

CAMP GRACE
 CBM
 145 Grace Drive
 Fairmont, NC 28340
 (910)628-6326 Office
 (910)628-5055 Fax
 www.campgrace.us

CAMP GRACE

An Adventure that Lasts a Lifetime!

Director's Check List:
 Application w/
 Photo & Personal
 Testimony
 Interview
 Reference Check
 Background Check

Summer Staff Application

Please write legibly (print if necessary). Application must be filled out completely.

Position Interests: (Mark all that apply.)

- | | | |
|------------------------------------|---------------------|--------------------|
| Senior Counselor (Cabin Leader) | Bible Study Teacher | Riflery Instructor |
| College Yr 1 2 3 4 Grad | Song Leader | Archery Instructor |
| Junior Counselor (Cabin Assistant) | Crafts Helper | Outdoor Education |
| Current Grade 10 11 12 | Recreation Leader | Photographer/Video |
| | Kitchen Helper | Office Helper |

New Applicants:
 Please attach
 a recent picture
 of yourself

* Please mark your shirt size: Small Medium Large XL XXL

Personal Information:

Full Name _____ Birth date _____ Age _____ Sex _____
 Mailing Address _____ City _____ State _____ Zip _____
 Phone # _____ Cell # _____
 E-Mail Address _____

Marital Status: Single Married Divorced Remarried

List names & ages of children, if any: _____

Have you trusted Jesus Christ as your personal Savior? YES NO If yes, when did you make that decision?

► ► On a separate sheet of paper, please summarize your salvation experience, including an evaluation of your current growth in Christ. Please write your name on your testimony paper & include with this application.

Do you have a daily devotional time with God including Bible study and prayer? YES NO

Are you willing to conform cheerfully to the Camp's standards of conduct and dress? YES NO

Why are you interested in serving God at Camp Grace? _____

Do your parents support your desire to serve at Camp Grace? YES NO If no, why not? _____

Father's first/last name _____ Mother's first/last name _____

Church Information:

Church Attending _____ Pastor _____
Mailing Address _____ Phone # _____
City _____ State _____ Zip _____

Home Church _____ Pastor _____
Mailing Address _____ Phone # _____
City _____ State _____ Zip _____

Do you attend regularly? Sunday School Morning Service Evening Service Mid-Week Service

Education & Work Experience:

Name of High School _____ (Circle Grade Completed)
9 10 11 12 GRAD
Name of College _____ FR SO JR SR GRAD
Mailing Address _____ Phone # _____
City _____ State _____ Zip _____

List present or most recent employer first, then work back:

1) Company Name _____ Your Title/Job _____
Mailing Address _____ Phone # _____
City _____ State _____ Zip _____

Supervisor's Name _____ Title _____
Phone # _____ Date Hired _____ Date Left _____

Description of duties & responsibilities: _____

Reason for leaving: _____

2) Company Name _____ Your Title/Job _____
Mailing Address _____ Phone # _____
City _____ State _____ Zip _____

Supervisor's Name _____ Title _____
Phone # _____ Date Hired _____ Date Left _____

Description of duties & responsibilities: _____

Reason for leaving: _____

Leadership /Activities Involvement:

List any camps, churches, schools, or other jobs where you have been involved with children and youth.

Date From/To

Position

Organization & Address

List any hobbies or recreational activities you regularly participate in _____

Do you hold any CURRENT certificates in any of the following areas? (Check all that apply & attach a copy of the certificate.)

Archery Riflery Lifeguard First Aid CPR Other: _____

Would you be interested in taking a Lifeguard certification course prior to camp? YES NO

Have you had any previous experience working with children? _____ If so, in what capacity? _____

With what age group do you work best? _____

Can you honestly say that you love working with children? YES NO

CBM Statement of Faith (Abbreviated)

We Believe:

- A. The Scriptures of the Old and New Testaments to be verbally inspired and inerrant in their original writings.
- B. In the deity of the Lord Jesus Christ as fully God and fully man.
- C. In man's fallen sinful condition.
- D. Jesus Christ offered on our behalf the only acceptable sacrifice for sin and was raised in the same body from the dead according to the Scriptures.
- E. That repentance, forgiveness and becoming a new creature are several of the many experiences of the Christian who is kept by God's power, and is secure in Christ forever.
- F. That God, the Holy Spirit is a person who convicts sinners, and who regenerates and baptizes them at the moment of their salvation into the body of Christ.
- G. In the personal return of Jesus Christ for His Church
- H. In the bodily resurrection of the saved and of the lost.
- I. That Christ made provision for all the effects of sin in the atonement and that God heals according to His sovereign discretion.
- J. That the purpose for spiritual gifts is for the edifying of the Church and the propagation of the Gospel. We believe that tongues, miracles, and the raising of the dead were to authenticate new revelation.

