

# CHAPERONE APPLICATION

<b>CAMP ATTENDING (ALL THAT APPLY):</b>	<input type="checkbox"/> WEEK #1 (JUNE 17-JUNE 21)
	<input type="checkbox"/> WEEK #2 (JUNE 24-JUNE 28)
<b>I AM (CHECK ONE):</b>	<input type="checkbox"/> REGISTERING AS AN INDIVIDUAL
	<input type="checkbox"/> REGISTERING WITH MY CHURCH
<b>CHURCH CITY:</b>	_____
<b>CHURCH NAME:</b>	_____

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

Name:	Gender at birth: <input type="radio"/> Male <input type="radio"/> Female	Birthdate:	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 \$236</b> (\$136 non-refundable deposit) Postmark Deadlines: Week #1 – May 16                      Week #2 – May 23		X \$136 deposit	\$
<b>REGULAR REGISTRATION \$277</b> (\$177 non-refundable deposit) Postmarked: Week #1 – May 17 or after                      Week #2 – May 24 or after		X \$177 deposit	\$
<b>Optional – CAMP T-SHIRT</b> (circle): <b>S    M    L    XL    XXL    XXXL</b>		X \$10 (\$15 at camp)	\$
<b>Optional – Digital Download</b> Take your camp experience with you! You can purchase a digital download with highlights of the week and all messages. Digital download codes will be sent after Camp.		X \$30	\$
<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:

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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 Assistant  
 Office Work  
 Music Director  
 Life Guard (Red Cross Certified)  
 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 EMPLOYERS 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.**

If you are a resident of PA, you must submit the following clearances: Child Abuse Clearance, State Police Clearance, and either the FBI Fingerprinting Clearance (if you haven't lived in PA for the last 10 consecutive years) or an Affidavit (if you have lived in PA for the last 10 consecutive years). If you live in a state outside of PA, please send copies of the clearances your church has on file. Clearances must be current within the last 3 years.

If you have any questions, please email Jessica at [jessica@penndel.org](mailto:jessica@penndel.org)