



ORE-IDA CAMPS STAFF APPLICATION FORM

Personal Information

Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone: _____

Church Information

Church Name: _____

Pastor's Name: _____

Church Phone: _____

Camp Information

Position I am applying for: (please circle)

Counselor, Kitchen, recreation, music, nurse/EMT, other:

Week I'm applying for: (please circle all that apply)

High School, Jr-High, Jr-Boys, Jr-Girls

Tell us any other area that you would be interested in helping with: (please circle)

Planning, teaching, crafts, drama, other _____

Background Information

Please write out a brief statement of your Christian testimony: (use back of form if necessary)

Have you been baptized? Yes ___ No ___ When? _____

If you have served in your church in other ways (teaching, helping, music, etc.) please list them:

Do you know how to lead someone to Christ to receive Him as Savior? Yes ___ No ___

Complete the following: I want to serve at camp because _____

Jr-Staff question
Grade Next Fall: _____
Have you ever been a camper at the camp you wish to work at?
Yes ___ No ___

Jr-Staff question
Church Youth Leader Name: _____

Jr-Staff question
Circle the week you are applying for
Jr-Boys, Jr. Girls

Camp Staff Commitment:

Will you abide by the rules and regulations for ORE-IDA Camps? **Yes** ___ **No** ___

Will you accept the leadership of your:
Camp Dean, **Yes** ___ **No** ___
Camp Caretaker, **Yes** ___ **No** ___
Directors, **Yes** ___ **No** ___

Jr-Staff question Accept leadership of; Lead Councilor Yes ___ No ___

Will you endeavor to be a "Team Player" by sharing in the work with other Staff? **Yes** ___ **No** ___

References

Please list three people who are familiar with your character as it relates to working with children or youth.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Additional Information

1. Do you use illegal drugs? **Yes** ___ **No** ___
2. Have you ever been convicted of a criminal offense? **Yes** ___ **No** ___
3. Have you ever been charged with child abuse or neglect? **Yes** ___ **No** ___
4. Has your driver's license ever been suspended or revoked? **Yes** ___ **No** ___
5. Other than the above are there any facts or circumstances involving you or your background that might call into question your being entrusted with the supervision, guidance, and care of children and or youth? **Yes** ___ **No** ___

If you answered "yes" to any of the above questions please explain below:

Signature

Date