



Summer Staff Application

Form Last Revised: 04/21/2018

Mail: Camp Bethel Ministries; PO Box 390; Wise, VA 24293

Fax: 276-328-6877 | Email: info@campbethel.com | Phone: 276-328-6876 1-800-359-4049

PERSONAL INFORMATION

LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH
PERMANENT PHYSICAL ADDRESS	CITY	STATE	ZIP
PERMANENT MAILING ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS

EDUCATIONAL INFORMATION

Circle grade completed by June: **HS** 9 10 11 12 **College** 1 2 3 4 **Post Grad** 1 2

NAME OF SCHOOL CURRENTLY ATTENDING OR MOST RECENTLY ATTENDED	G.P.A.
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MEDICAL INFORMATION

IN CASE OF AN EMERGENCY, PLEASE NOTIFY	RELATIONSHIP	PHONE	
ALLERGIES	MEDICATIONS		
DIETARY NEEDS	SERIOUS ILLNESS/INURY/SURGERY IN PAST 2 YEARS		
INSURANCE COMPANY NAME	POLICY HOLDER	POLICY #	GROUP #
INSURANCE CO. MAILING ADDRESS	CITY	STATE	ZIP

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

MEDICAL INFORMATION (continued)

IF YOU HAVE ANY MEDICAL/PHYSICAL RESTRICTIONS THAT WOULD LIMIT YOUR PERFORMANCE, PLEASE DESCRIBE.

(Continued from above)

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 Condition	<input type="checkbox"/> Hypothyroid	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> HIV Positive	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> STDs (not HIV)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Hyperthyroid	<input type="checkbox"/> Mono (recent)	<input type="checkbox"/> Stomach Problems
<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Headaches	<input type="checkbox"/> Hyperglycemia	<input type="checkbox"/> Seizures	<input type="checkbox"/> Tuberculosis

LIST ANY ADDITIONAL PRE-EXISTING CONDITIONS OR OTHER INFORMATION

(Continued from above)

Are you prone to any of the following? (Check all that apply.)

<input type="checkbox"/> Depression	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Hypochondria	<input type="checkbox"/> Self-Pity	
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DESCRIBE ANY MEDICAL TREATMENT YOU HAVE RECEIVED FOR NERVOUS BREAKDOWN OR OTHER MENTAL DISORDERS.

(Continued from above)

Which of the the following immunizations have you had? (Check all that apply)

<input type="checkbox"/> MMR	<input type="checkbox"/> Tetanus	Date of Tetanus:	
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MEDICAL INFORMATION

NAME OF MALE ADULT IN HOUSE RELATIONSHIP OCCUPATIONS

NAME OF FEMALE ADULT IN HOUSE RELATIONSHIP OCCUPATIONS

Are your parents/guardians born-again believers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Do they attend church regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what denomination?			

SPIRITUAL INFORMATION

NAME OF CHURCH YOU REGULARLY ATTEND	CITY	STATE	PASTOR'S NAME
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HOW MANY YEARS HAVE YOU ATTENDED?	HOW MANY YEARS HAVE YOU BEEN A MEMBER?
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NAME OF CHURCH YOU REGULARLY ATTEND	CITY	STATE	PASTOR'S NAME
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NAME OF ANY CHRISTIAN ORGANIZATIONS THAT YOU ARE A MEMBER OF OR IN WHICH YOU ARE ACTIVELY INVOLVED

NAME OF CHURCH YOU REGULARLY ATTEND	CITY	STATE	PASTOR'S NAME
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HOW MANY YEARS HAVE YOU ATTENDED?	HOW MANY YEARS HAVE YOU BEEN A MEMBER?
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THE FOLLOWING MUST BE COMPLETED BY THE APPLICANT (Attach paper if additional space is needed.)

DESCRIBE HOW WHEN & WHERE YOU ACCEPTED JESUS CHRIST AS YOUR PERSONAL SAVIOR.

DESCRIBE HOW YOU WOULD GUIDE A CAMPER TO ACCEPT JESUS AS HER/HIS PERSONAL SAVIOR, INCLUDE VERSES.

