**Duplicate forms as needed; PLEASE DO NOT make back-to-back copies of Chaperone Application form.**

**Do not use staples.**

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| **applicant’s pERSONAL INFORMATION** | | | | | | |
| First Name | Middle Name | | Last Name | | | |
| Name you want on name badge (“Miss Sue”, “Pastor Jim” etc.) | | | | Age | Gender at birth M F | |
| E-mail Address:  An email address is ***required*** for all confirmations and correspondence. | | | | | | |
| Daytime phone number (area code + number) | | | | home cell work church | | |
| Evening phone number (area code + number) | | | | home cell work church | | |
| Church | | City | | | | St |
| Occupation | | | | | | |
| Have you previously served at a Potomac District Camp? YES NO When? | | | | | | |
| Are you certified in/as a Lifeguard CPR EMT LPN RN Certified in what state? | | | | | | |
| **Digital photo:** We require a ***digital*** photo from all chaperones. Please ***email*** one immediately to [dharter@potomacag.org](mailto:dharter@potomacag.org) | | | | | | |

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| **criminal background information** | | | | | | |
| Yes No Have you ever been convicted of a criminal offense (excluding traffic tickets)? If YES, explain on separate sheet of paper.  Yes No Have you ever been convicted of child abuse, neglect or molestation? If YES, explain on separate sheet of paper  Yes No Have you ever been hospitalized for drug or alcohol abuse? If YES, explain on separate sheet of paper.  Yes No Do you voluntarily consent to a background check if one is not on file for you at your church? If NO, we cannot accept you as a chaperone. | | | | | | |
| **A criminal background check is required for *ALL chaperones.*  If your church does not have a criminal background check on file for you, less than five years old, the following information is *required* for usto run a check. ALL sensitive information will be carefully protected.** | | | | | | |
| ***Street*** address **(cannot use PO Box)** | Street# | Street name | | | | Apt # |
| City | | | | ST | Zip code | |
| Date of birth (MM/DD/YYYY) | | | SS# | | | |

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| **activity clubs**  **All chaperones are required to lead or help with a club. Ask your camp coordinator for a list of club descriptions. Put a 1, 2, and 3 in *front* of your top three choices. Indicate whether you are willing to *lead* or *help*. (If you do not mark your three top preferences, clubs will be randomly chosen for you.)** | | | | | |
|  | **AL** Art Lab Lead Help |  | **CC** Clay CreationsLead Help |  | **CO** Cooking Lead Help |
|  | **DR** Drama Lead Help |  | **GC** Girls Club Lead Help |  | **GE** Geocaching Lead Help |
|  | **LE** Legos Lead Help |  | **NE** Nature Exploration Lead Help |  | **OC** Outdoor CookingLead Help |
|  | **SC** Science Lead Help |  | **SG** Strategy Games Lead Help |  | **SP** Sports Lead Help |
|  | **WT** Worship Team Lead Help |

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| **please choose the size of your free CAMP T-SHIRt** |
| ym (Child 10-12) yL (Child 14-16) S M L XL XXL XXXL  If no size is selected, one will be randomly selected for you. |

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| **total due FOR OPTIONAL PURCHASES** | | |
| **Souvenir Camp T-Shirt: $15** | Qty: |  |
| **Souvenir Group Camp Photo: $10** | Qty: |  |
| **Pre-ordered Camp Money Cards:** Fill in the total ***money*** ***amount*** you want to pre-order. All camp purchases *must* be made with a camp money card. Money cards may also be purchased upon arrival. | |  |
| **Total amount due:** Make check payable to your church. | |  |

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| **applicant’s signature of compliance** |
| The information contained in this application is correct to the best of my knowledge. I authorize my pastor, staff or board member to give any information (including opinions) he/she may have regarding my character and fitness for children’s ministry. In consideration of the receipt and evaluation of this application by the Potomac District Council, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature, which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me in this application. Should my application be accepted, I agree to be bound by the constitution and bylaws and policies of the Potomac District Council of the Assemblies of God, and to refrain from any unscriptural conduct in the performance of my services on behalf of the Potomac District Council.  **applicant’s legal SIGNATURe (Required):** |

**Application cannot be accepted without a valid signature.**

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| **Complete in FULL your portion of the application. Sign and give application to your pastor or camp coordinator. He/she will submit it with your church’s group registration.** |