



# NORTHERN NEW ENGLAND DISTRICT COUNCIL

of the Assemblies of God ~ *Your Potential is our Mission*

DENNIS W. MARQUARDT  
*Superintendent*

EDWIN A. SHEARER  
*Secretary/Treasurer*

NATHAN J. GAGNE  
*Assistant Superintendent /  
District Youth Director*

DANIEL R. ABBATIELLO  
*Assistant Superintendent:  
Church Development*

MICHAEL D. OLDHAM  
*District Young Adult Director*

TIMOTHY A. HAYNES  
*Royal Ranger Commander*

BEVIE JO MARQUARDT  
*Real Women, Real Life Director*

KAREN BOUDREAU  
*Administrative Assistant*

BRENDA PALERMO  
*Bookkeeper*

February 1, 2017

Hello!

I want to ask you to serve at Summer Camp. I hope you will. Camp is the best week of the year. Camp provides us an opportunity to be used by Jesus to make a difference in a life. Jesus will use you if you'll come.

Camp is going to be at Rumney Bible Conference (the same place we've had camp the last few years). You can serve at our kid's camp, our teen camp, or both. Also, remember that your students age 14 and up can serve at kid's camp as a Leader In Training. Having them serve could be a part of your leadership development strategy for them.

We need nurses, group leaders, rec staff, video team, and assistants.

We will have two weeks of camp.

KIDS CAMP  
June 26 – June 30, 2017  
Staff Orientation: 5 pm, June 25  
Ages: 8-11

YOUTH CAMP  
July 24 - 28, 2017  
Staff Orientation: 5 pm, July 23  
Ages: 12-17

Here's what you need to do if you want to serve:

- o Pick a week
- o Get the time off work
- o Send in your application
- o Get a physical
- o Send in your medical form
- o Go to camp

Remember, there is no cost for you to attend camp as a leader!

MAILING ADDRESS:  
501 Riverside Street  
Portland, ME  
04103-1034

Tel.: (207) 878-2777  
Fax: (207) 878-2779

For Him,

Nate Gagne  
District Youth Director

Website: [www.nnedaog.org](http://www.nnedaog.org)