BIBLICAL KNOWLEDGE (include Bible verses in your responses.)

EXPLAIN WHAT THE TRINITY IS.

DESCRIBE THE VIRGIN BIRTH & ITS SIGNIFICANCE

EXPLAIN THE IMPACT THAT JESUS' DEATH, BURIAL, AND RESURRECTION HAD.

DESCRIBE YOUR PERSONAL BELIEF ABOUT SPEAKING IN TONGUES

EXPLAIN THE SIGNIFICANCE OF 2 TIMOTHY 3:16

CAN ONE LOSE HER/HIS SALVATION? HOW? OR WHY NOT?

PERSONAL OPINIONS (include Bible verses in your responses.)

WHY DO YOU WANT TO WORK AT CAMP BETHEL MINISTRIES?

WHAT RECENT STRUGGLES HAVE YOU HAD IN YOUR SPIRITUAL WALK?

DESCRIBE YOUR TYPICAL ROUTINE OF BIBLE STUDY, MEMORIZATION, AND PRAYER.

IS IT ACCEPTABLE FOR CHRISTIANS TO DATE NON-CHRISTIANS?

IS IT ACCEPTABLE FOR CHRISTIANS TO HAVE SEX PRIOR TO BEING MARRIED?

IS IT ACCEPTABLE FOR CHRISTIANS TO USE TOBACCO OR DRUGS IN ANY WAY?

PERSONAL OPINIONS (include Bible verses in your responses.)

IS HOMOSEXUALITY EVER PERMISSABLE FOR CHRISTIANS?

HOW WOULD YOU RESPOND TO A CAMPER WHO IS CONFUSED ABOUT THEIR GENDER?

WHAT TYPES OF MOVIES/TV SHOWS/ETC. ARE PERMISSIBLE FOR CHRISTIANS TO VIEW?

WHAT TYPES OF MUSIC ARE PERMISSIBLE FOR CHRISTIANS TO LISTEN TO? WHAT TYPES DO YOU ENJOY?

EXPLAIN HOW CHRISTIANS SHOULD RESOLVE PERSONAL DISPUTES AND/OR SINFUL BEHAVIOR BY OTHERS?

SUMMER CAMP EXPERIENCES (List up to two of your most recent experiences in descending order.)

ORGANIZATION'S NAME	DATES (START/END)	POSITION/ROLE
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SUPERVISOR'S NAME	EMAIL ADDRESS	PHONE
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ORGANIZATION'S NAME	DATES (START/END)	POSITION/ROLE
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SUPERVISOR'S NAME	EMAIL ADDRESS	PHONE
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WORK EXPERIENCES (List up to three of your most recent experiences in descending order.)

ORGANIZATION'S NAME	DATES (START/END)	POSITION/ROLE
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SUPERVISOR'S NAME	EMAIL ADDRESS	PHONE
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ORGANIZATION'S NAME	DATES (START/END)	POSITION/ROLE
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SUPERVISOR'S NAME	EMAIL ADDRESS	PHONE
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ORGANIZATION'S NAME	DATES (START/END)	POSITION/ROLE
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SUPERVISOR'S NAME	EMAIL ADDRESS	PHONE
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VOLUNTEER EXPERIENCES (List up to two of your most recent experiences in descending order.)

ORGANIZATION'S NAME	DATES (START/END)	POSITION/ROLE
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SUPERVISOR'S NAME	EMAIL ADDRESS	PHONE
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ORGANIZATION'S NAME	DATES (START/END)	POSITION/ROLE
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SUPERVISOR'S NAME	EMAIL ADDRESS	PHONE
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REFERENCES (These individuals need to be familiar with your character & qualifications.)

