



# 2019 YOUTH CAMP

## intern application

**QUALIFICATIONS:** We are looking for mature, Spirit-filled Christians who have a genuine love for students. A camp staff member must have the ability to work in harmony with those whose views may be different from yours. Applicants must be High School graduates, unless special permission has been given by the District Youth Director. The camp internship program is not a place for students who need help to be a better Christian, but instead should be a reward for those who live a consistent Christian life and are good examples for students. *You must make a TWO to FOUR week commitment.*

**SELECTION:** Space is limited and is given on a first come, first served basis.

- PROCEDURE:**
1. Write a one-page essay on why you want to be a summer intern. *(first-time interns only)*
  2. Attach a picture of yourself to the application. *(first-time interns only)*
  3. Send this application, essay & picture to:  
PFYouth, PO Box 24687 Lakeland, FL 33802-4687

**In order to serve you better we MUST have your completed application by May 1st.  
APPLICATIONS WILL BE RETURNED IF ANY AREAS ARE LEFT BLANK!**

Name: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_ Gender: M  F  Marital Status: M  S   
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ T-shirt Size: S  M  L  XL  2X   
Email Address: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_  
Name of Church: \_\_\_\_\_ City: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_  
Are you a Christian? Yes  when? \_\_\_\_\_ No   
Baptized in the Holy Spirit? Yes  when? \_\_\_\_\_ No   
Do you use tobacco? Yes  No  Drink alcoholic beverages? Yes  No  Use non-prescription drugs? Yes  No   
Do you have any physical handicap or condition preventing you from performing certain types of activities? Yes  No   
If yes, please explain: \_\_\_\_\_  
Interested in which 2 to 4 weeks:  Youth Camp 1: June 17-21  Youth Camp 2: June 24-28  
*Check all that apply*  Youth Camp 3: July 1-5  Youth Camp 4: July 8-12

**List two personal references (excluding pastor/youth pastor and family members)  
\*\*These MUST be filled out completely or your application WILL BE RETURNED\*\***

Name: \_\_\_\_\_ How long have you known this individual? \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ How long have you known this individual? \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Previous Masterpiece Gardens camp staff experience: Years \_\_\_\_\_ Positions Held \_\_\_\_\_  
I have previously served as a PFYouth Camp Intern: Yes  No  Years \_\_\_\_\_  
Do you have any medical training? (i.e. RN, LPN, EMT, First Aid Certification) Yes  No   
If Yes, please explain: \_\_\_\_\_

(continued on back)

## **APPLICANT STATEMENT**

**Are you willing to abide by the camp rules, be given any position or assignment, be placed in any dorm, and if need be, go beyond the duties of your assigned position? YES  NO**

The information I have provided in this application is correct to the best of my knowledge. I have carefully read all the information provided in the application form. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for Youth Camp, and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to be bound by the policies of Camp, and refrain from unscriptural conduct or conduct the camp leadership may feel inappropriate, in the performance of my service. I will fully cooperate in spirit.

I understand that I am required to have a **DCF Live Scan Report** on file with Masterpiece Gardens Campground **PRIOR** to my arriving at the campground, or I will be asked to vacate the property. I understand that my acceptance as a camp intern is contingent upon the results.

I also grant my permission to the Peninsular Florida District Council of the Assemblies of God to use photographs (individual or group) and/or multimedia images and recording in the best interest of the Peninsular Florida District Council.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## **internship specifics**

**YOUTH**

- Complete LIVE SCAN Level 2 Background Check and have on file with Masterpiece Gardens prior to June 1st
- Interns chosen each summer will be notified in May of acceptance. Space is limited.
- Arrive each week at Masterpiece Gardens on Sunday at 4pm
- Depart each week from Masterpiece Gardens on Friday at 4pm
- Must have a heart to WORK and SERVE
  - Long Hours
  - No Titles or Authority
- Physically, Mentally & Spiritually Demanding
- Food and Lodging are Provided
- Experience every aspect of the camp experience
- Experience personal mentoring time with the District Youth Director and each of the Camp Speakers
- Interns can be dismissed at any time based on camp registration numbers or the intern's lack in effort or commitment.

# PASTOR'S RECOMMENDATION

## for youth camp intern

Please give this application to your pastor.  
They will complete the remaining section and send it to  
**Pen Florida Youth Ministries, PO Box 24687, Lakeland FL 33802-4687**

Applicant: \_\_\_\_\_

Pastor, do you feel this applicant will be a/an:  Excellent  Good  Fair  Poor Staff Member?  
Comment: \_\_\_\_\_

Do you recommend them without reservation?  Yes  No  
If no, please state why: \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

Would you consider this person to be a positive influence?  Yes  No  
If no, please state why: \_\_\_\_\_

**PLEASE CHECK AND COMPLETE THE AREAS THAT APPLY TO YOU:**

Credentialed Minister: Credentials & District: \_\_\_\_\_

Full-time Youth Pastor: Church \_\_\_\_\_

Part-time Youth Pastor: Church \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

Date \_\_\_\_\_

