

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 18 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

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 _____