



**2012
Returning Summer Staff
Application**

PERSONAL INFORMATION

Name: _____ **Date:** _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: (____) _____ **Email:** _____

Permanent Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Parents/Legal Guardians: _____

Age: _____ **Date of Birth:** _____

_____ **Male** _____ **Female**

Marital Status:

_____ **Single** _____ **Married** _____ **Separated** _____ **Divorced**

EDUCATION INFORMATION

Name of School: _____

Year/Grade Completed: _____ **GPA:** _____

Major: _____

SUMMER POSITION

When and in what capacities have you previously served at Camp Bethel:

Please check the area(s) in which you are interested in serving:

- | | |
|----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Cabin Leader | <input type="checkbox"/> Day Camp Staff |
| <input type="checkbox"/> Cabin Leader in Training | <input type="checkbox"/> Praise and Worship Leader |
| <input type="checkbox"/> Junior Staff | <input type="checkbox"/> Multimedia Technician |
| <input type="checkbox"/> Adventure Staff | <input type="checkbox"/> Skate Park Staff |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Barn Daddy |
| | <input type="checkbox"/> Loft Momma |

Please check all certifications held:

- | | |
|---------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Lifeguard Training | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Lifeguard Instructor (LGI) | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Water Safety Instructor (WSI) | <input type="checkbox"/> LPN |
| <input type="checkbox"/> Wilderness First Responder | <input type="checkbox"/> RN |

SPIRITUAL LIFE

Current Church: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Pastor: _____ **Phone:** _____

Home Church: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Pastor: _____ **Phone:** _____

Since you last filled out an application for Camp Bethel, please describe your current views on the following issues. If you need more space, please attach a separate sheet of paper with your answers.

Dating: _____

Homosexuality: _____

Pre-marital sex: _____

Alcohol: _____

Drug Use/Tobacco: _____

Please check "yes" or "no" on the following questions. For each question that you answer "yes", please explain in detail on a separate sheet of paper and include the steps you have taken to deal with that situation. All answers will be kept confidential.

____ Yes ____ No **Have you ever been involved in or accused of sexual, physical, or emotional abuse of a child?**

____ Yes ____ No **Have you ever been involved in any criminal or legal activity?**

____ Yes ____ No **Have you ever been arrested?**

____ Yes ____ No **Have you ever been convicted of a felony?**

In the space below, please describe your current walk with Christ:

In the space provided below, please evaluate your experience as a Camp Bethel staff member in the past. Tell us what you enjoyed most and what you learned and how your walk with Christ was strengthened by your experience here. Also include why you want to return as a staff member this summer.

STATEMENT OF FAITH

Camp Bethel Ministries believe:

- **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 in 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 to teach in accordance with Camp Bethel Ministries Statement of Faith.

Signature

Date

I have read and do not agree with Camp Bethel Ministries Statement of Faith.

Signature

Date

Please state the reason for disagreement with the Statement of Faith:

MEDICAL INFORMATION

Insurance Information:

Insurance Company: _____

Address: _____

Policy #: _____ **Group #:** _____

Phone: _____

Your insurance will be considered primary and Camp Bethel's will be secondary.

___ **Yes** ___ **No** **Do you have any health restrictions that would limit your performance for the job for which you are applying?**

If "yes", please explain: _____

Please list any current medications: _____

Please list any allergies: _____

Please list any changes in your medical history since last summer: _____

In case of emergency, please notify: _____

Relationship: _____ **Phone:** _____

Or: _____

Relationship: _____ **Phone:** _____

If asked to take a drug test, would you be willing to do so upon initial arrival, or at any time during your employment at CBM?

___ **Yes** ___ **No**

REFERENCES

Please list three references familiar with your character and qualifications for us to contact. Acceptable references should be church leaders, employers, and/or mentors. Current Camp Bethel mission and past summer staff are not acceptable references.

Reference: _____

Position: _____ **Phone:** _____

Reference: _____

Position: _____ **Phone:** _____

Reference: _____

Position: _____ **Phone:** _____

SUMMER COMMITMENT

All summer staff are required to be at orientation unless arrangements have been made with the Camp Director. Please check all the dates you will be able to serve this summer:

_____ June 6-16	Orientation	_____ July 9-14	Hullabaloo II
_____ June 18-23	Rental	_____ July 16-21	Ultimate Teen
_____ June 25-30	Jubilee	_____ July 23-28	Xtreme Teen– XT12
_____ July 2-7	Hullabaloo		

Weekends off begin on Saturday morning and end on Sunday at 5:00pm. Any changes in times of departure or return must be approved by the Camp Director. You are allowed two weekends off.

I need to be off the following weekends/weeks:

SUMMER COMMITMENT STATEMENT

Please read and initial each paragraph.

_____ **Our desire is to have staff members who are flexible and who will be willing to serve where and when needed. 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 commit to work the entire summer, with the exception of approved time away at the discretion of the Camp Director.**

I give Camp Bethel Ministries permission to perform a background check.

Signature

Date

APPLICANTS UNDER 18:

Parents/Guardians, please read the following before signing. The health information and history updates are correct and the 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 Ministries to secure proper medical treatment.

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.

Signature of Applicant

Date