

SUMMER COMMITMENT

____ May 29-June 3 Orientation

____ June 4-June 10 Jamboree I

____ June 11-17 Jamboree 2

____ June 18-24 Rental Week

____ June 25-July 1 Junior Week

____ July 2-8 Junior 2

____ July 9-15 Teen Week

____ July 23-29 Rental Week

***Additional weeks to serve available-**

____ July 16-22 Rental Week

____ July 30-August 5 Rental Week

LAST DAY: **JULY 26 AFTER 9AM**

Weekends off begin Saturday after all work is completed and end on Sunday at 5:00PM. Any change in time of departure or return must be approved by the camp director. You are allowed two weekends off. Please list below the weekends you will be requesting off. _____

Please read and initial beside each statement:

____ I am willing to serve wherever I am assigned and I am willing to perform all assigned tasks, regardless of how insignificant they seem, to the best of my ability.

____ I am willing to actively and enthusiastically support all of the programmed activities, including but not limited to team games and competition, skits, morning exercises, etc.

____ If accepted for a position, I will follow all rules and regulations of the camp, as listed in the staff manual. I understand that failure to abide by the rules may result in my immediate dismissal.

____ I am willing to submit to those in authority over me, including my peers that may be placed in authority over me.

____ I agree to submit to a drug test if needed.

____ I commit to work the entire summer, with the exception of approved time away at the discretion of the Camp Director.

For applicants under 18 years of age--Please read the following before signing--

The health information and history is correct as far as I know and the above applicant has my permission to engage in all prescribed camp/staff activities. If I cannot be reached in an emergency, I hereby give permission to Camp Bethel to secure proper medical treatment. I have read the application, I agree to the background check if needed.

Signature of Parent/Guardian _____ **Date** _____

By signing my name below, I am affirming that the information contained in this application is accurate to the best of my knowledge. I also understand that (1) any false information given will result in its cancellation and, if I am employed, may be cause for immediate dismissal; (2) employment is subject to satisfactory reference and employment checks and verification of employment. I hereby give Camp Bethel Ministries staff permission to verify all information in this application by contacting any person or organization to obtain information concerning me. I release and agree not to hold harmless from liability any person or organization (whether listed in application or not) who provides information or reference about me to Camp Bethel Ministries or its employees or agents. I also hereby release and agree to hold harmless Camp Bethel Ministries and its Directors, officers, and employees with respect to the obtaining of such information about me. I waive any and all rights I might have to inspect the reference provided on my behalf. If hired, I understand that I will be working under supervision of the Camp Bethel Staff and I am subject to the rules and regulations of the camp. I promise to obey all of the Camp Bethel rules, day and night, and I understand that I will be sent home if I fail to do so.

Applicant Signature _____ **Date** _____



Summer Staff Application

****Please Attach Recent Photo of Yourself To Application****

Mail to: Camp Bethel

PO Box 390

Wise, VA 24293

Fax: 276-328-6877

Email: info@campbethel.com

Phone: 276-328-6876

1-800-359-4049

PERSONAL INFORMATION

NAME: _____ **DATE:** _____

DATE OF BIRTH: _____ **AGE:** _____ **GENDER: (circle one)** M F

PERMANENT ADDRESS: _____

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

PREFERRED MAILING ADDRESS: _____

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

CELL PHONE: _____ **EMAIL:** _____

EDUCATIONAL INFORMATION

Circle grade completed (by June): High School 9 10 11 12 **College** 1 2 3 4 **Post Grad** 1 2

GPA _____ **GPA** _____ **GPA** _____

SCHOOL	DATES ATTENDED	MAJOR	DEGREE (IF APPLICABLE)

MEDICAL INFORMATION

INSURANCE COMPANY: _____

ADDRESS: _____

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

NAME OF POLICY HOLDER: _____ **POLICY #:** _____

GROUP #: _____ **PHONE:** _____

****Your insurance will be considered primary and Camp Bethel's will be secondary (only in applicable situations).**

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____

RELATIONSHIP: _____ **PHONE:** _____

MEDICAL INFORMATION (continued)

