



mail to: Camp Bethel
 PO Box 390
 Wise, VA 24293
 (276) 328-6876 or 1-800-359-4049
 Fax: (276) 328-6877
 E-mail: info@campbethel.com

Personal Information

Date: _____
 Name: _____
 Age: _____ Date of Birth: _____
 Marital Status: _____
 Social Security # _____
 Drivers License # _____ State _____



Permanent/Home Address

Present Address

Street/Box _____	Street/Box _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Phone _____	Phone _____
Cell _____	E-mail _____

Education

Circle grade you will have completed by June: High School 9-10-11-12 GPA _____
 College 1-2-3-4 GPA _____
 Post Grad 1-2 GPA _____

Dates	School	Major	Degree Granted

Christian Fellowship

Are you a member of a church? Yes _____ No _____

How often do you attend? _____

Name of Church _____

City, State _____ Pastor's Name _____

Name of Church presently attending _____

City, State _____ Pastor's Name _____

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.

What steps would you use to lead a camper to Christ? **Include Bible verses to support your answers.**

Bible Knowledge: Using **Bible verses** as support and your own words, briefly describe the following subjects.

The Trinity _____

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 questions 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) _____

Homosexuality _____

Family Background

Man in home: Name: _____ Relation to you: _____

Father/Guardian's occupation: _____

Woman in home: Name: _____ Relation to you: _____

Mother/Guardian's occupation: _____

Are your parents/ guardians born again believers? _____

Do they attend church? _____ Regularly? _____ Denomination? _____

In case of emergency, please notify: _____

Relationship: _____ Phone: _____

Medical History

Health Condition: _____

Do you have any physical limitations? _____ Please specify: _____

Presently on medication? Yes No If yes, please specify: _____

Any allergies? _____ Dietary needs? _____

Have you ever received medical treatment for nervous breakdown or other mental disorders? Yes No

If yes, please specify _____

List any surgeries or procedures in the last two years: _____

List any illnesses/injuries in the last two years: _____

Circle all that apply:

- Seizures Headaches Heart Condition Fainting Spells Stomach Problems
Eczema Recent Mono Chicken Pox Diabetes Hypoglycemia
Hypothyroid Hyperthyroid Tuberculosis Eating Disorder Asthma
STDs HIV Positive Sleepwalking Other: _____

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

Are you prone to: (check all that apply)

Self Pity _____ Homesickness _____ Hypochondria _____

Any family history of:

Diabetes _____ Epilepsy _____ Heart Disease _____

Have you had the following immunizations?

MMR _____ Tetanus _____ Date of Tetanus: _____

Insurance Information:

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

Insurance Co. _____

Address: _____

Policy #: _____

Group #: _____

Phone #: _____

Previous Camp Experience

Dates	Camp Name	Attended/Worked?	Positions/Duties

Work Experience

Dates	Employer	Address/ Phone	Positions/Duties

References

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

1. Previous Employer

Name _____

Position _____

Phone _____

2. School Professional (teacher, professor, counselor)

Name _____

Position _____

Phone _____

3. Church Professional (pastor, youth leader, ss teacher)

Name _____

Position _____

Phone _____

4. Friend (camp friend, counselor, family friend)

Name _____

Position _____

Phone _____

Have you ever been convicted or are you now under charges for any offense against the law? Yes ___ No ___ Please explain _____

Have you ever been or are you now charged with sexual abuse toward a minor?
Yes ___ No ___ Please explain _____

If asked to take a drug test, would you be willing to do so upon initial arrival?
Yes ___ No ___

Would you submit to a drug test if you were suspected by the administration of drug use, for any reason, during your employment here?
Yes ___ No ___

Have you used drugs, tobacco (any form), or alcoholic beverages in the last twelve months?
Yes ___ No ___ Please explain _____

Do we have your permission to do a background check?
Yes ___ No ___

Skills

To which organized activities or groups do you belong? _____

Do you have any musical talent? _____ vocal _____ Instrumental _____

Can you swim? _____

Certifications: Camp Bethel encourages staff to earn certifications in safety, first aid, and lifeguard training. These certifications sometimes will influence where you may be assigned. Please indicate any certifications below:

Red Cross _____ First Aid _____ CPR _____
Lifeguard Training _____ Wilderness First Responder _____

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 either teach, assist, or interest. If you circle teach, please include your qualifications to teach that class in the space below.

Archery

Teach/ Assist/ Interest

Arts and Crafts

Teach/ Assist/ Interest

Basketball

Teach/ Assist/ Interest

Canoeing

Teach/ Assist/ Interest

Drama

Teach/ Assist/ Interest

Flag Football

Teach/ Assist/ Interest

Media

Teach/ Assist/ Interest

Mountain Biking

Teach/ Assist/ Interest

Mountain Biking

Teach/ Assist/ Interest

Musical/Vocal

Teach/ Assist/ Interest

Paintball

Teach/ Assist/ Interest

Riflery

Teach/ Assist/ Interest

Rock Climbing

Teach/ Assist/ Interest

Ropes Course

Teach/ Assist/ Interest

Skateboarding

Teach/ Assist/ Interest

Soccer

Teach/ Assist/ Interest

Softball/ Baseball

Teach/ Assist/ Interest

Swimming

Teach/ Assist/ Interest

Volleyball

Teach/ Assist/ Interest

Wilderness Survival

Teach/ Assist/ Interest

Please use the space below to list your qualifications for each class you indicated you are able to **teach**.

Check the position for which you feel qualified. Mission staff reserves the right to assign you to the position best suited for overall operation of the camp program.

- Cabin Leader (minimum age 17)
- Cabin Leader in Training (CIT)
- Cabin Leader for Junior Staff
- Maintenance and Grounds (J-Staff Boys)
- Kitchen, Dining Room Help, Cleaning (J-Staff Girls)
- Adventure/Wilderness Programmer
- Adventure/Wilderness Staff (minimum age 16)
- Lifeguard
- Day Camp Programmer
- Day Camp Staff
- Praise and Worship Leader
- Recreation Director (college age)
- Multimedia Technician
- Skate Park Staff

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

Please check all the dates you will be able to serve this summer:

- | | |
|---|--|
| <input type="checkbox"/> June 2-11 Orientation | <input type="checkbox"/> July 5-10 Junior II |
| <input type="checkbox"/> June 14-19 Jamboree | <input type="checkbox"/> July 12-17 Ultimate Teen Week |
| <input type="checkbox"/> June 21-26 Junior I | <input type="checkbox"/> July 19-24 Sports Teen Week |
| <input type="checkbox"/> June 28-July 3 Rental Week | |

Weekends off begin on Saturday morning and you must return by 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 away the following weekends/ weeks: _____

Summer Commitment Statement

Our desire is to have staff members who are flexible and who will be willing to serve when and where needed. Please read and initial each statement:

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_____ 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.

For applicants under 18 years of age--

Parents 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: _____

*****All staff members are required to be at Orientation*****

(Unless arrangements have been made with the Camp Director)

First day for staff: **June 2**

Last day for staff: **July 25 after 3:00pm**

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: _____