

SMOKY TRAIL NATIVE BIBLE CAMP - STAFF APPLICATION

DATE _____

1. NAME _____

2. ADDRESS _____

3. HOME PHONE # _____ 4. BIRTH DATE _____

5. SOCIAL INS NO. _____ HEALTH CARD# _____

6. PRESENT ADDRESS (if different) _____

7. PRESENT PHONE # _____ 8. MALE _____ FEMALE _____

9. SINGLE _____ ENGAGED _____ MARRIED _____ OTHER _____

10. CHURCH & ADDRESS _____

11. PRESENT EMPLOYMENT OR SCHOOL _____

12. EDUCATION (year completed) HIGH SCHOOL _____

BIBLE SCHOOL _____ UNIVERSITY/COLLEGE _____

13. CHRISTIAN -HOW LONG? _____ ON WHAT DO
YOU BASE YOUR ASSURANCE OF SALVATION? _____

14. PRESENT INVOLVEMENT IN CHRISTIAN SERVICE _____

15. HOBBIES AND INTERESTS _____

16. FIRST AID CERTIFICATION _____ EXPIRY _____

17. LIFEGUARD QUALIFICATIONS _____

18. CAMP STAFF EXPERIENCE(place and year) _____

19. DATES YOU ARE AVAILABLE _____ TO _____

20. DO YOU OWN ANY SECULAR "ROCK & ROLL MUSIC"? YES _____ NO _____

21. CAMP POSITION PREFERRED

_____ COUNSELLOR _____ COOK _____ PROGRAM DIRECTOR

_____ JR. COUNSELLOR _____ COOK'S ASST _____ MAINTENANCE

_____ NURSE _____ LIFEGUARD

*IT IS OUR DESIRE THAT SUMMER WORKERS BE WILLING TO TAKE PART IN AREAS NEEDED IF QUALIFIED. BECAUSE THIS IS A CAMP THE MAINTENANCE PERSON DOES HOUSE KEEPING CHORES AND THE COOK'S ASSISTANT ALSO COVERS DINING ROOM DUTIES

22. DO YOU PLAY A MUSICAL INSTRUMENT? _____ WHAT? _____

23. WHAT DO YOU EXPECT CAMPERS TO GAIN FROM CAMP? _____

24. WHAT DO YOU EXPECT TO GAIN FROM CAMP? _____

25. WHY DO YOU WANT TO WORK AT SMOKY TRAIL BIBLE CAMP? _____

26. WHERE DID YOU FIRST HEAR ABOUT SMOKY TRAIL BIBLE CAMP? _____

27. HOW DO YOU RESOLVE INTERPERSONAL CONFLICTS?(ie. conflicts with parents, supervisors, etc.) _____

28. IN WHAT PARTICULAR AREA OF YOUR LIFE HAS THE LORD BEEN DEALING WITH YOU RECENTLY? _____

29. PROVIDE THE NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP OF TWO PEOPLE OVER THE AGE OF 25 WHO KNOW YOU WELL, AND CAN GIVE US A DEFINITE STATEMENT AS TO YOUR CHARACTER, ABILITIES, AND WORK HABITS: (i.e. employer, teacher, pastor, youth leader, church elder etc. **-one must be a pastoral type reference**)

1. _____
NAME RELATION

ADDRESS PHONE

2. _____
NAME RELATION

ADDRESS PHONE

PLEASE HAVE REFERENCES FILL OUT THE ATTACHED FORMS

30. IN THE SPACE BELOW PLEASE DESCRIBE YOUR CONVERSION, ANY SUBSEQUENT COMMITMENTS, YOUR DEVOTIONAL LIFE, YOUR CALL TO CHRISTIAN SERVICE, AND YOUR ATTITUDE TOWARD THE CHURCH. IF NECESSARY, ATTACH AN ADDITIONAL SHEET.

31. LETTER OF UNDERSTANDING

I understand that I am joining Georgian Native & Outreach's ministry at Smoky Trail Bible Camp as a volunteer staff worker, and that I will subject myself to the direction and oversight of the Smoky Trail camp directors in the same manner that would be expected of an employee.

I understand that as a volunteer I will endeavour to raise my own support of _____.

OR

I understand that as a volunteer I receive no pay for my work. _____ (yes/no).

OR

I understand as a volunteer in the position of _____, I will receive an honorarium as it becomes available, but if I do not satisfactorily perform the duties given to me, or am unable to, I will accept the camp director's decision to end my term of service.

I agree to uphold the standards of conduct and accountability as an employee of Georgian Native & Outreach Ministries, and I am willing to work diligently to win others to Christ. I am prepared to do this by word of mouth and by consistent Christian living at all times. I also agree to a police character check as I will be working with children.

Signature _____ Date _____

*****Please pray about this - It is not a vacation*****

Please be sure to fill in the medical form, and sign and return the CAMP REGULATIONS FORM.