OR NOTIFY: _____

RELATIONSHIP: _____ PHONE: _____

Please list any current medications: _____

Please list any allergies: _____

Please list HEALTH RELATED dietary needs: _____

List any serious illnesses/ injuries/ surgeries you've had in the last 2 years: _____

Do you have any medical/ physical restrictions that would limit your performance in the job Yes No

for which you have applied? If yes, please specify: _____

Do you (or anyone in your family) have a history of any of the following: (check all that apply)

- | | | | | |
|--|--|---|---------------------------------------|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Hypothyroid | <input type="checkbox"/> STDs |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> HIV Positive | <input type="checkbox"/> Recent Mono | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Hyperthyroid | <input type="checkbox"/> Seizures | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Headaches | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Mental Illness |

List any other pre-existing conditions or other information: _____

Are you prone to any of the following: (check all that apply)

- | | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Homesickness | <input type="checkbox"/> Hypochondria | <input type="checkbox"/> Self Pity |
|-------------------------------------|---------------------------------------|---------------------------------------|------------------------------------|

Have you ever received medical treatment for nervous breakdown or other mental health disorders?

Yes No If yes, please specify: _____

Have you had the following immunizations?

MMR Yes No Tetanus Yes No Date of Tetanus _____

FAMILY BACKGROUND

MAN IN HOME Name _____ Relationship _____

Father/Guardian's Occupation _____

WOMAN IN HOME Name _____ Relationship _____

Drama
Teach/ Assist/ Interest

Mountain Boarding
Teach/ Assist/ Interest

Rock Climbing
Teach/ Assist/ Interest

Softball/ Baseball
Teach/ Assist/ Interest

Flag Football
Teach/ Assist/ Interest

Musical/Vocal
Teach/ Assist/ Interest

Ropes Course
Teach/ Assist/ Interest

Swimming
Teach/ Assist/ Interest

Media
Teach/ Assist/ Interest

Paintball
Teach/ Assist/ Interest

Skateboarding
Teach/ Assist/ Interest

Volleyball
Teach/ Assist/ Interest

Mountain Biking
Teach/ Assist/ Interest

Riflery
Teach/ Assist/ Interest

Soccer
Teach/ Assist/ Interest

Wilderness Survival
Teach/ Assist/ Interest

If you circled teach, please include your qualifications to teach that class in the space below.

STATEMENT OF FAITH

Camp Bethel believes:

- In the entire Bible as the inspired Word of God
- In the one triune God - Father, Son, and Holy Spirit
- That man is totally depraved and in need of salvation
- That salvation is by grace through faith, and is made possible because of the virgin birth, death, burial, and bodily resurrection, and ascension of Christ Jesus.
- That the Holy Spirit indwells each believer, and that the believer's life is to be yielded to Him
- That the believer is kept by the power of God and thus is secure in Christ now and for eternity.
- In eternal life with God for the saved and eternal punishment in hell for all who reject Jesus Christ.
- In the personal, imminent return of our Lord and Savior Jesus Christ .

I have read and agree with the Camp Bethel Ministries Statement of Faith

SIGNATURE

DATE

I have read and DO NOT agree with the Camp Bethel Ministries Statement of Faith.

SIGNATURE

DATE

Please state the reason for your disagreement here:

SUMMER COMMITMENT

All summer staff members are required to attend orientation unless other arrangements have been made with the camp director. Orientation is especially important for potential cabin leaders. Please check all dates you will be able to serve this summer. (If you work less than 5 weeks, you will be considered a volunteer)

REFERENCES (continued)

PREVIOUS EMPLOYER Name _____
Position _____
Phone _____

SCHOOL PROFESSIONAL Name _____
(teacher, counselor, etc.) Position _____
Phone _____

In what position(s) are you interested in serving? Mission Staff reserves the right to assign you to the position best suited for overall operation of the camp program.

