



**Camp Witness
Bible Conference
Association**

HC 62 Box 30B, Long Pine, NE 69217
(402) 273-4352
contact@campwitness.org

STAFF APPLICATION

Please be neat!

PERSONAL INFORMATION:

Name, First _____ Middle/Initial _____ Last _____

Address _____ City, St _____, ZIP _____ - _____

Home Phone (____) _____ - _____ Personal Cell (____) _____ - _____

e-mail address _____ @ _____

Male/Female Age as of 6/1/2010 if less than 18 _____ T-shirt size _____ Youth/Adult

Current Valid Drivers License Yes / No (Not a learners or student permit) CDL Yes / No

PARENTAL INFORMATION: (Required if under 18, Optional if over 18)

Name(s), First _____ Last _____

Address _____ City, St _____ ZIP _____ - _____

Home Phone (____) _____ - _____ Cell (____) _____ - _____

Parent's e-mail address _____ @ _____

Emergency Contact Name _____ Phone (____) _____ - _____

Position Applying for:

Lead Counselor Jr. Counselor Cooks Helper Maintenance

Coaches Assistant Volleyball/Basketball/Drama (Circle those that apply)

Other: _____

Note: A limited number of positions at camp offer a base pay. All staff personnel are encouraged to seek to raise additional financial support to create additional income. The camp director will assist in and mentor on appropriate methods of raising additional support.

Certifications:

Individual will receive additional income if specific certifications have been completed prior to camp.

Adult and Pediatric CPR Basic First Aid Blood borne Pathogens

Comprehensive BLS Belay/Rockwall Certificate Lifeguarding

Waterfront Lifeguarding HACCP (food service)

Other _____ (Discuss certification questions/options with the director.)

EDUCATION:

High School Attended _____ Approximate GPA _____

Grade Completed as of June 2010 9 10 11 12

College(s) Attended _____ Approximate GPA _____

of Years Completed 1 2 3 4 _____

Major _____ Degree _____

Other Schools Attended _____

Previous Employment: Please list your last two employers if applicable

Company _____ Phone (____) _____ - _____

Length of Employment _____ Date of last Employment _____

Job Title _____ Supervisor _____

Responsibilities _____

Reason for leaving _____

Company _____ Phone (____) _____ - _____

Length of Employment _____ Date of last Employment _____

Job Title _____ Supervisor _____

Responsibilities _____

Reason for leaving _____

Home Church Information:

Name _____ Pastor _____

Address _____ City, St ZIP _____, _____

Phone (____) _____ - _____ How long have you attended? _____

Youth Pastor/Leader _____ Phone (____) _____ - _____

Other Church(s) currently involved in: Ex: Church attending while at college

Name _____ Pastor _____

Address _____ City, St ZIP _____, _____

Phone (____) _____ - _____ How long have you attended? _____

Youth Pastor/Leader _____ Phone (____) _____ - _____

Ministry Experience: (List camping ministries separately below)

As a Volunteer: (Include ministry name, responsibilities and length of experience)

As an Employee: (Include ministry name, responsibilities and length of experience)

How have you previously been involved with Camp Witness?

How have you been involved in other camp ministries?

(Include Camp name, responsibilities and length of experience)

Organizational Involvement: (List any organizations that you have been or are currently involved in that might be relevant to working at Camp witness.)

Availability: Below are listed the camps that are currently scheduled for the 2010 season. Not all positions are needed for all weeks. On weeks where camps overlap, most staff will be assigned to one or the other; but not both camps. By checking the camp, you are stating that you are committing to be available for that time period if selected to work at camp. Upon acceptance of a position at camp, please plan other summer activities around your work schedule.

Camp Name	Participant Age	Dates
Senior High Camp	Grades 9-12, 2010 Grads	June 6-11
Jr. High Camp 1	Grades 6-8	June 13-18
Jr. Camp 1	Grades 3-6	June 20-24
Volleyball Camp	Girls Grades 7-10	June 21-26
Combo Camp 1	Grades 3-8	June 27-July 1
Jr. Camp 2	Grades 3-6	July 11-15
Drama/Musical Camp	Grades 7-12	July 12-18
Jr. High Camp 2	Grades 6-8	July 18-23
Basketball Camp	Grades 7-10	July 25-30
Combo Camp 2	Grades 3-8	Aug 1-6
Sr. High Retreat	Grades 9-12, 2010 Grads	Aug 8-11

Skills and Experience:

The following are some of the skills and talents that may be utilized at camp this summer. Please mark those that apply to you. S = Skilled, E = Experienced, D = Developing, I = Interested, P = Passionate About, N = Would rather not.