SPIRITUAL REFERENCE NAME	ORGANIZATION	POSITION/ROLE
YEARS HE/SHE HAS KNOWN YOU	HIS/HER PERSONAL EMAIL	HIS/HER PERSONAL PHONE
PREVIOUS SUPERVISOR	ORGANIZATION	POSITION/ROLE
YEARS HE/SHE HAS KNOWN YOU	HIS/HER PERSONAL EMAIL	HIS/HER PERSONAL PHONE
SCHOOL TEACHER/COACH/ADMIN	ORGANIZATION	POSITION/ROLE
YEARS HE/SHE HAS KNOWN YOU	HIS/HER PERSONAL EMAIL	HIS/HER PERSONAL PHONE

PREFERENCES (CBM reserved the right to assign you where it feels you best fit and/or the most need is.)

In which of these positions do you have an interest in serving? (Check all that apply.)

<input type="checkbox"/> Adventure Staff (Must be at least 18 years old)	<input type="checkbox"/> Worship Leader
<input type="checkbox"/> Cabin Leader (Must be at least 18 years old)	<input type="checkbox"/> Multimedia Technician
<input type="checkbox"/> Cabin Leader in Training	<input type="checkbox"/> Photographer and/or Videographer
<input type="checkbox"/> Day Camp Staff	<input type="checkbox"/> Lifeguard
<input type="checkbox"/> Junior Staff Peer Leader	<input type="checkbox"/> Ropes & Climbing Wall
<input type="checkbox"/> Junior Staff	<input type="checkbox"/> Skateboard Park

WHAT CAUSES YOU TO BELIEVE YOU ARE QUALIFIED FOR THE ABOVE POSITIONS YOU CHECKED?

(Continued from above)

For which of these positions do you have a license or certification? (Check all that apply.)

<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Lifeguard
<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Lifeguard Instructor
<input type="checkbox"/> First Aid	<input type="checkbox"/> Water Safety Instructor
<input type="checkbox"/> CPR	<input type="checkbox"/> Wilderness First Responder
	<input type="checkbox"/> Ropes & Climbing Wall
	<input type="checkbox"/> Other (Please List below)

Please list additional relevant licenses or certifications you have.

PREFERENCES (continued)

Cabin Leader age staff will be asked to teach or assist in the recreation classes listed below.

Let us know what your prefer your role to be for each below listed class.

Archery	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Arts & Crafts	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Basketball	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Canoeing	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Drama	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Flag Football	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Kayaking	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Media	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Mountain Biking	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Mountain Boarding	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Musical / Vocal	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Paintballing	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Riflery	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Ropes Course & Wall	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Skateboarding	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Soccer	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Softball/Baseball	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Volleyball	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested
Wilderness Survival	<input type="checkbox"/> Teach	<input type="checkbox"/> Assist	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested

IF YOU CHECKED "TEACH" FOR ANY OF THE ABOVE PLEASE DESCRIBE YOUR QUALIFICATIONS.

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 the Camp Bethel Ministries Statement of Faith and I agree disagree with it.

SIGNATURE

DATE

In the space below or on a separate piece of paper, please explain any disagreement that you have with the Statement of Faith.

COMMITMENTS Please carefully read and initial/sign the below statements.

- _____ 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 requested.
- _____ I commit to work the entire summer, with the exception of approved time away at the discretion of the Camp Bethel Ministries.

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 signify my permission to CBM to secure proper medical treatment. I have read the application, and I agree to a background check if needed.

By signing my name below, I am also 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* (CBM) permission to verify all information in this application by contacting any person or organization to obtain information concerning the applicant. 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 CBM or its employees or agents. I also hereby release and agree to hold harmless CBM 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 CBM 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.

In 2018 Day Camp Staff Orientation will be from June 6 – 10, and the Orientation for all other Summer Staff will be from July 2 – 10. We then will have retreat groups to serve from July 11 – August 17. If available, we will also need assistance from August 28 – September 2 for Family Camp.

Weekends off begin on Saturdays after all work is completed and end on Sunday at 5:00 pm.

Any change in time of departure or return must be approved by CBM. You are allowed two weekends off.

PLEASE LIST ABOVE ANY WEEKENDS YOU REQUEST TO BE OFF.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/GUARDIAN (if applicant is less than 18 years old)

DATE