- Adventure Staff (must be at least 18 years old)
- Cabin Leader (must be at least 17 years old)
- Cabin Leader for Junior Staff
- Cabin Leader in Training
- Day Camp Staff
- Junior Staff
- Lifeguard
- Multimedia Technician
- Photographer
- Praise and Worship Leader
- Skatepark Staff
- Videographer

Please provide us with information on why you feel qualified to fill the positions checked. Use additional paper if needed.

SKILLS

Please check all **CURRENT** certifications held: (must be up-to-date)

- CPR
- First Aid
- Lifeguard Certification
- Lifeguard Instructor (LGI)
- Other: (Please List)
- LPN
- RN
- Water Safety Instructor (WSI)
- Wilderness First Responder

Do you have any musical talent? Vocal Instrumental If instrumental, what instrument? _____

Can you swim? Yes No

Cabin Leader age staff will be asked to teach or assist in the recreation classes listed below. To let us know how you can help, please circle either teach, assist, or interest.

Archery	Arts and Crafts	Basketball	Canoeing
Teach/ Assist/ Interest	Teach/ Assist/ Interest	Teach/ Assist/ Interest	Teach/ Assist/ Interest

FAMILY BACKGROUND (continued)

Mother/Guardian's Occupation _____

Are your parents/guardians born again believers? Yes No

Do they attend church regularly? Yes No If yes, denomination? _____

CHRISTIAN FELLOWSHIP

Are you a member of a church? Yes No

Name of Church _____

City, State _____ Pastor's Name _____

Name of Church PRESENTLY Attending _____

City, State _____ Pastor's Name _____

How often do you attend? _____

List any involvement in Christian organizations (FCA, Young Life, etc.) _____

THE FOLLOWING MUST BE COMPLETED BY THE APPLICANT (attach paper if additional space is required)

PERSONAL TESTIMONY: Describe how, when, and where you accepted Jesus Christ as your personal Savior.

INCLUDE BIBLE VERSES TO SUPPORT What steps would you use to lead a camper to Christ?

BIBLE KNOWLEDGE Using **BIBLE VERSES** as support and your own words, briefly describe the following subjects

The Trinity _____

BIBLE KNOWLEDGE (continued)

The Virgin Birth _____

Death, Burial, Resurrection of Jesus _____

Salvation _____

Speaking in Tongues _____

Explain what II Timothy 3:16 means _____

Once you are saved, are you always saved or can you lose your salvation? _____

PLEASE COMPLETE THE FOLLOWING PRAYERFULLY. WE WANT TO KNOW HOW YOU HONESTLY FEEL, NOT WHAT YOU THINK WE WANT TO HEAR

Why do you want to work at Camp Bethel? _____

What struggles have you had since accepting the Lord as Savior? _____

 Describe your personal Bible study and prayer time _____

Are you currently memorizing Scripture on a regular basis? _____

Do you feel it is acceptable to date a non-Christian? _____

WHAT ARE YOUR THOUGHTS ON THE FOLLOWING?

Sex before marriage _____

Drugs/Tobacco (any form) _____

Movies/ TV/ MTV _____

Music (types you like/dislike, etc.) _____

Homosexuality _____

PREVIOUS CAMP EXPERIENCE

CAMP NAME	DATES	ATTENDED/WORKED?	POSITIONS/DUTIES

PREVIOUS WORK EXPERIENCE

EMPLOYER	DATES	ADDRESS/ PHONE	POSITIONS/DUTIES

REFERENCES These people need to be familiar with your character and qualifications. We may contact them. Your signature on the final page is your authorization for release of information to them.

Spiritual Reference Name _____
 (Pastor, Assistant Pastor, Position _____
 Youth Leader, etc.) Phone _____