

DO NOT STAPLE  
USE PAPER CLIP

# KidzAblaze Ministries

## JUNIOR COUNSELOR/STAFF REGISTRATION FORM

Jr. Counselor/Staff Registration Form must be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors in any scheduled program or activity at KidzAblaze Ministries Kids Camp. This is to provide a safe and secure environment for children participating at camp.

**All Jr. Counselor applicants must be rising 9<sup>th</sup> -12<sup>th</sup> graders serving in Children's Ministry and are required to present one of the following to attending church leadership: Social Security Card, Valid Driver's License, Current Passport, or Birth Certificate to be copied and included with this form.**

PLEASE PRINT CLEARLY

### Personal Information

Last Name

First Name

Middle

Social Security Number

Date of Birth

Age

Gender

Male

Female

Mailing Address

City

State

Zip Code

Area Code + Phone

Number

Email Address

Place of Birth - City, State

Parent/Guardian Names

Emergency Contact Person

Parent/Guardian Day Phone (Area Code + #)

Emergency Contact Day Phone (Area Code + #)

Parent/Guardian Evening Phone (Area Code + #)

Emergency Contact Evening Phone

Driver's License # and State Where Issued(if applicable)

1. Do you use tobacco? \_\_\_\_\_ Drink alcoholic beverages? \_\_\_\_\_ Use non-prescription drugs? \_\_\_\_\_

2. Are you certified in/as: \_\_\_\_\_ CPR \_\_\_\_\_ EMT \_\_\_\_\_ LPN \_\_\_\_\_ RN License State: \_\_\_\_\_

3. Have you ever been convicted of or pleaded guilty to a crime? \_\_\_ Yes \_\_\_ No

If yes, please explain: (attach a separate sheet if necessary) \_\_\_\_\_

4. Have you ever been accused, charged, or alleged to have committed any act of negligence, abuse or molestation to a child? \_\_\_ Yes \_\_\_ No If yes, please explain in detail, providing date and place of incident:(attach a separate sheet if necessary) \_\_\_\_\_

5. Have you ever physically or sexually abused a child?  Yes  No  
If yes, please explain: (attach a separate sheet if necessary) \_\_\_\_\_
- 
6. Do you have any physical handicaps or conditions preventing you from performing certain types of activities?  
 Yes  No If yes, please explain: (attach a separate sheet if necessary) \_\_\_\_\_
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7. Have you ever been convicted of a criminal offense (excluding minor traffic violations)  Yes  No  
If yes, please explain: (attach a separate sheet if necessary) \_\_\_\_\_
- 

**Christian Service**

<b>Church Membership – Church Name</b>	<b>How Long ? Years/Months</b>
<b>City</b>	
<b>Senior Pastor</b>	<b>Children’s Pastor/Leader</b>

1. List by name and address other churches you have attended regularly during the past 5 years. \_\_\_\_\_

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2. Date of Salvation \_\_\_\_\_
3. Do you attend church regularly?  Yes  No
4. Do you read your Bible daily?  Yes  No
5. Do you pray regularly?  Yes  No
6. Are you active in church work?  Yes  No If yes, please describe: \_\_\_\_\_

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7. Are you filled with the Holy Spirit with evidence of speaking in tongues? Acts 2:4  Yes  No
8. Have you ever led a person to Christ?  Yes  No -  Adult  Child  Both
9. Have you ever led someone in the Baptism of the Holy Spirit?  Yes  No -  Adult  Child  Both
10. List any special skills or talents: \_\_\_\_\_
11. List any gifts, callings, training, education that may have prepared you to be a camp counselor: \_\_\_\_\_

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12. Please describe your temperament and personality. \_\_\_\_\_

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13. Have you ever operated in any spiritual gifts outlined in 1 Corinthians 12: 8-10  Yes  No If yes, please describe: \_\_\_\_\_

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14. List all previous church work involving children:

