



Application for Youth Camp Rec Staff
South Texas Youth Ministries
11102 East Freeway
Houston, Texas 77029
Phone: 713.455.5252 | Fax: 713.450.2177

APPLICANTS MUST BE 18 YEARS OR OLDER

PERSONAL

Legal First Name: _____
Legal Middle Name: _____ Legal Last Name: _____
Present Address _____
City _____ State _____ Zip _____
Home Phone # _____ Best time to call _____
Permanent Address _____
City _____ State _____ Zip _____
Cell Phone # _____ Alt. Phone # _____
Email: (Background Check Verification will be sent here) _____
Birth Gender: Male Female Birthdate _____ Age _____
Social Security # _____ DL# _____
Date Graduated from High School/GED _____
Twitter Name: _____ Instagram: _____
Facebook: _____
Will you have your own mode of transportation? Yes No Shirt Size: _____

EDUCATION

Are you currently attending school? Yes No
If so, where: _____

HEALTH INFORMATION

Please describe any physical or emotional limitations. State special attention or special treatment required.

Do you have any allergies? (If yes, please explain)



PARENTS

In case of an emergency:

Name _____

Address _____

City _____ State _____ Zip _____

Cell _____ Other _____

SPIRITUAL BACKGROUND

What is salvation?

How has the Gospel impacted your life, work, family & friendships?

How has God uniquely gifted you to serve his church?

List some influential books, authors or pastors in your spiritual growth:

Name of home church _____

Denomination _____

Name of Senior Pastor _____

Youth Pastor _____

How long have you attended this church? _____

List the different ministries you are involved in:



REFERENCES: (Name, Relation, Phone Number)

- 1. _____
- 2. _____
- 3. _____

I agree to abide by the camp policies. I understand that I will be held responsible for any medical expenses that may occur. I am willing to have a criminal background check done by a law enforcement agency. As a participant in this event, I authorize the South Texas District Council of the Assemblies of God to use my likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District for the use of such photographs or video. Finally, I agree to view the staff/counselor training materials prior to camp.

Signature _____ Date _____

Upon receiving this application you will be notified within 60 days of camp to inform you if you've been accepted or not.

When you mail in your application, please include the following:

- 1. A RECENT PHOTO OF YOURSELF. (IT WILL NOT BE RETURNED)
- 2. A COPY OF YOUR DRIVER'S LICENSE OR A PHOTO ID
- 3. A LETTER OF RECOMMENDATION FROM YOUR PASTOR

Email to Zodwa Ndlovu at zodwa@stxym.org or mail to:

South Texas Youth Ministries
REC STAFF
11102 East Freeway
Houston, TX 77029