# 2017 Camp Staff Application Information

- REGISTRATION:** **Postmark deadline for applications is May 1, 2017.**  
Staff applications are accepted on an as needed basis. The NNED Camp Director reserves the right to refuse an application based on lack of need or failure to meet specific criteria.
- LOCATION:** Camps will be held at Rumney Bible Conference White Mountain Camps in Rumney NH. The physical address is **31 Gilford Avenue, Rumney NH. DO NOT SEND YOUR APPLICATION TO THIS ADDRESS.**
- STAFF TRAINING:** All staff/Leaders/LITs must attend the All-Staff Training held at the Retreat Center at **5:00 pm on the Sunday night** before the first day of each camp week. Dinner will be provided. **TRAINING IS MANDATORY.** *If you cannot make the Staff Training, please do not apply.*
- CAMP DATES:**
- |                   |            |                                |
|-------------------|------------|--------------------------------|
| <b>Kids Camp:</b> | June 26-30 | (Staff Training June 25, 5 pm) |
| <b>Teen Camp:</b> | July 24-28 | (Staff Training July 23, 5 pm) |
- MEDICAL:** All staff applicants must fill out the Statement of Health Form and sign the designated area. You must have had a **physical within two years** prior to the start date of camp. The Physician's Statement of Examination (or physical from doctor's office) must be completed and signed by your doctor.
- EMERGENCIES:** In case of an emergency, please call the following number for Rumney Bible Conference - (603) 786-9504.
- VISITORS:** No visitors are allowed during camp.
- OPENING & CLOSING OF CAMP:** All Staff/Leaders/LITs must register upon arrival. It is imperative that you arrive at the camp No later than 5:00 pm. We ask that all staff and LITs remain on campus until dismissed by the Camp Director.
- CABINS & ROOM ASSIGNMENTS:** Upon arrival, you will be assigned a team name and bunk area including beds for your campers
- WHAT TO BRING:** Bible, notepad, pen, flashlight, towels/washcloths, camera, bedding, pillow, jacket, sneakers, personal care articles, sunscreen, bug repellent, sleepwear, swimwear, alarm clock, fan.
- WHAT TO FORGET:** Weapons, knives, TV's, improper magazines or books, drugs, fireworks, firearms, cigarettes/tobacco. If these items are found, they will be confiscated.
- DRESS CODE:** All campers and leaders are expected to dress and groom his or herself neatly. Inappropriate clothing includes muscle shirts, ragged jeans, tube tops, strapless dresses or tops, spaghetti strap tops, short shorts/skort or miniskirts, clothing that advertises beer, cigarettes or secular music.  
**Swim Suits** for ladies are to be one piece (tankinis are appropriate if they cover your stomach). Swimsuits for men must be boxer-style.  
Leaders are asked to wear pants to the evening services.  
**Sneakers must be worn during the games.** Shoes, sandals or sneakers must be worn always. NNEAG Camp reserves the right to ask campers/leaders/staff to change into more appropriate clothing.
- RULES & GUIDELINES:** Specific rules will be given at all staff trainings and are available in the staff manual. Any infraction of the rules and guidelines will result in expulsion from the camp at your expense.
- LEADER'S MAIL:** Leader's mail can be received by addressing to: Leader's name/NNED AG Camp, c/o Rumney Bible Conference, PO Box 599, Rumney NH 03266. **DO NOT SEND YOUR APPLICATION TO THIS ADDRESS.**
- BACKGROUND CHECK:** A criminal background check will be run on each Staff and Leader (age 18 and over). Your social security number and date of birth is required for this purpose.
- LEADER IN TRAINING (LIT):** The purpose for this position is to train, assist and prepare to become future Leaders. A LIT will be paired with an adult as a leader/staff. The trainee must be saved for at least 1 year. Students age 14 and older will be considered.
- CONTACT US:** nnedym@gmail.com - Nate Gagne, DYD      karen@nnedaog.org - Karen Boudreau  
Northern New England AG Camps  
501 Riverside St  
Portland, ME 04103-1034  
207-878-2779  
www.nnedaog.org/YOUTH.htm

NORTHERN NEW ENGLAND DISTRICT COUNCIL  
2017 CAMP STAFF APPLICATION

Accepted: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> B
---

501 Riverside St. ♦ Portland, ME ♦ 04103-1034

☎ 1-(207) 878-2777 / Fax: 1-(207) 878-2779

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It is being used to help the district provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

**PLEASE PRINT OR TYPE CLEARLY:**

Full Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you used a name other than above?  Yes  No If yes, state name and explain: \_\_\_\_\_

Name you would like to have printed on your Staff Badge: \_\_\_\_\_

**T-SHIRT SIZE:** S  M  L  XL  2X

**Application for:**  KIDS CAMP - June 26-30  TEEN CAMP - July 24-28

**Position Desired:**

Rec. Staff  Group Leader  Asst. Group Leader  Leader in Training (Kids Camp Only)

Lifeguard List certifications: \_\_\_\_\_

Nurse RN License #: \_\_\_\_\_ State where Certified: \_\_\_\_\_ (Must be Licensed in either Maine or New Hampshire)

Have you previously served on N.N.E.D. staff? Yes  No  If yes, when: \_\_\_\_\_

**PERSONAL INFORMATION:**

**Marital Status:**  Married  Single **Gender:**  Male  Female

**Health Status:** \_\_\_\_\_ Do you use tobacco? \_\_\_\_\_ Drink alcoholic beverages? \_\_\_\_\_

Have you any physical handicaps or conditions preventing you from performing certain types of activities? Yes  No

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

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? Yes  No

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

Have you ever been convicted of child molestation? Yes  No  If yes, please explain: \_\_\_\_\_

