

**YOUTH CAMP 20__
CAMP STAFF APPLICATION**

MAIL TO: _____

By _____ **or as soon as possible**

Dates Received CAMP USE ONLY
 _____ **Application**
 _____ **Reference 1**
 _____ **Reference 2**

Please print plainly - using dark ink.

NAME _____ **BIRTHDATE** _____ **AGE** _____

ADDRESS _____ **PHONE** (____) _____

CITY _____ **STATE** _____ **ZIP** _____

EMAIL ADDRESS – Print plainly _____

LOCAL CONGREGATION _____ **CHURCH PHONE** _____

Baptized believer? Yes No **How long have you been a Christian?** _____

Church Address _____ **SHIRT SIZE** _____

By Board policy, Bible teachers, counselors and any others who have a direct impact on the spiritual life of the camp session are to be baptized believers and members in good standing of their local Church of Christ.

POSITION(S) DESIRED: (Please circle duties you feel capable of doing; you may rank them)

- | | | |
|------------------------|---------------------------------------|-------------------------|
| Bible Teacher/Helper | Cabin Counselor | Crafts Teacher/Helper |
| Lifeguard | Kitchen Staff (head cook/cook/helper) | Dorm Parent |
| Nature Teacher/Helper | Maintenance | Spiritual Life Director |
| Nurse/First Aide (CPR) | Recreation Director | Other (Please List) |

REFERENCES: Please PRINT neatly the names of the two people to whom you will give your reference letter forms. Please include their phone number. Ask them before listing here. Reference letters must be returned or your application is not complete.

1. _____ Phone(____) _____

2. . _____ Phone(____) _____

PLEASE CIRCLE ALL SESSIONS YOU ARE APPLYING FOR:

Please be aware that the Board considers staff-camper romantic relationships to be inappropriate at camp.

GIRLS (Gr 7-12) June _____

BEGINNER (7-9 Yr) 1.(June____) 2.(June____) **JUNIOR** (Gr 3-6) 1.(June____) 2.(June____)

INTERMEDIATE (Gr 6-9) 1.(July____) 2.(July____) **SENIOR** (Gr 9-12) 1.(July____) 2.(July____)

I understand that _____ is a non-profit organization that seeks to provide Christian study and recreation. As a staff member, I am expected to set a good example to fellow staff and campers. I donate my time and effort and I understand that _____ will furnish my room and board at the campground during the session(s) I work. In the event of illness or injury to me, my medical insurance will be used first, and, if necessary, the camp's insurance will be secondary.

Signed _____ **Date** _____

If camper age, list sessions you plan to attend as a camper: _____

If adult, list below name, age and gender of any non-staff family members who will need to accompany you. (Staff housing is limited; we will need to share apartments) *Any children with you who are of that session age range must be registered as campers. Please register them early to ensure their place.

SPECIAL SKILLS OR ABILITIES and QUALIFYING EXPERIENCE: (Use separate sheet or back)

Do you want: Camp Membership Information? Yes No **Camp Newsletter?** Yes No **By Email?** Yes No

YOUTH CAMP 20__

REFERENCE LETTER

Date received _____

Staff Applicant: Please complete this section:

<p>Your Name _____</p> <p>Age(s) of children you will be working with _____</p> <p>Position(s) applying for _____</p>

Dear Reference:

The above named person is applying to work for our Christian youth camp. They have chosen you as a personal reference because of your relationship with them through church or the camp. _____ Youth Camp prides itself on the people who work with our youth. Please help us continue this tradition by filling out the following form. Mail it back to _____ in the accompanying envelope. We appreciate your time and thoughts.

>How long and in what ways have you known the applicant? _____

>In what specific ways have you seen the applicant working with youth? _____

>What gifts, talents, and abilities have you seen that the applicant can bring to the benefit of the camp? _____

>Are there any challenges that you believe the applicant may face within the camp environment? _____

>Do you believe the applicant shows the emotional and spiritual maturity to handle the position(s) desired? _____

Reference's Name _____ Phone(____) _____

Reference's Signature _____

Again, thank you for your time and insights.
_____ Board-Programs Committee

Please mail completed form as soon as possible to:

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