



NORTHERN NEW ENGLAND DISTRICT COUNCIL

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

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Real Women, Real Life Director

LISA MARIE THIBAUT
Intercultural Ministries

KAREN BOUDREAU
Administrative Assistant

BRENDA PALERMO
Bookkeeper

RE: Summer Camp

Hello Leader!

Have you heard the big news? We are making all kinds of upgrades to Summer Camp this year. New Date. New Place. New Price. It is going to be culture shifting and historic!

Camp is going to be at Fair Haven Camps in Brooks, Maine. The campground sits right on the water. Kid's Camp and Teen Camp will be happening the same week. Kid's camp will be happening at the East Camp, and Teen camp will be at the West Camp.

We will be limited the number of volunteers we accept this year. Please send in your application ASAP. This will help us build a quality team for both of our camps.

Please specify on your application which camp you are hoping to serve at.

Here are the details

KIDS CAMP

June 25 - June 29, 2018
Staff Orientation: Sunday, June 24, 5 pm
Ages: 8-12

TEEN CAMP

June 25 - June 29, 2018
Staff Orientation: Sunday, June 24, 5 pm
Ages: 12-18

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

- Send in your application
- Receive email confirmation that we received your application
- Request the time off work
- Go to Camp

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

For Him,

Nate Gagne
District Youth Director

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

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

Website: www.nnedaog.org

2018 Camp Staff Application Information

- REGISTRATION:** **Postmark deadline for applications is April 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 Fair Haven Camps in Brooks, ME. The physical address is 81 W Fair Haven Ln. Brooks, ME 04921. **DO NOT SEND YOUR APPLICATION TO THIS ADDRESS.**
- STAFF TRAINING:** All staff/Leaders must attend the All-Staff Training held at the Retreat Center at **5 pm on the Sunday night** before the first day of the camp week. Dinner will be provided. **TRAINING IS MANDATORY.**
- CAMP DATES:** June 25-29 **(Staff Training June 24, 5 pm)**
- MEDICAL:** All staff applicants must fill out the Statement of Health Form and sign at the bottom of the form.
- VISITORS:** No visitors are allowed during camp.
- OPENING & CLOSING OF CAMP:** All Staff/Leaders must register upon arrival. It is imperative that you arrive at the camp No later than 5 pm. We ask that all staff 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 items, sunscreen, bug repellent, sleepwear, swimwear, alarm clock, fan.
- DRESS CODE:** **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. NNED AG 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 Fair Haven Camps, 81 W Fair Haven Ln, Brooks, ME 04921.
- BACKGROUND CHECK:** A criminal background check will be run on each Staff and Leader. Your social security number and date of birth are required for this purpose.
- CONTACT US:** nnedym@gmail.com - Nate Gagne, DYD
nnedkmb@gmail.com - Karen Boudreau

Northern New England AG Camps
501 Riverside St.
Portland, ME 04103-1034
Phone: (603) 343-2650 (Nate)
District Office Phone: (207) 878-2777
District Office Fax: (207) 878-2779
www.nnedym.com

NORTHERN NEW ENGLAND DISTRICT COUNCIL
2018 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 YOUTH CAMP

POSITION DESIRED:

Rec. Staff Group Leader Asst. Group Leader

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.

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 _____

HEALTH HISTORY: *Do not leave any lines blank. If not applicable, write "N/A".*

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:** _____

IMMUNIZATION RECORD

This Patient been immunized against the following *(Please indicate the dates of immunizations or attach a copy of immunization record):*

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)

PRESCRIBED MEDICATIONS *(Please have the medications in their original bottle, in a zip lock bag with your 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.

☞ **STAFF SIGNATURE** _____ **Date** _____

Insurance Company/Address: _____

Policy #: _____ **Group #:** _____

Northern New England District Summer Camps

**ADULT STAFF AND LEADER
WAIVER/RELEASE**

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 Fair Haven Camps 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, Fair Haven Camps, 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 APRIL 1, 2017 TO:
NNED AG SUMMER CAMPS ♦ 501 RIVERSIDE ST., PORTLAND, ME 04103-1034**