Have you ever been accused of child molestation? Yes  No  If yes, please explain: \_\_\_\_\_

**CHURCH ACTIVITIES**

Are you a Christian? Yes  No  When Saved? \_\_\_\_\_ Baptized in the Holy Spirit (Acts 2:4) \_\_\_\_\_

How often do you pray? \_\_\_\_\_ How often do you read your Bible? \_\_\_\_\_

Name of church presently attending: \_\_\_\_\_ City/State: \_\_\_\_\_

List names and addresses of other churches you have attended regularly during the past five years:

---

---

List all previous church work involving children/youth:

---

---

**PERSONAL REFERENCES (REQUIRED) - Please PRINT CLEARLY**

(Please furnish complete names and MAILING ADDRESSES / Do not list former employers or relatives.)

Name:	Name:
Address:	Address:
City / State / Zip:	City / State / Zip:
Email:	Email:

Name:
Address:
City/State/Zip:
Email:

**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any references of churches listed in this application to give you any information (including opinions) they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by the Northern New England District, 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 by any person or organization identified by me in this application.

**In addition, I give permission for NNED to run a background check through Volunteer Select, or for my local church to send in a copy of their current background check (if I am 18 years old and older).**

Should my application be accepted, I agree to be bound by the Constitution and Bylaws and the policies of the Northern New England District Council of the Assemblies of God, and to refrain from unscriptural conduct in the performance of my services on behalf of the District Council.

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

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***\*Application will be denied if not signed by applicant's pastor below.\****

**PASTORAL CERTIFICATION FOR CAMP STAFF:**

I am personally acquainted with the applicant, and in my opinion he/she is a competent and qualified children's/youth worker. I know of no facts or allegations that raise any question concerning this person's suitability for working with minors in a camping ministry.

- The applicant **has completed a screening application** that is on file with this church.
- The applicant **has not completed a screening application** that is on file with this church.
- Our church **has run a background check** on the staff applicant (please send a copy to the District Office).

**Pastor's Signature of Affirmation:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**SUMMER CAMP ♦ STATEMENT OF HEALTH**

**PERSONAL INFORMATION:**

Full Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male:  Female:  Age \_\_\_\_\_

1.  YES  NO This is the Campers first year at camp.  
 2.  YES  NO Record of current physical is now on file at the District Office. (If you aren't sure if physical is on file, contact the office.)  
 ☞ IF YES to question 1, or NO to question 2, THE PHYSICIAN'S STATEMENT OF EXAMINATION **MUST BE COMPLETED BY YOUR DOCTOR.**

**HEALTH HISTORY:** Do not leave any lines blank. If not applicable, write "NONE".

Nose Bleeds:  Yes  No ADD/ADHD:  Yes  No Bed Wetting:  Yes  No  
 Seizures:  Yes  No Type: \_\_\_\_\_ Aura: \_\_\_\_\_  
 Diabetes:  Yes  No How Controlled?  Insulin  Oral Hypoglycemic  Diet

**ALLERGIES (It is very important to list medication, environmental and food allergies and what you have for a reaction):**

Medication Allergy: \_\_\_\_\_ Type of Reaction: \_\_\_\_\_  
 Environmental Allergy \_\_\_\_\_ Type of Reaction: \_\_\_\_\_  
 Food Allergy: \_\_\_\_\_ Type of Reaction: \_\_\_\_\_

Head Aches  Migraines Treatment: \_\_\_\_\_  
 Asthma:  Yes  No Inhaler(s):  Yes  No  
 Type(s) of Inhaler(s) and when used: \_\_\_\_\_  
 Hearing Disability:  Yes  No Hearing Aids:  Yes  No  
 Visual Disability:  Yes  No Correct With:  Glasses  Contact Lenses  Other: \_\_\_\_\_

