

SUMMER COMMITMENT (continued)

Please read and initial beside each statement:

_____ 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 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 PARENTS/GUARDIANS OF APPLICANTS UNDER 18: 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. 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 _____



Returning Staff 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

SCHOOL CURRENTLY ATTENDING: _____

YEAR/ GRADE COMPLETED AS OF JUNE: _____ GPA: _____

MAJOR: _____ ANTICIPATED GRADUATION DATE: _____

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: _____

OR NOTIFY: _____

RELATIONSHIP: _____ PHONE: _____

MEDICAL INFORMATION (continued)

Please list any current medications: _____

Please list any allergies: _____

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

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 explain. _____

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

Yes No If yes, please specify: _____

SUMMER POSITION

Previous Positions Held	Years

In what position(s) are you interested in serving?

- | | |
|---|--|
| <input type="checkbox"/> Adventure Staff (must be 18 years or older) | <input type="checkbox"/> Loft Momma |
| <input type="checkbox"/> Barn Daddy | <input type="checkbox"/> Multimedia Technician |
| <input type="checkbox"/> Cabin Leader (must be 18 years or older unless ap- | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Cabin Leader in Training | <input type="checkbox"/> Praise and Worship Leader |
| <input type="checkbox"/> Day Camp Staff | <input type="checkbox"/> Skatepark Staff |
| <input type="checkbox"/> Junior Staff | <input type="checkbox"/> Videographer |
| <input type="checkbox"/> Lifeguard | |

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

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

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 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 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)

_____ May 30—June 10 Orientation

_____ July 9-14 Teen Week

_____ June 11-16 Jamboree 1

_____ July 15-21 Rental Week

_____ June 18-22 Day Camp

_____ July 22-28 Rental Week

_____ June 25-30 Jamboree 2

****Additional weeks to serve available**

_____ July 2-7 Junior Week

Weekends off begin Saturday after all work is complete 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 (subject to approval)._____

SPIRITUAL LIFE (continued)

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

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

SPIRITUAL LIFE

HOME CHURCH: _____

ADDRESS: _____

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

PASTOR: _____ **PHONE:** _____

CURRENT CHURCH: _____

ADDRESS: _____

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

PASTOR: _____ **PHONE:** _____

Please describe your current views in the following areas. If you need more room, please attach another sheet of paper.

DATING: _____

HOMOSEXUALITY: _____

PRE-MARITAL SEX: _____

ALCOHOL: _____

DRUG/TOBACCO USE: _____

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 illegal activity? YES NO

Have you ever been arrested? YES NO

Have you ever been convicted of a felony? YES NO

****If you answered yes to any of the above, please use a separate sheet to explain in detail, including steps you have taken to deal with the situation.**