

CAMP BLESSING
2010 STAFF
APPLICATION

(Please attach
a recent
photo here!!)

Statement of Faith: We believe God Almighty to be our Creator and Heavenly Father and His son Jesus Christ to be our Lord and Savior. We believe the Holy Bible to be His inspired Word and as such it is our final authority for faith and life. It is our purpose to teach His Word and to glorify Him in all we do.

PLEASE WRITE NEAT AND LEGIBLE.

Name: _____ M/F: _____
Date of Birth: _____ Age (at camp time): _____ T-Shirt Size: _____
University/High School: _____ Year/Grade: _____
Major: _____ Social Sec. Number _____
Previous Experience with Camp Blessing _____
Home church _____ College Christian Group _____

PRESENT (School Year):

Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____
E-mail*: _____

*You MUST have an e-mail address to be eligible for staff. Most communication is handled by e-mail.

PERMANENT (summer):

Address: _____
City: _____ State: _____ Zip: _____
Phone :(____) _____

Please rank the positions you are applying for in order of preference
(See web site for brief job description)

___ Cabin Leader ___ Activity Leader ___ Video/Technical Director
___ Dining Hall Staff ___ Check here if you are lifeguard certified.

Please indicate the term(s) for which you are applying.
Preference will be given to those applying for multiple terms.
All staff are expected to participate in staff training
June 2-5 AND stay til noon June 30th for fun, debriefing & clean-up.
(You'll be off for 24 hours between terms)

___ Term 1: June 5-10th; ___ Term 2: June 11-16th; ___ Term 3: June 17-22nd; ___ Term 4: June 23-28th

Training June 2-5 & 29-30 pays \$30/day; Terms each pay \$175
There is no charge for meals & lodging. Term pay is higher for returning staff.

Though not required, it's nice to get CPR certified before arriving at camp
Find courses online at www.redcross.org or www.americanheart.org

****ALL NEW Applicants MUST complete this page.****
Returning Staff need only complete portions of this page
which have changed from previous application(s).

At what stage in your life did you really start walking with the Lord at an intimate level?

What church or other ministry are you active in? Are you in a leader role?

Who do you admire or hope to be like?

On a scale of 1 (weak) to 10 (strong) rate your Christian life presently and tell why you rated yourself that way:

What are you doing to grow in your relationship with God?

Why do you want to work with special needs children; what do you hope to gain?

Another part of our ministry is to the siblings of our special needs campers. Do you feel you can be as caring to these children as you are to our special needs campers?

What experiences have you had to prepare you for the position for which you are applying?

What is the most difficult experience you have walked through?

Do you have any psychological, mental or physical health issues that you have received therapy, treatment, or medication for over the last 12 months? If yes, explain.

Choose ONE word that best describes your view on these issues:

Drinking Alcohol: _____ Smoking: _____ Homosexuality _____

Illegal Drugs: _____ Extramarital/Premarital Sex: _____

Choose TWO words to describe yourself: _____

References: Please list former employer, pastor, teacher or mentor.

Include their name: _____ number: _____ relationship: _____

1.

2.

Please write a story about yourself.

Please attach an essay telling us about yourself. Include information about your family, how many siblings you have, what you like to do, what gives you joy, what makes you mad, etc. Describe your personality. We want to know you and how you relate to others. Tell us about your relationship with Christ and how you became a Christian. Also include your leadership responsibilities and qualifications. (Feel free to restate some of your answers to the above questions.) This is your interview on paper!!

CONSENT FORM

This consent form MUST be signed by all persons serving at Camp Blessing

Print Full Name: _____

Please initial each statement and sign at the bottom:

_____ I realize the campers will be counting on me to be at Camp Blessing. My signature below is my binding word. I would only break my commitment for a serious health reason or for a family emergency.

_____ I have been advised of the nature and extent of the activities that may take place as described on Camp web site. I acknowledge I am physically and mentally able to participate in all activities.

_____ I agree to prepare myself physically and spiritually for the work I will be doing while at Camp Blessing. I also agree to fully and carefully read any letters, mail outs, materials or notes sent or given to me by camp personnel. I will comply with all requests for written materials to be returned.

_____ I understand that if I am offered a contract I will be subject to a criminal background check.

_____ I understand Camp Blessing is not responsible for any damaged or lost clothing or other personal property while I am at camp and I agree to clearly mark all articles with my full name.

_____ I hereby, and for my heirs, executors, administrators, assigns, and all legal guardians, waive and release any and all rights and claims of any nature I may have against Camp Blessing- its directors, employees, Board of Directors, volunteers, campers, and cooperating entities for and against any and all injuries or damages of any nature including death which I may suffer while taking part in Camp Blessing or other activities associated with Camp Blessing. I further understand I assume all risks associated in participating in Camp Blessing.

Signature: _____ **Date:** _____

If under 18, parent signature required: _____ **Date:** _____

HEALTH INFORMATION

Name of person to contact in case of emergency:

Name _____ Relationship _____

Day Phone () _____ Evening Phone () _____

Alternate Person to contact: _____

Day () _____ Evening Phone () _____

Insurance Co: _____ Policy #: _____

Member name: _____

Allergies (Medications, foods, bee stings, etc.):

List any health conditions (Depression, Asthma, Diabetes, Special Diet, etc):

Year of Last Tetanus Shot: _____

Have you had the Chicken Pox or The Vaccine? _____ If yes, when? _____

To the best of my knowledge, the above information is accurate and complete. I have full permission to participate in all camp activities and I am in good health. I give permission to the physician selected by the Camp Director to order x-rays, routine tests, and treatment for my well being. In the event of an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia or surgery. I give permission for the Camp R.N. to administer over the counter or prescription medication as directed.

Signature: _____ **Date:** _____

If under 18, Parent/Guardian Signature required: _____

Date: _____ **Print Name:** _____ **Relationship:** _____

Print Full Name: _____

MEDIA RELEASE:

Camp Blessing has my permission to use pictures taken of me and quotes made by me for fundraising and publicity purposes. Consent is given to Camp Blessing, its directors, employees, agents, and cooperating entities to use my name, picture, likeness, writings, biographical information, audio and/or video tape recordings of me for use in any media for editorial, educational, promotional, or advertising purposes in furtherance of the corporate purposes and objectives of Camp Blessing, without compensation for such usage.

Signature: _____ Date: _____

For Minors (under 18):

As the parent of the above-named child, I have carefully read the consent agreement and I fully understand my child's commitment to be a part of the staff at Camp Blessing and I understand all risks involved in participating at Camp Blessing. I further agree to the terms of the media release and give my permission for such photos and quotes to be taken and used as stated above.

Parent (or Legal Guardian) Signature: _____ Date: _____