**HEALTH PROBLEMS:**

Bone/Joint:  Yes  No Stomach:  Yes  No Heart:  Yes  No  
 Kidney:  Yes  No Lungs:  Yes  No Bowel:  Yes  No  
 Blood Pressure:  Yes  No Other: \_\_\_\_\_ Previous Injuries? \_\_\_\_\_  
 Activity Restrictions?  Yes  No Reason: \_\_\_\_\_

PLEASE CHECK MEDICATION AND INDICATE DOSE FOR STUDENTS UNDER 18 - As you look at the list of over the counter medications, consider which medications you would want your LIT to be given for the condition listed. We will give the dose recommended on the bottle. If none are listed and the need arises we will have to call you, which would delay care for your student. We will stock the medications listed in generic form; if you have specific brands you would prefer, please send them with your student in a bag labeled clearly with their name.

- |  |  |  |
|--|--|--|
| <p><b>1. PAIN/HEADACHES:</b><br/> <input type="checkbox"/> Acetaminophen (Tylenol): How many? _____<br/> <input type="checkbox"/> Ibuprofen: How many? _____</p> | <p><b>3. STOMACH:</b><br/> <input type="checkbox"/> Tums</p>   | <p><b>5. COLD/COUGH:</b><br/> <input type="checkbox"/> Cough Drops</p> |
| <p><b>2. ALLERGIES:</b><br/> <input type="checkbox"/> Claritin (non-drowsy)<br/> <input type="checkbox"/> Benadryl (Liquid)</p>                                  | <p><b>4. SKIN TREATMENT:</b><br/> <input type="checkbox"/> Neosporin<br/> <input type="checkbox"/> Benadryl Cream / <input type="checkbox"/> Anti-Itch Cream</p> | <p><b>6. SWIMMER'S EAR:</b><br/> <input type="checkbox"/> Auro-Dri</p> |

**PARENTS: IF YOU DO NOT FILL OUT THIS BOX, THE CAMP NURSE WILL CALL YOU FOR PERMISSION BEFORE GIVING YOUR STUDENT ANY OF THESE OVER THE COUNTER MEDICATIONS.**

**PRESCRIBED MEDICATIONS (Please have the medications in their original bottle, in a zip lock bag with your child's name clearly on the bag):**

Name of Medication	Reason Prescribed	Dose Prescribed	Time(s) To Be Given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:

**Special Instructions:**

**★AUTHORIZATION FOR TREATMENT:**

To my knowledge, the information contained in this health history form is correct and the person herein described has permission to engage in all prescribed camp activities, except as noted.

I hereby give my permission to the medical personnel, selected by the camp director, to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for the person named above. The completed form may be photocopied for trips out of camp.

I also give my daughter/son permission to receive the above medication(s) when necessary during the week of Camp which will be administered by the Camp Nurse or her designee (if staff member is under 18 years of age).

☞ STAFF/PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company/Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

# PHYSICIAN'S STATEMENT OF EXAMINATION

**Mandatory New Hampshire State law requires All Campers and Camp Staff to have a physical within 2 years of the start date of camp!  
Current physical must be on file at the District Office.**

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Special Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Type of Reaction \_\_\_\_\_

Treatment Given \_\_\_\_\_

Physical Handicaps, Disorders, Diseases \_\_\_\_\_

Restricted Activities \_\_\_\_\_

Reasons \_\_\_\_\_

## IMMUNIZATION RECORD

**This Patient been immunized against the following** *(Please indicate the dates of immunizations):*

**DPT:** \_\_\_\_\_ **HepB:** \_\_\_\_\_ **OPV:** \_\_\_\_\_ **MMR:** \_\_\_\_\_  
*(Diphtheria, Pertussis, & Tetanus) (Hepatitis B) (Oral Polio Vaccine) (Measles, Mumps, & Rubella)*

**DT:** \_\_\_\_\_ **Td:** \_\_\_\_\_ **TB:** \_\_\_\_\_  
*(Diphtheria & Tetanus) (Booster for Tetanus & Diphtheria) (Tuberculosis)*

