Heath Valley Campground and send in with this application.**