Upon completion mail this application to:

DIRECTORS / SMOKY TRAIL NATIVE BIBLE CAMP
REV. HUGH & CAROL HAMP
BOX 4, R.R. #3,
SHELBURNE, ONT.
L0N 1S7
519-925-0329

SMOKY TRAIL NATIVE BIBLE CAMP

MEDICAL INFORMATION

NAME - LAST _____ FIRST _____ INITIAL _____ DATE OF BIRTH _____
DAY/MONTH/YEAR

AGE _____ SEX _____ PARENT OR GUARDIAN _____

HOME PHONE _____ BUSINESS PHONE _____

HOME ADDRESS OF PARENT OR GUARDIAN _____

STREET & NUMBER/CITY/PROVINCE/POSTAL CODE _____

PROVINCIAL HEALTH NUMBER &/OR MEDICAL PLAN NUMBER _____

IF PARENT OR GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY , NOTIFY:

1. NAME: _____ PHONE: _____

ADDRESS _____

2. NAME: _____ PHONE: _____

ADDRESS _____

IN THE EVENT OF ANY SERIOUS PROBLEM, MEDICAL EMERGENCY , ETC WE WILL MAKE EVERY EFFORT TO CONTACT THE FAMILY IMMEDIATELY. PLEASE BE SURE TO GIVE THE TWO ALTERNATIVE NAMES IN ADDITION TO PARENT OR GUARDIAN.

HEALTH HISTORY: (check - giving approximate dates)

EAR INFECTION _____ CHICKEN POX _____

RHEUMATIC FEVER _____ MEASLES _____

CONVULSIONS/SEIZURES _____ GERMAN MEASLES _____

DIABETES _____ MUMPS _____

ASTHMA _____ OTHER _____

ALLERGIES: POISON IVY _____ HAY FEVER _____

PENICILLIN _____ INSECT STINGS _____

OTHER _____

LIST ANY SPECIAL DIET REQUIREMENTS _____

ARE YOU TAKING MEDICATION / OR TREATMENT, AND IF SO, WHAT? _____

CAN ASPIRIN _____ OR TYLENOL _____ BE ADMINISTERED?

DATE OF LAST TETANUS INJECTION? _____

FAMILY DOCTOR _____ PHONE NUMBER _____

IN THE EVENT OF A MEDICAL EMERGENCY, I AUTHORIZE THE CAMP NURSE AND / OR CAMP DIRECTORS TO OBTAIN SUCH MEDICAL ADVICE AND SERVICES AS MAY BE DEEMED NECESSARY (FOR ME / FOR MY CHILD), AND I WILL REIMBURSE THE CAMP FOR ANY MEDICAL EXPENSES INCURRED.

SIGNATURE (if under 18, please have parent/guardian sign.)

SMOKY TRAIL NATIVE BIBLE CAMP

CAMP REGULATIONS

1. Since this is a Christian camp, we expect all workers to conduct themselves accordingly.
2. All staff are to be treated with respect.
3. No one may leave the camp grounds without the permission of the camp directors or someone appointed by him.
4. The camp does not allow profanity, cigarettes, alcoholic beverages, illegal drugs on the camp grounds.
5. No extreme clothing is to be worn at camp. (e.g. brief bathing suits, short shorts)
6. **No tape decks, radios, CD, D.V.D., or other players are to be brought to camp.**
7. No interpersonal relationships (boyfriend, girlfriend) are allowed while camp is on.
8. No staff is to be involved in any sexual relationship outside the limits of the Christian definition of marriage on or off camp property. This includes, but is not limited to homosexual relationships.

Please sign that you understand and accept as part of your potential employment the aforementioned points of conduct.

SIGNATURE _____ DATE _____

THANKS.

SMOKY TRAIL NATIVE BIBLE CAMP

PERSONAL REFERENCE FOR:

NAME _____

ADDRESS _____

THIS APPLICANT HAS APPLIED TO WORK AT SMOKY TRAIL BIBLE CAMP. OUR PURPOSE IS TO PROVIDE A BALANCED CAMPING PROGRAM CATERING TO THE MENTAL, PHYSICAL, SPIRITUAL, AND SOCIAL NEEDS OF THE INDIVIDUAL. OUR PROGRAM IS VERY DEMANDING AND THEREFORE REQUIRES STAFF WHO ARE GROWING SPIRITUALLY AND ARE EMOTIONALLY MATURE, RESPONSIBLE, LOVING AND CREATIVE. WOULD YOU PLEASE ASSIST US IN DISCOVERING WHETHER OR NOT THIS APPLICANT WOULD MEET THESE REQUIREMENTS. YOUR HONEST AND PROMPT REPLY WOULD BE GREATLY APPRECIATED.

RESPECTFULLY,

REV. HUGH & CAROL HAMP
CAMP DIRECTORS

1. How long have you known the applicant and in what capacity?

On a scale of 1 to 10 (10 being very positive) would you please rate the applicant in the following areas.