**New Hampshire statutes require the student to have documentation of immunizations to attend camp, except in the case of a Medical Exemption or an appropriate parental objection. If either is the case, please attach a signed statement stating the exemption or objection to this form.**

### FEMALES ONLY:

Has this person menstruated?  YES  NO If YES, is her history normal?  YES  NO

Special Considerations \_\_\_\_\_

Physician's Name \_\_\_\_\_

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO:  
NO. NEW ENGLAND DISTRICT A/G ♦ ATTN: YOUTH DEPARTMENT  
501 RIVERSIDE ST. ♦ PORTLAND, ME ♦ 04103-1034  
OR FAX TO: (207) 878-2779**

**Leader in Training**  
**Parental Consent and Waiver/Release Form**  
For Students **Under 18** serving in Kid's Camp

I \_\_\_\_\_, understand that participation in camp activities with the Northern New England District Camp brings with it a certain amount of risk. I understand what those activities are as outlined in the camp registration and give my child \_\_\_\_\_ permission to participate in all activities. Should there be any activity for which I wish for my child to abstain from, I will notify the Northern New England District Camp in writing at the time of registration.

**Release and Indemnification**

In consideration of the risks involved, I am under the understanding that the Northern New England District Camp Ministry and White Mountain Retreat Center have taken the necessary precautions to ensure the safety and well-being of my child. I, hereby, give my consent for my child to participate in the Northern New England District Camp and all activities therein. I hereby release and waive any and all claims against the Northern New England District Camp Ministry White Mountain Retreat Center, and its staffs arising from his/her participation in the Northern New England District Camp.

In the event of an emergency, I hereby give permission to the physician to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**PLEASE MAIL BY A POSTMARKED DATE OF MAY 1, 2017 TO:**  
**NNED AG SUMMER CAMPS ♦ 501 RIVERSIDE ST., PORTLAND, ME 04103-1034**

Northern New England District Summer Camps

**Certification in Lieu of Background Check**  
For Students **Under 18** serving in Kid's Camp

Parent or Legal Guardian,

Your child has submitted an application to participate as a Leader In Training during the 2017 Northern New England District Summer Camps. Per New Hampshire statutes governing the operation of camps in the state, the parent or legal guardian of any staff member who is younger than 18 years old are required to sign and submit the following certification in lieu of a criminal background check as required for other staff members. Your child's application will not be considered complete until we have received this signed form at the camp office.

I certify that \_\_\_\_\_ does not have a criminal conviction for any offense involving the following:

- Causing or threatening direct physical injury to any individual
- Causing or threatening harm of any nature to any child or children; or
- Unlawfully taking the property of another, whether through force or threat of force,
- Or through deception.

I understand this certification will be relied on by the operators of the 2017 Northern New England District Camp in determining whether to allow the above named individual to work directly with campers

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

**PLEASE MAIL BY A POSTMARKED DATE OF MAY 1, 2017 TO:  
NNED AG SUMMER CAMPS ♦ 501 RIVERSIDE ST., PORTLAND, ME 04103-1034**



Northern New England District Summer Camps

**Staff and Leader Waiver/Release**

For Staff 18 and Over

I \_\_\_\_\_, understand that participation in camp activities with the Northern New England District Camp Ministry brings with it a certain amount of risk. I understand what those activities are as outlined in the camp registration forms and camp manual.

**Release and Indemnification**

In consideration of the risks involved, I am under the understanding that the Northern New England District and White Mountain Retreat Center have taken the necessary precautions to ensure the safety and well-being of all. I hereby release and waive any and all claims against the Northern New England District, White Mountain Retreat Center, and its staffs arising from my participation in the Northern New England District Camp. In the event of an emergency, I hereby give permission to the physician to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**PLEASE MAIL BY A POSTMARKED DATE OF MAY 1, 2017 TO:  
NNED AG SUMMER CAMPS ♦ 501 RIVERSIDE ST., PORTLAND, ME 04103-1034**