P & N may be used with other letters.

- | | |
|---|---|
| <input type="checkbox"/> Teaching Bible Study | <input type="checkbox"/> Kitchen Assistant |
| <input type="checkbox"/> Counseling / Offering Biblical direction | <input type="checkbox"/> General Maintenance/Repair |
| <input type="checkbox"/> Worship Team <input type="checkbox"/> Leader <input type="checkbox"/> Member | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Instrument _____ | <input type="checkbox"/> Housekeeping/cleaning |
| <input type="checkbox"/> Voice _____ | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Drama Team <input type="checkbox"/> Leader <input type="checkbox"/> Member | <input type="checkbox"/> Receptionist/Phones |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Computer Data Entry |
| <input type="checkbox"/> Games/Activities Leader | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Outdoor Sportsmanship | <input type="checkbox"/> Sound Board Operation |
| <input type="checkbox"/> Large Vehicle Operation | <input type="checkbox"/> Video Production/Editing |
| <input type="checkbox"/> Grounds Maintenance (mowing, etc.) | <input type="checkbox"/> Computer Networking |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Health:

To the best of your knowledge, are there any health restrictions that would limit your ability to do the job functions that you are required? Explain: _____

Are there health issues or allergies that the camp should be aware to assist in maintaining your health? _____

Health Insurance carrier _____ Policy # _____

References:

Please have three non-related individuals completed the **Camp Witness Personal Reference Form**. One from a pastor or youth pastor is preferred. Most individuals will return this directly to the camp.

Doctrinal Statement/Purpose Statement:

Please read, sign and return the **Camp Witness Doctrinal and Purpose Statement Form**. If you have any items that you not in agreement with, please attach an explanation.

Code of Conduct:

Please read, sign and return the **Camp Witness Staff Code of Conduct**. If you have any items that you not in agreement with, please attach an explanation.

Criminal Background Check:

Please Read, sign and return the **Camp Witness Criminal Background Check Form**.

Spiritual Assessment:

On a separate sheet of paper, explain: 1. God's plan of salvation, and how it applies to you. 2. How would you like God to use your time at camp? 3. Describe your current relationship with God. 4. Describe your leadership skills. 5. Write anything that you haven't been able to express that might influence the selection process.

General Questions:

How did you hear about camp? _____

My transportation to and from camp will be. _____

Statement of Intent:

I understand that 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 falsification of any information may be cause rejection of the application or for immediate dismissal. I hereby give Camp Witness permission to verify any and all information related to this application and the application process. I release and hold harmless any person or organization that provides information about me to Camp Witness or its agents. I hereby release and hold harmless Camp Witness, its directors, staff, and volunteers with respect to obtaining such information.

I understand that upon acceptance of a position at camp, I am ethically obligated to complete that position. Early departure from a position leaves the camp in an adverse position for responsibilities that I have committed to.

All staff are encouraged, both paid and volunteer, are encouraged to raise support that will supplement any compensation provided by camp. The camp Director will assist as is possible in this effort. Any support raised will be dispersed evenly across the time committed to by the staff member. Of the funds raised, 85% will be paid to the staff member and 15% will be paid to the camp to cover general expenses. In the event that a staff member terminates early, either voluntarily or at the camp’s discretion, any remaining funds that have not been paid out are forfeited to the camp to use as it so chooses.

I understand that personal health insurance is primary and that the camp’s insurance is secondary.

I declare that I understand the above statements and that the information contained in this application is true and correct.

Signed by applicant _____ Date _____

Printed parent’s name (if a minor): _____

Parental signature: _____

Attention Parents of Minors:

Please participate with your young person in the decision making process of working at camp. Be informed as to the schedule being committed to and the responsibilities that your young person will have. We want all parents to be supportive of the decision to work at camp by their young person. Please feel free to inquire concerning any questions that you may have now or as the application process progresses.

PLEASE RETURN ALL APPLICATION MATERIALS AS SOON AS YOU CAN.