Church Name and Address	Type of Work Performed	Dates

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15. List all previous non-church work involving children:

Organization and Address	Type of Work Performed	Dates

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16. Have you worked at previous Kids Camps?  Yes  No Number of years? \_\_\_\_\_ What positions?  
 Counselor  Water Sports  Kitchen  Games  Prayer  Altar Services  First Aid Other: \_\_\_\_\_
17. Can you swim? Yes  No  If yes, how well? \_\_\_\_\_

**Health Statement & Medical History**

1. Do you have any physical disabilities that would hinder your participation?  Yes  No If yes, please describe: \_\_\_\_\_
2. Have you ever been treated for any mental or emotional conditions?  Yes  No If yes, please describe: \_\_\_\_\_

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3. Are you taking any prescribed medicine, shots?  Yes  No
4. Have you ever been treated for alcohol or drug abuse?  Yes  No
5. Will you experience problems due to hard physical labor?  Yes  No
6. Are you unusually sensitive to heat exposure?  Yes  No
7. Have you ever been partially or completely overcome by heat?  Yes  No

If yes to any of the above, please give a description and detailed explanation: \_\_\_\_\_

8. Is there any information we should have regarding the welfare of this person (handicaps, restrictions, diet, allergies, dangerous reactions, food & drug allergies, special food needs, etc)?

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9. Please list all medications (Prescription and/or Over-the-counter drugs) taken by Jr. Counselor

Medicine	Dosage	Exact Time Taken		
		AM BEDTIME	LUNCH	PM

**Over-the-counter Drug Permission**

Please don't send commonly used over-the-counter medicines like; Tylenol, Advil, & Tums etc. as these will be provided.

*"I give permission for my child to receive Tylenol, Advil or Tums as prescribed by manufacturer if deemed medically necessary."*

Yes No (Circle One)

If yes, signature required: \_\_\_\_\_

**ALL MEDICATIONS, PRESCRIPTIONS, AND OVER-THE-COUNTER DRUGS MUST BE BROUGHT IN THE ORIGINAL BOTTLE WITH THE DOSING INSTRUCTIONS ATTACHED TO THE CAMP NURSE**

**Emergency Treatment Permission**

I do hereby state, that I have legal custody of this child, a minor, who resides with me. While this minor is a registered Camper/Jr. Counselor at the KidzAblaze Ministries camp, I hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I also give permission for my child to receive over-the-counter medication from the camp nurse if necessary. I (we) have read the rules and agree to abide by them and do hereby give permission to participate in all camp activities. Also, permission is given to the KidzAblaze Ministries to use photographs (individual or group) and/or multimedia images and recordings in the best interest of KidzAblaze Ministries.

**Off Campus Activities**

I also give my permission for this child to be transported off of the campgrounds of Liberty Christian Fellowship for extra-curricular activities that will take place on Monday, Tuesday and Wednesday afternoon.

Parent/Guardian Signature (Required)

\_\_\_\_\_ Date \_\_\_\_\_

Jr. Counselor Signature (Required)

\_\_\_\_\_ Date \_\_\_\_\_



## REGISTRATION

Carefully read the camp fees and dates on the registration form. NO walk-ins or phone registrations will be accepted! Camp begins with registration at 4pm on Sunday. Checkout is Thursday at 11:00 am!!!

## CAMP RULES & REGULATIONS

These rules are given as guidelines for every camper to follow. This code of conduct has been established for your protection and the benefit of every person present. They must be obeyed at all times! You have pledged yourself to abide by this code during the week you are here.

