

# ESCAPE

## PENNDL YOUTH CAMP 2011

### CHAPERONE APPLICATION

CAMP ATTENDING (ALL THAT APPLY):  WEEK #1 (JUNE 20 – JUNE 24)  
 WEEK #2 (JUNE 27 – JULY 1)

I AM (CHECK ONE):  REGISTERING AS AN INDIVIDUAL  
 REGISTERING WITH MY CHURCH

CHURCH CITY: \_\_\_\_\_

CHURCH NAME: \_\_\_\_\_

#### BASIC INFORMATION (Applicants must be at least 20 years old)

Name:	<input type="radio"/> Male <input type="radio"/> Female	Age:	Marital Status:
Mailing Address:			
City:	State:	Zip:	
Daytime Phone: ( ) -	Evening Phone: ( ) -	Cell Phone: ( ) -	
E-mail:	Occupation:		
Senior Pastor's Name:	How long have you been a member at the church listed above?		
Please check all that apply: <input type="radio"/> I am on the youth staff at our church. <input type="radio"/> I help the Youth Pastor/Leader. <input type="radio"/> I am a member of the church. <input type="radio"/> I am a student at _____ college. <input type="radio"/> I am a parent of a camper.			

DESCRIPTION	NUMBER	PRE-REGISTRATION	AMOUNT
<b>EARLY REGISTRATION \$173</b> (\$75 non-refundable deposit) Postmark Deadlines: Week #1 – June 2      Week #2 – June 9		X \$75 deposit	\$
<b>REGULAR REGISTRATION \$199</b> (\$100 non-refundable deposit) Postmarked after: Week #1 – June 3 or after      Week #2 – June 10 or after		X \$100 deposit	\$
<b>Optional – CAMP T-SHIRT</b> (circle): <b>S   M   L   XL   XXL   XXXL</b>		X \$10 (\$15 at camp)	\$
<b>Optional – CAMP DVD</b> An hour long DVD with highlights of the week (must be picked up in the Camp Office on Friday morning the last day of Camp. A shipping fee will apply if the DVD is not picked up at Camp.)		X \$10 (\$12 at camp)	\$
<b>DAY TRIP OPTIONS</b>			
<b>ONE-SHOT PAINTBALL</b> (Tuesday afternoon)		X \$30 (\$40 at camp)	\$
Extra Paintballs (500 count)		X \$15	\$
<b>SPORTS EMPORIUM</b> (Wednesday afternoon)		X \$30 (\$40 at camp)	\$
<b>SKATEBOARDING</b> (Wednesday afternoon)		X \$30 (\$40 at camp)	\$
<b>TOTAL ENCLOSED</b> .....			\$

#### MINISTRY INFORMATION:

List all activities and ministries that you are involved in at your church, particularly involving youth:

List all previous camp experience, including what camp, years and services performed:

# CHAPERONE APPLICATION (PAGE 2 OF 2)

Please indicate areas of experience (E) and/or interest (I), in which you are qualified and can comfortably serve:

Dorm Chaperone  
 Activities (sports, rec, etc.) Director  
 Nurse:  RN  LPN  Nurse's Ass't.  
 Office Work  
 Music Director  
 Life Guard (Red Cross Certified)  
 Daytrip Supervisor  
 Photographer  
 Videographer  
 Video editor

**Leading Intramural Clubs:**

Swimming  
 Tennis  
 Golf  
 Volleyball  
 Basketball  
 Softball

**Other areas of interest:**

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## PERSONAL TESTIMONY

How long have you been saved? \_\_\_\_\_ Have you been baptized in water by immersion? \_\_\_\_\_

Have you received the baptism in the Holy Spirit as evidenced by speaking in other tongues (according to Acts 2:4)? \_\_\_\_\_

When? \_\_\_\_\_

## MINISTRY

Have you ever led a person to a salvation experience in Jesus Christ? \_\_\_\_\_

Are you able to lead others in prayer and Bible devotion? \_\_\_\_\_

Have you ever lead someone into the baptism in the Holy Spirit? \_\_\_\_\_

Do you have a call into full-time ministry? \_\_\_\_\_

On a separate sheet of paper, *briefly* share your testimony and salvation experience.

## PERSONAL INFORMATION

Do you use any tobacco products? \_\_\_\_\_ Drink alcoholic beverages? \_\_\_\_\_ Abuse non-prescription drugs? \_\_\_\_\_

Do you have any physical handicaps or conditions preventing you from performing certain types of activities? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever been convicted of a criminal offense (including sexual molestation)? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

In case of emergency while at Youth Camp, contact:

Name: \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

## PERSONAL REFERENCES NOT FORMER EMPLOYEES OR RELATIVES

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

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

Telephone: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

## APPLICANT'S STATEMENT:

Having filed this application for voluntary chaperone with the Pennsylvania-Delaware District Council of the Assemblies of God, I consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation, fitness for the ministry, and such further information as may be received by or reported to the above named District. I agree to give any further information, which may be required in reference to my past history.

I hereby release the Pennsylvania-Delaware District Council of the Assemblies of God and all providers of information from any liability as a result of furnishing and receiving this information.

Permission is given to PennDel District Council of the Assemblies of God to use photographs (individual or group) and/or multimedia images and recordings in the best interest of PennDel District Council of the Assemblies of God.

I am willing to abide by all camp rules, be given any assignments, be placed in any dorm, and if need be, go beyond the duties of my specific area. As a chaperone, I will submit myself to the Camp Director and prayerfully discharge my assigned duties. I realize this camp is for the youth.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**You are responsible for your own bedding, personal belongings, and transportation to and from camp. Because we want to give full consideration to our campers, chaperones, and staff, we will not be able to accommodate any non-camper children. Thank you for your cooperation.**