2. Does the applicant possess leadership ability? _____

3. Does the applicant have a well balanced temperament? _____

4. Is the applicant prompt? _____

5. How does the applicant work with others? _____

6. How is the applicant's ability to perform,, execute and follow through on plans? _____

7. Does the applicant have a good sense of humour? _____

Please comment briefly on the applicant regarding:

CHRISTIAN TESTIMONY: _____

BIBLE KNOWLEDGE AND APPLICATION: _____

DEPENDABILITY: _____

JUDGEMENT: _____

ATTITUDE TOWARD AUTHORITY: _____

NEATNESS: _____

WILLINGNESS TO DO UNPLEASANT OR UNSEEN TASKS: _____

THOUGHTFULNESS OF OTHERS: _____

DO YOU RECOMMEND THIS APPLICANT AS A STAFF MEMBER FOR OUR SUMMER
STAFF? IF NOT, PLEASE EXPLAIN: _____

ANY ADDITIONAL COMMENTS: _____

YOUR NAME _____ PHONE _____

ADDRESS _____

THANK YOU FOR COMPLETING THIS REFERENCE FORM. PLEASE MAIL TO:

SMOKY TRAIL NATIVE BIBLE CAMP
REV. HUGH & CAROL HAMP
BOX 4, R.R. #3,
SHELBURNE, ONT.
L0N 1S7

SMOKY TRAIL NATIVE BIBLE CAMP

PERSONAL REFERENCE FOR:

NAME _____

ADDRESS _____

THIS APPLICANT HAS APPLIED TO WORK AT SHANTY HOUSE BIBLE CAMP. OUR PURPOSE IS TO PROVIDE A BALANCED CAMPING PROGRAM CATERING TO THE MENTAL, PHYSICAL, SPIRITUAL, AND SOCIAL NEEDS OF THE INDIVIDUAL. OUR PROGRAM IS VERY DEMANDING AND THEREFORE REQUIRES STAFF WHO ARE GROWING SPIRITUALLY AND ARE EMOTIONALLY MATURE, RESPONSIBLE, LOVING AND CREATIVE. WOULD YOU PLEASE ASSIST US IN DISCOVERING WHETHER OR NOT THIS APPLICANT WOULD MEET THESE REQUIREMENTS. YOUR HONEST AND PROMPT REPLY WOULD BE GREATLY APPRECIATED.

RESPECTFULLY,

REV. HUGH & CAROL HAMP
CAMP DIRECTORS

1. How long have you known the applicant and in what capacity?

On a scale of 1 to 10 (10 being very positive) would you please rate the applicant in the following areas.

2. Does the applicant possess leadership ability? _____

3. Does the applicant have a well balanced temperament? _____

4. Is the applicant prompt? _____

5. How does the applicant work with others? _____

6. How is the applicant's ability to perform,, execute and follow through on plans? _____

7. Does the applicant have a good sense of humour? _____

Please comment briefly on the applicant regarding:

CHRISTIAN TESTIMONY: _____

BIBLE KNOWLEDGE AND APPLICATION: _____

DEPENDABILITY: _____

JUDGEMENT: _____

ATTITUDE TOWARD AUTHORITY: _____

NEATNESS: _____

WILLINGNESS TO DO UNPLEASANT OR UNSEEN TASKS: _____

THOUGHTFULNESS OF OTHERS: _____

DO YOU RECOMMEND THIS APPLICANT AS A STAFF MEMBER FOR OUR SUMMER STAFF? IF NOT, PLEASE EXPLAIN: _____

ANY ADDITIONAL COMMENTS: _____

YOUR NAME _____ PHONE _____

ADDRESS _____

THANK YOU FOR COMPLETING THIS REFERENCE FORM. PLEASE MAIL TO:

SMOKY TRAIL NATIVE BIBLE CAMP
REV. HUGH & CAROL HAMP
BOX 4, R.R. #3,
SHELBURNE, ONT.
L0N 1S7

SMOKY TRAIL NATIVE BIBLE CAMP

PRAYER SUPPORT PARTNERS

WITH _____

NAME	ADDRESS	POSTAL CODE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
	_____	_____
	_____	_____

PRAYING ALWAYS WITH ALL PRAYER AND SUPPLICATION IN THE SPIRIT, AND WATCHING THEREUNTO WITH ALL PERSEVERANCE AND SUPPLICATION FOR ALL SAINTS; AND FOR ME, THAT UTTERANCE MAY BE GIVEN UNTO ME, THAT I MAY OPEN MY MOUTH BOLDLY TO MAKE KNOWN THE MYSTERY OF THE GOSPEL. EPHESIANS 6:17& 18

SMOKY TRAIL NATIVE BIBLE CAMP

FINANCIAL SUPPORT PARTNERS

WITH _____

NAME	ADDRESS	POSTAL CODE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

PRAYING ALWAYS WITH ALL PRAYER AND SUPPLICATION IN THE SPIRIT, AND WATCHING THEREUNTO WITH ALL PERSEVERANCE AND SUPPLICATION FOR ALL SAINTS; AND FOR ME, THAT UTTERANCE MAY BE GIVEN UNTO ME, THAT I MAY OPEN MY MOUTH BOLDLY TO MAKE KNOWN THE MYSTERY OF THE GOSPEL. EPHESIANS 6:17& 18