1. No one is allowed to leave the campgrounds without specific permission from the camp director.
2. We reserve the right to inspect contents of all personal belongings. The holding and/or disposal of improper content is the right of the camp staff.
3. No fireworks, tobacco products, alcoholic beverages, drugs, firearms or knives are allowed on the campgrounds.
4. These items are **not** encouraged and may be collected by counselors at their discretion:
  - ☐ Cell phones
  - ☐ Electronic devices such as: iPods, iPads etc.
5. All staff members are authorized to maintain order anywhere on the grounds
6. The daily schedule must be observed by all, and attendance at all camp activities is required of all campers, counselors, and staff.
7. Each camper will perform his or her duties as part of the privilege of being here. Rooms and adjacent grounds must be kept clean daily.
8. Guys and girls are not allowed in each other's rooms.
9. Campers are not permitted to call home except for an emergency. All calls must be approved.
10. You are urged and expected to observe habits of personal cleanliness, courtesy, and Christian conduct. Profanity is not allowed.

## CAMP DRESS CODE

Rules and guidelines are for every camper:

1. Modest shorts may be worn during the entire camp. Extremely tight and/or short garments are prohibited. No spaghetti strap tops, crop tops, or belly shirts.
2. Shoes must be worn at all times.
3. Modest swimwear is expected. Girls: abdominal area covered. Guys: no "Speedo" style.
4. T-shirts and shorts must be worn between activities.
5. Clothing displaying questionable content is not permitted.

## CAMP PROPERTY DAMAGES

Charges for items broken/damaged during camp will be billed to all churches/parties/individuals involved in the incident.

## LOCATION

Liberty Christian Fellowship  
244 Williams Drive  
Kill Devil Hills, NC 27948

## TELEPHONE NUMBERS

Randy Thompson, KidzAblaze Ministries  
(704) 467-7570

Camp Emmanuel, Liberty Christian Fellowship  
(252) 441-6592

## WHAT TO BRING

- € Sleeping bag or twin bed sheets/blanket/pillow
- € Clothes that can get messed up & Laundry bag
- € Shampoo, soap, deodorant, toothbrush/paste
- € Towels (Beach towel, bath towel and washcloths)
- € Bible
- € Spending money for snacks and missions offering!
- € Bug spray
- € Sunscreen
- € Flashlight

Please clearly label all items. Campers are responsible for personal belongings. KidzAblaze Ministries is not responsible for lost/stolen items. A fee will be charged for items returned by mail.

## VISITORS DURING CAMP

Parents and other family members wishing to see their kids during the week must clear this ahead of time through the camp director.

## MAIL CALL

All campers love to get mail. We suggest you send mail prior to the first day of camp to insure it arrives on time, or send with an adult from your group to deliver while at camp. Please address mail as follows:

Kids Camp Mail  
Camper's Name  
C/O Liberty Christian Fellowship  
244 Williams Drive  
Kill Devil Hills, NC 27948



**Recommendations are to be returned to the applicant in a sealed envelope with the signature of the recommending person across the seal. After the applicant collects all of the recommendations, please forward to the Children's Pastor/Leader for processing thru KidzAblaze Ministries**

**Confidential Friend Recommendation**

*Applicant, please fill out the information in this box only before giving this page to your friend.*

Applicant Information:  
Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Day Phone \_\_\_\_\_

**Friend** (Must be completed in full)

Please complete the following and return in a sealed, signed envelope to the applicant:

(Please print legibly)

Name \_\_\_\_\_ Met applicant at: \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Church Name \_\_\_\_\_ Church City \_\_\_\_\_

Serious consideration will be given to your evaluation of the character and fitness of the applicant. In order to be completely informed and to make a fair appraisal, please give as much information as is known. Your responses will be kept strictly confidential. If you have any questions or concerns please call 704.467.7570