* Have you read the CBM Statement of Faith? (see above) YES NO

* Are you in full agreement with the CBM Statement of Faith? YES NO

Doctrinal Background:

Required for Senior Counselors and Adult Support Staff
Optional for Junior Counselors

1. How would you lead a young person to Christ? Please include the Scripture references you would use.

2. Once a person is genuinely saved, can he ever lose his salvation?_____ On what do you base your answer?
(Include Scripture references)

3. When does the Holy Spirit come to indwell a believer? (Include Scripture references.) _____

4. What are some evidences that a believer is filled/controlled by the Holy Spirit? (Include Scripture references)

5. What do you believe to be your spiritual gifts? _____

What do others around you believe your spiritual gifts to be? _____

What other gifts or talents do you have that may be used in serving God at Camp Grace? _____

6. If you believe that speaking in tongues, healings, etc. are valid today, what is their purpose?
(Include Scripture references) What has been your experience with tongues and healings, etc.?

Personal Convictions / Personal Standards:

What are your personal convictions concerning the following:

- The use of tobacco products: _____
- The use of alcoholic beverages or other drugs: _____
- Your standard for entertainment in regards to the content of movies, videos, etc.: _____

- Explain your views on secular music: _____

- Explain your views on dating and intimate physical activity with the opposite sex: _____

Personal References:

In processing an application, we contact a number of people for references. This information is confidential. To assist us in this, please fill in the following **completely** and **legibly**.

NOTE: Do not include relatives, your pastor or most recent employer.

New Applicants: Please list **2 adults** who have known you for at least the past 2 years.

Returning Staff: Please list **2 adults** who have known you during the past year.

1) Name _____ Phone # _____

Mailing Address _____

City _____ State _____ Zip _____

2) Name _____ Phone # _____

Mailing Address _____

City _____ State _____ Zip _____

Criminal Background:

- Have you ever been accused, charged or convicted of a crime or offense involving actual or attempted abuse, battery, pornography, assault, contributing to the delinquency of a minor or any other type of criminal activity involving a minor? YES NO If yes, please explain _____

- Have you ever been convicted of ANY crime? YES NO If yes, explain: _____

Authorization to Check Criminal Records:

Full Name _____ Birth Date ____/____/____

Address _____ City _____ State _____ Zip _____

Social Security # _____ Drivers License # _____ State _____

I, _____, hereby state that the information given by me in my application, in interviews, or by any other means is true and complete in all respects, and I agree that if any information is found to be false or incomplete in any respect, I will be subject to rejection and termination of my application.

I give permission to Camp Grace to conduct an investigation now or at any time during my tenure, which may include inquiries regarding my criminal and driving history. I authorize my past employers, personal references and any other persons or organizations who maintain this information to provide it upon receipt of this authorization, and I release all such persons and organizations from any liabilities or damages on account of having furnished such information in good faith. I specifically authorize the release of any criminal history information, including but not limited to convictions for crimes committed upon children, which may be in the files of any state or local criminal justice agency.

I understand that the information requested is for the sole purpose of considering my application as an employee or volunteer and will not be used against me in violation of any law. A telephone facsimile (FAX) or photographic copy of this authorization shall be as valid as the original.

SIGNED _____ DATE _____

(Signature of Applicant)

Summer 2010 Ministry Schedule:

June 6-11	Staff Development
June 13-18	Teen Camp (Gr. 9-12)
June 20-25	Middle School 1 (Gr. 5-8)
June 27-July 2	Elementary 1 (Gr. 3-5)
July 5-9	Day Camp (Gr. 1-3)
July 11-16	Middle School 2 (Gr. 5-8)
July 18-23	Elementary 2 (Gr. 3-5)
July 25-30	Middle School 3 (Gr. 5-8)

CBM will give a gift of \$135 per week to Senior Counselors and \$45 per week to Junior Counselors. Additional income can be raised by participating in the Summer Missionary Program.

Would you like to pursue this program?
YES NO

OVERNIGHT CAMP *Sr. Counselors & Adult Support Staff* are expected to work all 6 weeks of overnight camp **and** Day Camp. *Jr. Counselor* positions will be selected based upon number of applications and weeks of availability. Please indicate when you cannot serve & why:

OVERNIGHT CAMP *Sr. Counselors & Adult Support Staff* are expected to attend the Staff Development week of June 6-11, unless given special permission by the Camp Director.

DAY CAMP Staff is expected to work a complete week. If you are not available for the entire time, please indicate when you cannot serve & why. _____

* Priority will be given to Sr. Counselors completing at least one year of college and those available for the entire 7 weeks.

Acknowledgement:

I understand that being a staff member at Camp Grace means serving and cooperating with the Camp Director and the other staff members as unto the Lord, obeying all camp rules, sacrificing personal desires in the interest of the campers, and assisting wherever necessary. My chief aim will be to demonstrate the reality of the Lord Jesus Christ to the campers, as they see Christ living in me. I understand that Camp Grace is a non-denominational ministry and that as a volunteer I am not permitted to promote teachings that may be unique to me or some churches. If this should happen, I will lose the opportunity to assist in the ministry of Camp Grace.

I hereby authorize investigation of all statements herein and release the Camp and all others from liability in connection with same. I understand that, if selected, I will be an at-will staff member and that any agreement to the contrary must be in writing and signed by the Camp Director. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the Camp.

Applicant's Signature _____ Date _____

Please return completed application to:

CBM Ministries / Camp Grace
145 Grace Drive
Fairmont, NC 28340