

EVERGREEN BIBLE CAMP
2020 STAFF APPLICATION (NEW STAFF)



Camp Director: Lori Thompson
1010 3rd Ave SW / Pine City, MN 55063
651-983-8142/ lathompson@infaith.org

Applying as a volunteer for camp ministry means that you are agreeing to receive no salary or travel reimbursement for your service. What you write will be treated confidentially.

General Information

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
E-mail address: _____

I give permission for the above info to be shared with Camp Evergreen Staff Yes _____ No _____

Date of Birth: _____
Marital status: Single ___ Married ___ Divorced ___
Are you a U.S. citizen? Yes ___ No ___
If no, are you authorized to work in the U.S.?
Yes ___ No ___
Are you currently employed? _____
If so, by whom? _____

Education

Grade completed in spring: _____
High School: _____
H.S. Graduation Year: _____
College: _____
Major: _____ Grad. Year _____
Certification: First Aid/CPR Lifeguard
Kitchen/Food Service

Person to notify in case of emergency:

Name _____
Relationship _____
Phone _____

Availability (dates include staff training)

- Teen Camp (Ages 13-18), June 13-20 (Sat.-Sat.)
- Youth Camp (10-12), August 8-14 (Sat.-Fri.)
- Junior Camp (7-9), August 14-17 (Fri.-Mon.)

Area/s of staffing you are interested in being considered for:

- Kitchen
- Cabin
- Custodial
- Lifeguard
- Nurse
- Speaker/Teacher
- Program Assistant
- Administrative/Technology Assistant
- Worship Leader
- Photographer
- Adult Assistant Director Team

Ministry experience you have:

- Evangelism
- Youth Ministry
- Vacation Bible School
- Children's Ministry
- Sunday School Teacher
- Pastor/preaching
- Bible Study Leader
- Mission Work
- Worship Leader/Team
- Play Instrument: _____
- Skits/Drama
- Other _____

As a volunteer at Camp Evergreen, you have made a commitment to serve during the dates agreed upon with the camp director/s. If you will be absent from the camp for a day (or portion of a day) due to a prior commitment, please list the **date & hours of absence:** _____

Reason for absence _____

<u>For office use only.</u> <u>to be completed by InFaith Area Field Staff</u>	
Based on the information recorded on this application, the local InFaith Area Field Staff recommends this person for volunteer service: YES NO	
Signature _____	Date _____
Background check completed YES NO	Date _____

Spiritual Life

Church regularly attend _____
City _____
Denomination _____
Pastor's Name: _____
Phone _____

1. How does a person become a Christian?

2. Explain when you became a Christian and the circumstances which lead to your decision.

3. What are your personal habits of prayer and Bible study? _____

4. What is God teaching you at this point in your growth and life? _____

5. Have you ever lead anyone to Christ? _____

Important Questions

Have you ever been dismissed from rendering service to children or youth for reasons other than the expiration of the normal term of such service?

Yes ___ No ___

If Yes, Please state the name of the institution involved, its location, the name of the director, and the time and nature of the circumstances under which you were dismissed. (Please use back of form or additional paper.)

Have you ever been convicted of any offense other than minor traffic violations? Yes ___ No ___

If yes, please provide details of the conviction (date, type of conviction, how it was resolved, etc.). Please use back of page or additional paper if needed.

References

Please list three adults who know you well, other than relatives (such as teachers, work supervisors, coaches, etc.), who could give a personal character reference for you.

1. Name _____
Relationship _____
Phone number _____
E-mail _____

2. Name _____
Relationship _____
Phone number _____
E-mail _____

3. Name _____
Relationship _____
Phone number _____
E-mail _____

Child Abuse Statement

When working with children, our goal is to demonstrate the love of Christ. Child abuse hinders many children from knowing that love. Child abuse is any of the following: non-accidental physical injury, emotional &/or mental abuse, neglect, sexual abuse, exploitation or maltreatment. When an instance of child abuse is suspected or reported, our leadership must do everything it can to help those in need as quickly as possible along the best spiritual and professional guidelines. If there is any reasonable suspicion of child abuse in any form, it **must** be reported to Lori as she is responsible to follow local and state reporting guidelines for protecting the child.

I acknowledge my responsibility to be careful and conscientious in reporting any suspicions or reports of child abuse to my InFaith representative.

