

# Staff Application



*To Know God, His Word, and to Walk in His Way*

## Attach/Email Current Photo

Photo for identify purposes only, not for qualification. Please cut photo to fit box, so information below is visible.

814.632.6024 • PO Box 11, Spruce Creek, PA 16683 • [www.mycampk.com](http://www.mycampk.com)

Date: \_\_\_\_\_

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender:  Male  Female Marital Status:  Single  Engaged  Divorced

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T-shirt Size:  Small  Medium  Large  XL  XXL

College: \_\_\_\_\_ Major: \_\_\_\_\_ Year: \_\_\_\_\_

School Address: \_\_\_\_\_

Box #: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School email: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Best time to call: \_\_\_\_\_ Best way to contact you: \_\_\_\_\_

Church Membership at: \_\_\_\_\_

Church City/State: \_\_\_\_\_ Church Phone Number: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Youth Pastor's Name: \_\_\_\_\_

Have you previously attended Camp K?  Yes  No If yes, how many years? \_\_\_\_\_

Who recommended Camp K to you? \_\_\_\_\_

### FAMILY INFORMATION

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home Email: \_\_\_\_\_

Do your parents approve of you working at Camp K? \_\_\_\_\_

### HEALTH INFORMATION

Do you have any restrictions that would make it difficult for you to engage in any sport or activity included in a full camp schedule?  Yes  No If yes, please explain: \_\_\_\_\_

List any allergies or allergic reactions: \_\_\_\_\_

Mark or list any doctor-diagnosed illnesses or ailments that apply:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Chronic back pain | <input type="checkbox"/> Sleeping Disorder        | <input type="checkbox"/> Carpal Tunnel           | <input type="checkbox"/> Migraines      |
| <input type="checkbox"/> AIDS              | <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Tendonitis              | <input type="checkbox"/> Fibromyalgia   |
| <input type="checkbox"/> Seizures          | <input type="checkbox"/> Hypoglycemia             | <input type="checkbox"/> Cardiovascular Disorder | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Other: _____   |

List medications taken regularly: \_\_\_\_\_

List reasons for medications: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**CHARACTER INFORMATION**

1. Why are you interested in serving at Camp K this summer? \_\_\_\_\_

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2. Relate your personal salvation testimony. \_\_\_\_\_

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3. Please explain the length of your relationship with your local church, your consistency in attendance, and the type and extent of your involvement. \_\_\_\_\_

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4. Have you ever been convicted or incarcerated of an offense involving a minor, or endangering the welfare of a child such as child abuse, child neglect, or any offense against a person, such as assault, etc.? Yes No If yes, please explain:

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5. Have you ever been convicted of anything other than a traffic violation? Yes No If yes, please explain:

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6. Have you ever been dismissed from college or high school? Yes No If yes, please explain: \_\_\_\_\_

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**POSITION APPLYING FOR**

Number one through three in order of preference:

Food Service

\_\_\_\_\_ Waitress  
\_\_\_\_\_ Food Preparation

Technical

\_\_\_\_\_ Audio-Visual  
Recording & Duplication Experience: \_\_\_\_\_  
Photography Experience: \_\_\_\_\_

Program

\_\_\_\_\_ Counselor  
\_\_\_\_\_ Security  
\_\_\_\_\_ Lifeguard

Date Expires

First Aid  
CPR

\_\_\_/\_\_\_/\_\_\_  
\_\_\_/\_\_\_/\_\_\_

Lifeguard Training

\_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Snack Shop/Waitress  
\_\_\_\_\_ Poolside Snack Shop/Waitress  
\_\_\_\_\_ Coffee Shop/Waitress  
\_\_\_\_\_ Craft Shop  
\_\_\_\_\_ Program/Facilities

Would you be willing to accept any position for which you are qualified at the camp? \_\_\_\_\_ If not, explain:

Check level of interest in serving at Camp K this summer:

\_\_\_\_\_ Definite Interest \_\_\_\_\_ Strong Consideration \_\_\_\_\_ Interested \_\_\_\_\_ Struggling with other options

**EXPERIENCE**

Occupational Skills (Include the number of years of experience)

Video \_\_\_\_\_  Mechanics \_\_\_\_\_  Climbing Wall/Zip Line Training  
 Photography \_\_\_\_\_  Landscaping \_\_\_\_\_ Date Trained: \_\_\_\_\_  
 Web Design \_\_\_\_\_  Electrical \_\_\_\_\_  
 Power Point \_\_\_\_\_  Carpentry \_\_\_\_\_

Musical Ability

Instruments you play: \_\_\_\_\_

Years Studied (Circle One): 1-2 3-4 5-6 7-8 9-10 11+

Rate your instrumental ability (Circle One): Poor 1 2 3 4 5 Excellent Vocal Range (Circle One): S A T B

Would you be interested in serving in our music at camp:  Yes  No

Briefly describe your music ability including any music groups with whom you have been involved: \_\_\_\_\_

Athletic Ability

Do you have any experience in sports?  Yes  No If so, rank your top 3 sports and any coaching experience below:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Language Ability

Sign Language  Spanish  French  German  Other: \_\_\_\_\_

**REFERENCES**

Please list the **names and phone numbers** of the three adults who will be submitting your character reference forms.

Pastor/Youth Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

Teacher/Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

Other non-relative: \_\_\_\_\_ Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

*We ask that three referrals from people who know your abilities to fulfill a summer position at Camp Kanesatake. A recommendation from your pastor/youth pastor, teacher/school administrator, and another non-family member is required. Please do not ask a peer to complete this form. Camp K will hold this information in the strictest confidence.*

**Authorization to Release Information  
(Please sign and complete)**

I hereby authorize the above listed individuals as references to provide Camp K with the information requested on the reference form. I release him/her from any and all liability for any damage incurred in the giving of this information.

Signed \_\_\_\_\_

Date: \_\_\_\_\_

**PERMISSION FOR BACKGROUND CHECK**

I hereby authorize Camp Kanesatake and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences; educational background, character references, civil and criminal history records from any criminal justice agency in any or all federal, state, and county jurisdictions; child abuse records, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Camp Kanesatake or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Camp Kanesatake, the Social Security Administration, and its agents, officials, representatives or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of any kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and release of records.

All information given is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Mail Application and photo to:*

Attention: Camp K Summer Staff, PO Box 11, Spruce Creek, PA 16683 or  
Email Application and photo to: [office@mycampk.com](mailto:office@mycampk.com)

*Philippians 3:10*

*That I may know Him and the power of His resurrection, and the fellowship of His sufferings,  
being conformed to His death...*

**OFFICE USE ONLY:**

Interviewed by: _____	Date Interviewed: _____	Time: _____	
<input type="checkbox"/> Counselor	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Operational	Staff: _____
Dates Available _____	to _____	Work: _____	
_____ Level of Interest: Poor 1 2 3 4 5 Excellent			
Pastoral Reference: <input type="checkbox"/> Yes <input type="checkbox"/> No Former Staff Reference: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____			
Comments: _____			
_____			
_____			
_____			