

In what ways do you feel you will be able to contribute to this ministry:

Please describe your ability to accept supervision:

Please describe your ability to follow rules and regulations:

Do you have the ability to perform job-related functions such as lifting, carrying, walking, or other medium to heavy labor? _____yes _____no If no, please explain:

Please describe your ability to work in extreme heat:



EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
Other			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	

REFERENCES	
<i>Please provide 1 church reference, 1 school reference, and 1 personal reference</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	
Address	Supervisor
Job Title	

Please list any past or current involvement with Christian organizations: (BSM, Young Life, FCA, Church Bible Study, Church Choir, etc)

Please note the area where you are most interested in serving (underline or x the circle):

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="radio"/> Lifeguard (Pool, Waterfront)<input type="radio"/> Ropes<input type="radio"/> Paintball<input type="radio"/> Canteen/Gift Shop | <ul style="list-style-type: none"><input type="radio"/> Fishing/Boating<input type="radio"/> Food Service<input type="radio"/> Office/Video/Photos<input type="radio"/> Maintenance<input type="radio"/> Nurses Assistant |
|--|---|

HEALTH INFORMATION

Do you have or have had any level of physical limitations? (Loss of hearing, diabetes, asthma, epilepsy, back trouble, history of sickness?)

Yes _____ No _____ If yes, please explain:

Do you consider yourself allergic to anything? Yes _____ No _____ If yes, please explain:

Are you currently taking any kind of medications (prescribed or other)? Yes _____ No _____ If yes, please explain:

Have you had any serious injuries or illness in the past that we need to be aware of? Yes _____ No _____
 If yes, please explain:

Do you currently have health insurance? Yes _____ No _____

Company _____

Policy Number: _____

CERTIFICATIONS

Do you have any of the following certifications?

CPR: Yes _____ No _____

Expiration Date: _____

Red Cross? Yes _____ No _____

Lifeguard: Yes _____ No _____

Expiration Date: _____

First Aid: Yes _____ No _____

Expiration Date: _____

Red Cross? Yes _____ No _____

Ropes Course: Yes _____ No _____

Expiration Date: _____

Range Officer: Yes _____ No _____

Expiration Date: _____

Red Cross? Yes _____ No _____

ADDITIONAL INFORMATION

Have you ever attended a summer camp? Yes _____ No _____

What camp? _____ Year(s) _____

Have you ever been on staff at a summer camp? Yes _____ No _____

What camp? _____

Year(s): _____ Position: _____

Date available to start work: _____

Do you have any prior commitments that may interfere with the summer camping season (June 7-August 14, 2010)?

APPLICANTS STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand and authorize an investigation into my background through references and a criminal background check through the State and/or Federal Bureau of Investigation. This application is considered active for a period of time not to exceed one (1) year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I understand, also, that I am required to abide by all employment policies, rules, and regulations of this employer. If hired, I willingly submit to the authority of Latham Spring Baptist Camp, and at all times will abide by all rules, and regulations set in place by the supervising authority.

Signature

Date

Signature of parent/guardian (if applicant is a minor)

Date

Please return this application signed and completed (unsigned or unfinished applications will not be processed) to Latham Springs Baptist Camp, Attn: Summer Staff Supervisor, 134 PR 223, Aquilla, Texas 76622