

FULL GOSPEL NEW YORK CHURCH SUMMER CAMP PROGRAM

July 5- August 11
Grades: Pre-K – 8th

2023

*“...Until you have increased enough to take possession of the land.”
(Exodus 23:30)*

PROMISE MINISTRIES

130-30 31st Avenue, Flushing, NY 11354
(Tel.) 718.461.4409

OUR GOAL:

To provide a quality spiritual and academic six-week summer program that will challenge kids to grow both of these facets of their life while having fun all throughout – leaving close to the heart of God and better equipped for the new academic year.

- Help non-Christian kids come to know Jesus
- Lead Christian kids to know Jesus on a deeper level
- Meet kids where they are academically and prepare them for their new academic level
- Have tons of FUN!!!

Applications can be sent via email to pcanyc@gmail.com or dropped off in person on weekdays from 9AM to 3PM to the 2nd floor PCA office.

Deadline – May 31, 2023



FULL GOSPEL NEW YORK CHURCH SUMMER CAMP

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2023 SUMMER SCHOOL TEACHER APPLICATION

Applicant Information

First Name:		MI:	Last Name:	
Street Address:		Apt	City/State/ZIP:	
Primary Phone #	Secondary Phone #		Work Phone#	
Email Address:			Social Security Number:	
Church:			Gender:	
Date of Birth:			Current Age:	

Education (copy of transcript from each college/university attended must accompany this application or follow as soon as possible)

	<u>Name of Institution</u>	<u>Location of Institution</u>	<u>Dates Attended</u>	<u>Degree</u>	<u>Major/Minor</u>
High School					
College/University					
College/University					
Grad School					

Church & Spiritual Background

Name of Church:		First Date of Attendance:
Location of Church:	Baptism Date:	Are you a part of a small group?
Area currently serving:		
How is your prayer life: ____ Almost nonexistent or sporadic ____ Regular ____ Daily intimate with God		
How often do you read the Bible: ____ Irregularly ____ Daily ____ Other: _____		

Teacher License (please attach copy of license, if not certified teacher, please proceed to next section)

License #	Issue Date	Expiration Date
State	Subject Area	Grade Validity/School Setting

Position Desired (please check all that apply)

Pre-K-Kindergarten _____	Elementary 1-3 _____ 4-6 _____	JHS 7-9 _____ Runner _____ Volunteer _____
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I am able to work the full 6 weeks from 7/5/23 – 8/11/23.

☐ YES ☐ NO

Teaching Experience* (please list chronologically, beginning with student teaching)

<u>Job Title</u> (e.g. student teacher, teacher, etc.)	<u>School/Organization</u>	<u>School District</u>	<u>Grade Level or Subject Area</u>	<u>Employment Dates</u>

Please describe the responsibilities your job(s) (mentioned above) entailed.

Please describe any additional experience you have with children, such as teacher, camp counselor, coach, etc.

List 3 References (1 reference must be your church pastor; exclusion of family members)

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Telephone</u>

Other Qualifications

<p>*Summarize special job-related skills and qualifications acquired from employment or other experiences and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, skills, sports or professional development activities</p>

Professional Status

Have you ever resigned, or been compelled to resign, a teaching position? _____ Yes _____ No

Have you ever been arrested for, indicted for or complained of in any felony or misdemeanor? _____ Yes _____ No

If you answered 'yes' to any of the above questions, please explain: _____

Applicant Personal Response Form

If you are a RETURNING applicant, please respond to question numbers 1 through 5 only.

1. What year(s) were you a FGNYC Summer Camp staff member?
2. What did you teach (grade and or special activities) at FGNYC Summer Camp?
3. Why do you want to return to FGNYC Summer Camp?
4. What do you think your weaknesses or short comings were while teaching at FGNYC Summer Camp?
5. What do you think your strengths were while teaching at FGNYC Summer Camp?

If you are a NEW applicant, please respond to the questions below.

6. What do you consider the mission of a Christian summer camp to be?
7. What do you believe to be the role of the teacher in the learning process?
8. What strengths could you contribute to fulfill the mission of the Christian summer school?
9. In what activities (retreats, prayer groups, etc.) have you participated or currently participate in that have enabled you to deepen or express your faith?
1. Would you describe yourself as a person of faith whose commitment to Christ is alive, conscious and active? How so?

To assist in the evaluation of my employment qualifications, I authorize Full Gospel New York Church Summer Camp to request and receive any information from past employers or personal references concerning evaluations of my work performance and other matters of opinion. I also authorize any of the references, past employers or schools listed above except those noted, to furnish FGNYC Summer Camp any or all information requested above. I further release them and the FGNYC Summer Camp and its affiliates from any and all responsibility arising out of the release of any such information.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding

upon the camp unless made in writing. If an employment relationship is established, I understand that it is pursuant to the terms of my applicable contract. If I am not bound by a contract, I understand I have the right to terminate my employment at any time and that FGNYC Summer Camp retains a similar right.