- 1. How long have you known this person? \_\_\_\_\_
- 2. How well do you know them? By name \_\_\_\_ Casually \_\_\_\_ Fairly Well \_\_\_\_ Very Well \_\_\_\_
- 3. Do you know of any reason that this person should not be considered as a counselor? Yes \_\_\_\_ No \_\_\_\_
- 4. Is the applicant active in church work? Yes \_\_\_\_ No \_\_\_\_
- 5. Has the applicant had a salvation experience? Yes \_\_\_\_ No \_\_\_\_
- 6. Are you aware of any mental or emotional illness or instability? Yes \_\_\_\_ No \_\_\_\_
- 7. Have you had any reason to question the applicant's morals? Yes \_\_\_\_ No \_\_\_\_
- 8. Do you have reason to lack confidence in the applicant? Yes \_\_\_\_ No \_\_\_\_
- 9. Does he/she deal well with stress? Yes \_\_\_\_ No \_\_\_\_
- 10. To your knowledge, have they been charged with child abuse? Yes \_\_\_\_ No \_\_\_\_
- 11. Applicant attends church faithfully. Yes \_\_\_\_ No \_\_\_\_
- 12. The applicant is spiritually mature to pray with children? Yes \_\_\_\_ No \_\_\_\_
- 13. List both the applicant's strengths/weakness \_\_\_\_\_

14. Would you want this person to care for your own children or grandchildren? Please explain why or why not. \_\_\_\_\_  
15. What ministries does he/she currently serve in? \_\_\_\_\_

Use this space to include any additional information or comments:-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on your knowledge of this person's character and background, you:

\_\_\_ Highest Recommendation \_\_\_ Recommend \_\_\_ Do Not Recommend \_\_\_ With reservation, I recommend  
\_\_\_ Have Someone Contact Me

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Recommendations are to be returned to the applicant in a sealed envelope with the signature of the recommending person across the seal. After the applicant collects all of the recommendations, please forward to the Children's Pastor/Leader for processing thru KidzAblaze Ministries**

**Confidential Relative Recommendation**

*Applicant, please fill out the information in this box only before giving this page to your relative.*

Applicant Information:  
 Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Day Phone \_\_\_\_\_ Evening Day Phone \_\_\_\_\_

**Relative** (Must be completed in full)

Please complete the following and return in a sealed, signed envelope to the applicant:

(Please print legibly)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Church Name \_\_\_\_\_ Church City \_\_\_\_\_

Serious consideration will be given to your evaluation of the character and fitness of the applicant. In order to be completely informed and to make a fair appraisal, please give as much information as is known. Your responses will be kept strictly confidential. If you have any questions or concerns please call 704.467.7570

1. How long have you known this person? \_\_\_\_\_
2. How well do you know them? By name \_\_\_\_ Casually \_\_\_\_ Fairly Well \_\_\_\_ Very Well \_\_\_\_
3. Do you know of any reason that this person should not be considered as a counselor? Yes \_\_\_\_ No \_\_\_\_
4. Is the applicant active in church work? Yes \_\_\_\_ No \_\_\_\_
5. Has the applicant had a salvation experience? Yes \_\_\_\_ No \_\_\_\_
6. Are you aware of any mental or emotional illness or instability? Yes \_\_\_\_ No \_\_\_\_
7. Have you had any reason to question the applicant's morals? Yes \_\_\_\_ No \_\_\_\_
8. Do you have reason to lack confidence in the applicant? Yes \_\_\_\_ No \_\_\_\_
9. Does he/she deal well with stress? Yes \_\_\_\_ No \_\_\_\_
10. To your knowledge, have they been charged with child abuse? Yes \_\_\_\_ No \_\_\_\_
11. Applicant attends church faithfully. Yes \_\_\_\_ No \_\_\_\_
12. The applicant is spiritually mature to pray with children? Yes \_\_\_\_ No \_\_\_\_
13. List both the applicant's strengths/weakness \_\_\_\_\_

14. Would you want this person to care for your own children or grandchildren? Please explain why or why not. \_\_\_\_\_
15. What ministries does he/she currently serve in? \_\_\_\_\_

Use this space to include any additional information or comments-

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Based on your knowledge of this person's character and background, you:

\_\_\_ Highest Recommendation \_\_\_ Recommend \_\_\_ Do Not Recommend \_\_\_ With reservation, I recommend  
 \_\_\_ Have Someone Contact Me

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_