

2007 IOWA YOUTH CAMP

Paid Staff Application

(Please type or print)

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

AGE _____ SEX _____ PHONE _____

DATE OF BIRTH _____ SS # _____

MARITAL STATUS ___ Single ___ Married ___ Separated

CHURCH _____

CITY _____

What year did you accept the Lord? _____

Have you been filled with the Baptism of the Holy Spirit evidenced by speaking in tongues?

What year? _____

Is your life free from sexual immorality? _____

Have you used tobacco in the last 5 years? _____

If yes, how long ago? _____

Have you consumed alcoholic beverages in the last 5 years?

_____ If yes, how long ago? _____

Have you used illegal drugs in the last 5 years?

_____ If yes, how long ago? _____

Explain:

Have you ever been convicted of or pleaded guilty to a criminal offense (excluding minor traffic violations)? _____

If yes, explain: _____

Have you ever been involved in any sort of child molestation, indecent exposure or any other sexually related crime as an adult? _____

If yes, explain: _____

If you are a teenager, which camp are you attending as a camper? _____

Copy of drivers license /permit
(affix here)

**NO BODY PIERCING OF ANY
KIND WILL BE ALLOWED.
GIRLS MAY HAVE PIERCED
EARS ONLY.
See Romans 14:21**

**If you are a student and want
to work at camp,
you must attend the camp for
your age group.**

CAMPS YOU ARE APPLYING TO WORK AT:

- _____ Junior High - June 11 - 15
- _____ Junior / Senior High - June 18 - 22
- _____ Senior High - June 25 - 29
- _____ Kids #1 - July 9 - 13
- _____ Kids #2 - July 16 - 20

POSITIONS AVAILABLE (per week):

ADULTS ONLY

- _____ Assistant Cook
- _____ Camp Nurse

STUDENTS

- _____ Custodial
- _____ Dishwasher
- _____ Pop Stand Manager

If my application is accepted, I pledge to conduct myself as a Christian and to abide by all camp rules, fully obeying those whom have been placed in authority over me while at camp.

Do you voluntarily consent to a District Council mandated background check? Yes No **If no, your application will not be processed.**

Applicant's Signature _____ Date _____

Witness _____
(If applicant is a minor, the witness must be a parent or legal guardian)

Thank you for completing this application form. You will be notified by mail if you have been accepted and if we are in need of staff that particular week.

REFERENCE'S CERTIFICATION

PLEASE HAVE YOUR SENIOR PASTOR, YOUTH PASTOR, OR A CHURCH BOARD MEMBER COMPLETE THE FOLLOWING CERTIFICATION. CHOOSE THE ONE WHO KNOWS YOU BEST. **DO NOT USE SOME-ONE WHO IS RELATED TO YOU.**

- I am personally acquainted with the applicant, and in my opinion he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity.

- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: _____.

Signature Date

(Print or type name)

- Senior Pastor
 - Staff Pastor
 - Church Board Member (Only if church does not have any pastors / or is the parent of the applicant)
- (check one)*

Send to: Iowa Ministry Network - Youth Department
10525 Buena Vista Ct
Urbandale, IA 50322

Did you: 4 Sign, 4 Enclose copy of Drivers License/Permit, 4 Reference Signature