I certify that information contained in this application is true and correct to the best of my knowledge, and I understand that falsification or materially incorrect information in this application is grounds for disqualification from further consideration, or for dismissal from employment.

If hired as a part of the 2023 FGNYC Summer Camp staff, I also certify that I will uphold the following:

- Punctuality to morning teacher's meetings and class schedules
- Praying each week for the students in my class
- Arrive prepared to teach each day
- Excellence, professionalism and follow-through in attitude, teaching in class and chapel, timeliness, appropriate dress, and student care
- Alert, enthusiastic and energetic attitude throughout the teaching day
- Immediate notification of the Director or Assistant Director if sick

I understand that failure to uphold the above can result in losing one's position during the course of the summer camp program.

I acknowledge that I am required to attend both days of Staff Training on June 29th –June 30th from 9:00am-3:00pm.

Signature of Applicant

Date

____/____/ 2023

OFFICE USE ONLY:: DATE RECEIVED: ____/____/____

DATE OF INTERVIEW:

QUALIFICATIONS:

NOTES:

REVIEWED BY: _____

DATE: ____/____/ 2023

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BUREAU OF CHILD CARE

Agency Stamp

STAFF HEALTH FORM

Initial employment and every 2 years, a health examination is required for all teaching and non-teaching staff members, including volunteers and students who regularly associate with children. Attach any additional documentation to this form.

Date of Employment / /

Date of Exam / /

(Last)	(First)	(Middle)	SEX F <input type="checkbox"/> M <input type="checkbox"/>	DATE	DATE OF BIRTH ____/____/____
(No.)	(Street)	(City/Boro)		(State)	(Zip)
TELEPHONE: AC ()		JOB TITLE		AREA EMPLOYED	
PAST MEDICAL HISTORY <i>Please check YES or NO</i>					
YES	NO	Please explain any positive findings, list and explain any chronic medications or therapies: _____			
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Lung Disease	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Abuse	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Physical Disabilities	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	_____		
<input type="checkbox"/>	<input type="checkbox"/>	OTHER (SPECIFY) _____	_____		
MEDICAL PROVIDER SECTION					
PHYSICAL EXAM: <i>(Please note any conditions or findings considered abnormal or requiring medical follow-up)</i>					
Height _____					
Weight _____					
Blood Pressure _____/_____					
TOBACCO USE <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> None					
If current, referred for cessation services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Counsellor re: No Smoking <input type="checkbox"/> Yes <input type="checkbox"/> No					

Staff Name _____ D.O.B. ____/____/____

TUBERCULIN TESTING <i>(Not required for employment)</i>	
TUBERCULIN SKIN TEST: PPD MANTOUX (5 TU) OR BLOOD TEST: QUANTEFERON GOLD	DATE TESTED: _____ DATE INTERPRETED: _____ RESULTS: _____
Staff exempt from testing if they Had a positive reaction to a PPD/Mantoux test or history of TB.	
History of BCG vaccine does not exempt a staff member from TB screening.	
All positive tuberculin tests in persons whose previous PPD/Mantoux was negative, require a chest X-ray and evaluation if treatment is indicated. All positive tuberculin tests (PPD Mantoux 10 mm or over) require a report of one chest X-ray, (H.C. 49.06).	
CHEST X-RAY:	DONE AT: _____
DATE: _____	RESULTS: _____
TREATMENT: _____	

IMMUNIZATION RECORD					
Staff are required to have evidence of immunity to the diseases below through either documented vaccines, blood test documenting immunity, or provider-documented history of illness (except where shaded in grey). Records should be kept in the staff person's file.					
Documentation of Immunity	Vaccine Name	Vaccine Date 1	Vaccine Date 2	Blood Test Documenting Immunity (Yes / No)	Provider-Documented History of Illness (Yes / No)
Tdap (Tetanus-diphtheria-acellular pertussis)					
Rubella					
Measles*					
Mumps*					
Varicella*					

*Two doses of vaccine are required at least 28 days apart

LABORATORY TESTS <i>(Optional) (Specify tests ordered)</i>	DATE	RESULTS

DIAGNOSIS/PROBLEM	PLAN/FOLLOW-UP <i>(For each diagnosis)</i>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

On the basis of my findings as indicated above and my knowledge of the staff member, I find that the above person is fit to give adequate child care to children in a day care setting at this time.

Provider's Name (Print) _____ License No. _____ Telephone No. _____
(Of Supervisor if NP or PA)

Address: _____ Date of Exam _____

Provider's Signature _____ Staff Signature _____

NOTE TO THE DAY CARE CENTER: Staff Health Records are confidential and must be kept separate from all other records. Records of required medical examinations must be kept on file at the day care center as long as staff members are employed. They must be returned to them upon their request when their employment is terminated. In cases where chest x-rays are required, x-ray reports must be kept on file at the day care center as long as the person is employed and two years thereafter.

(New York City Health Code Section 45.09)