

Destiny Foursquare Church  
1001 E. Philadelphia St.  
Rapid City, SD 57701  
Phone: (605) 348-7958  
[www.destiny4square.org](http://www.destiny4square.org)  
[www.dakotacamp.org](http://www.dakotacamp.org)

# Kid's Group leader Registration Form

*This form is for Adult and Teen Group Leaders only!  
Campers must fill out a Camper Registration Form.*

**July 5<sup>th</sup> – July 8<sup>th</sup>, 2022**

Registration Deadline:  
**June 26<sup>th</sup>**

Camp Cost:  
**\$175**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, & ZIP \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact & Phone  
\_\_\_\_\_

**List 2 people who have served with you in ministry, that can provide a reference for you: (not relatives)**

(1) Name \_\_\_\_\_

Address \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_

Have you ever been accused or convicted of a felony?  
\_\_\_\_\_ (If yes, attach a detailed description)

Have you had a background check run by Destiny Foursquare within the last 3 years? \_\_\_\_\_

If not, have you filled out and turned the background check forms into Pastor Dyani? \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ M F

Church Name \_\_\_\_\_

## ***T- Shirt - please circle your Size***

*Adult Size*

**S M L XL XXL**

### ***Medical History***

Health Insurance Co: \_\_\_\_\_

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

*(Personal insurance is primary)*

Are you on a prescription medication? Yes No

Do you use Bee Sting Epinephrine? Yes No

If yes to either, please list exactly what and when it is to be taken: \_\_\_\_\_

*(Attach additional information as needed)*

Date of last immunizations:

DTP \_\_\_/\_\_\_/\_\_\_ Measles \_\_\_/\_\_\_/\_\_\_

#### **Do you have any of the following conditions?**

Diabetes: Yes No Tuberculosis: Yes No

Epilepsy: Yes No Other: \_\_\_\_\_

Asthma: Yes No

#### **Allergies (Severe Reactions Only):**

Hay Fever: Yes No Penicillin: Yes No

Poison Ivy: Yes No Insect Stings Yes No

Food, Drug, Other: \_\_\_\_\_

*(If allergy exists, please send proper medication)*

#### **List any surgeries or serious injury in the last two years:**

\_\_\_\_\_

Restricted Activity: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**Make sure both sides of this form are Completely Filled Out!**

**What to bring:** Bible, Sleeping bag & pillow (if not using camp bedding), Money for snacks & Missions offering, modest swim suit, Swim towel, clothes, jacket, sturdy shoes & toiletries.

**All articles should be labeled.** Church is not responsible for lost or stolen items.

**What not to bring:** All electronic equipment, lighters, matches, alcohol, tobacco, firearms or knives. No belly shirts, short shorts or tank tops with less than a two finger width strap.

**Please send any mail to:**

Name/Dakota Camp

Cedar Canyon Camp

5130 Memorial Rd, Rapid City, SD 57702

# REFERENCE AND AGREEMENT

***This section must be filled out in its entirety. Attach as necessary.***

Have you previously been a Group Leader for Foursquare camps? \_\_\_\_\_

If so, which years? \_\_\_\_\_

When did you receive Jesus Christ as your Savior? \_\_\_\_\_

When were you Baptized in the Holy Spirit? \_\_\_\_\_

What experience do you have for this position? \_\_\_\_\_

List previous work with children or youth, including church: \_\_\_\_\_

How have you been Godly example to young people and/or children? \_\_\_\_\_

Have you ever led someone to Christ? YES NO

**Please note that Group Leaders for Kids must be a minimum of 18 years old, no exceptions. This application is invalid without the Senior Pastor's signature.**

## **Staff Agreement:**

I submit that the above information is correct to the best of my knowledge. I understand that the camper is my greatest responsibility at camp. I will support all of the programs of the camp by cooperating with pastoral staff and those who oversee the camp program. I will conduct myself in a manner that represents Christ in all situations. I give Destiny Foursquare permission to do a criminal records check on me. I understand I will be held responsible for any and all damage done by myself, and I must pay for it. I hereby consent to treatment deemed advisable in an emergency by a physician or nurse.

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

## **Pastors Agreement:**

I have discussed the duties and requirements with this person and I believe that he/she meets the qualifications. I recommend this applicant to the camp staff, and know him/her to be a responsible person who will cooperate fully with the entire camping program. I believe that this person has a high moral character and lives according to scriptural standards of behavior.

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

## **IMPORTANT INFO YOU NEED TO KNOW**

- ◆ This camp is being administrated by *Destiny Foursquare Church, 1001 E. Philadelphia St., Rapid City, SD 57701, 605-348-7958*
- ◆ Payment and registration form is due no later than June 26th. Please return this form, with payment, to Pastor Dyani.
- ◆ Please make all checks payable to Destiny Foursquare Church.

***All forms must be completed to be accepted.  
Please return your completed form to your local church by specified deadline.***

# Ministry Reference Form

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List one person who has served with you in ministry! *Please send two references back to the Destiny church office.*

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Name	Address	Phone	email
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How long have you known the applicant?

What areas of ministry have you observed this person serving in?

How does this person handle conflict/stress?

Do they respond positively to authority?

Share one area where you have seen growth in their life?

How long have they been a Christian?

What is their greatest leadership strength?

What is their greatest leadership weakness?

Are they obedient to laws/guidelines/rules?

Are they able to enforce guidelines/rules?

Are they an example of godly character to youth/children?

List one time you've observed them mentoring youth/children?

Understanding that they will be directly influencing a group of youth/children, do you recommend them and why?

Are there any hesitations in considering them for service as a Group Leader?