Applicant's Signature _____
Date _____

I authorize the use of any and all photographs &/or video that include me to be used in InFaith and Camp Evergreen publications, displays, brochures, website, or social media, and I authorize the use of personal information (to produce captions or stories) that may accompany the photo, such as my name, details about my participation in the event at which the photo was taken, and my involvement with InFaith ministries and Camp Evergreen. I also understand that Camp Evergreen or InFaith will not intentionally manipulate my words or image in such a way that makes me appear to directly endorse views or beliefs I do not hold.

Applicant's Signature _____
Date _____

CAMP EVERGREEN STAFF HEALTH FORM

Please print clearly when completing this form.

NAME: _____

BIRTHDATE (month/date/year): _____

I hereby authorize any medical care required during my service at camp.

_____ Date: _____

**** (Signature of applicant OR PARENT/GUARDIAN IF APPLICANT IS UNDER 18)**

For applicants under age 18:

Parent/guardian signature which authorizes consent for over-the-counter medications if needed.

Emergency Contact Person: _____

Phone: _____ Relation: _____

KNOWN PROBLEMS (please circle any/all that apply):

Epilepsy Heart High Blood Pressure Asthma Diabetes

Mental Health Issues Other _____

List any health or physical precautions/limitations that should be taken during your volunteer service:

List all prescription or over-the-counter medications that will be used at camp (update, if needed, at time of camp):

List all allergies (including any foods):

Physician Contact Info:

Name: _____ Phone: _____

Date of last tetanus shot: _____

Insurance Information:

Company: _____

ID &/or Member # _____

Group/policy # _____

Phone: _____

OUR STATEMENT OF FAITH

The ministry of InFaith is built upon the Word of God and our personal faith in Jesus Christ. We hold to the great foundational truths of the historic Christian faith held in common by like-minded evangelical Christians with whom we share both fellowship and the mission mandate.

We believe that there is one God, creator, and sustainer of the universe, existing in three persons: Father, Son, and Holy Spirit.

We believe that the Bible is the verbally inspired Word of God, is inerrant in the original manuscripts, and is uniquely infallible, our only authority for faith and practice.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His substitutionary sacrifice upon the cross, in His bodily resurrection, in His victory over sin and His enemy Satan, in His present exaltation at His Father’s right hand, and in His personal return, at any time, in power and great glory.

We believe in the fall and the lostness of man, whose total depravity requires that he be regenerated by the Holy Spirit for his salvation.

We believe that salvation consists of the forgiveness of sins, the imputation of Christ’s righteousness, and the gift of eternal life, received by grace through faith alone, entirely apart from works.

We believe in the ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life, and by whom the Church, the Body of Christ, is gifted and equipped to serve and glorify God.

We believe in the bodily resurrection of all mankind: those who have trusted in Christ, the ultimate Judge, will receive everlasting life and blessedness in heaven; those who have not will receive everlasting punishment and separation from the presence of God.

We believe that Christ has commanded His Church to preach the gospel to all people and that this mandate should be a primary concern of all Christians.

****I have read and am in agreement with InFaith’s Statement of Faith**

Applicant’s Signature _____
Date _____

I have read and fully understand all questions requested in this application. I certify that all answers given by me are true, accurate and complete to the best of my knowledge. I understand that the completion and/or execution of this application does not insure me a position, nor does it obligate me, Camp Evergreen, or InFaith in any way. If this application leads to acceptance as a volunteer, I understand that false or misleading information may result in my release.

I hereby authorize and request any present or former employer, school, credit agency, financial institution, law enforcement agency, city, county, state, and federal court and agency, military service or other persons having personal knowledge about me, to furnish Camp Evergreen/InFaith with any and all information in their possession regarding me in connection with this application. I will willing that a photocopy of this authorization be accepted with the same authority as the original. My signature signifies my acceptance that a full background check, including a criminal history file, may be used for the purpose of evaluating me for the position in which I have applied.

Applicant’s Signature _____

Date _____

If accepted, I will put forth every effort to live congenially and work harmoniously with other volunteers/staff and be responsible to Lori and the leadership team.

Applicant’s Signature _____

Date _____

Please mail completed 4-page application to Area Field Staff address at top of first page