



Staff Application 2010

Missions Extreme June 21-27

**** Deadline: May 18 ****

- Please complete this form and return with your non-refundable \$25.00 application fee. Upon approval a payment of \$175.00 is required. A total cost of \$200.00 for the trip!
- Do you voluntarily consent to a background check? _____ (Please sign)
- I understand that completing this form in no way obligates me to the Ohio District Council but merely furnishes useful information to the CE Director for selecting personnel and does not guarantee me a staff position.

Name _____
Last First Middle

Social Security # (Needed for background check) _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ e-mail _____

Age _____ Male _____ Female _____ T-shirt Size: Adult S M L XL 2XL 3XL

Local Church _____

Address _____

City _____ State _____ Zip _____

Phone _____ Sr. Pastor _____

Please complete the following questions:

1. When where you saved? _____

2. Do you attend church regularly? Yes _____ No _____

3. Are you filled with the Holy Spirit? Yes _____ No _____

4. List any special skills or talents you have. _____

5. Why are you interested in participating in Missions Extreme?

6. Have you ever been charged or convicted of child abuse or molestation?

If yes, explain. _____

7. Do you have any impairments, physical or mental, which would interfere with your ability to perform as a staff member? _____ If yes, explain _____
8. Are you known to be a carrier of any contagious disease or virus? _____ If yes, explain.
9. Have you had a physical check-up in the last 12 months? _____

State your ideas about the role of a staff member in regard to discipline.

How would you handle a discipline problem with a student?

REFERENCES (Please print clearly)

Pastor _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Friend _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Former Employer/Teacher _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Please note that in case of medical treatment and/or expense, your personal medical coverage will be the primary carrier.

Name & phone # of your primary insurance carrier: _____

PLEASE MAIL COMPLETED APPLICATION TO:
Missions Extreme, Ohio District Council, Inc., 8405 Pulsar Place, Columbus, Ohio 43240.

Missions Extreme Staff Application 2010

(This form must accompany your application & must be notarized.)

AUTHORIZATION OF RELEASE

I have made application to the Ohio District Council, Inc., of the Assemblies of God (hereinafter referred to as ODC). I hereby authorize the ODC to make any investigation of my personal or employment history. I authorize any former employer, person, firm, corporation, credit agency, or government agency to give the ODC any information or opinion they may have regarding me. In consideration of the ODC review of my application, I hereby release the Ohio District Council, Inc., of the Assemblies of God and all providers of information from any liability as a result of furnishing and receiving this information.

It is a privilege to work the Missions Extreme program. The staff is placed in a unique position of trust and opportunity. The facility exists to minister to people and we are the ministering servants. I willfully submit to the authority of Christ and to the God-appointed leadership of this ministry. I, to the best of my knowledge, confirm that all statements are true and made on my own free will.

I furthermore give my permission for any and all pictures, audio, video, or personal testimonies to be used in part or in whole in any and all future publications printed or recorded (audio or video), without prior notification or royalties.

Dated this _____ Day of _____, 2009

Participant

Notary Seal

Parent or Guardian

Written Name of Notary _____

Signature of Notary _____

My commission Expires _____