

# **2018 SUMMER/FALL STAFF APPLICATION**

## **Personal Information:**

## Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

## Present Address

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_ Zip\_\_\_\_\_\_\_\_\_ Phone

# Permanent Address

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_ Zip \_\_\_\_\_\_\_\_\_ Phone

## Sex: Male\_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_ E-Mail Address

## Health Insurance Company Name

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number

Do you have a current Driver’s License? \_\_\_\_ License No. and State

**Education, Work and Church Experience:**

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer/School

Position or Area of Study

Education: Grade level completed by July 1st

Camping Experience & Positions held

Other Work Experience

Home Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a member?

Pastor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone

**Gifts and Talents:**

Position(s) Applying for

**(see below)**

Do you hold any special certifications that would support the position (i.e. Red Cross, Lifeguard, food certification, etc.)

Dates Available for work

List experience relevant to the positions applied for

In addition to your primary job, do you have special talents or interests that you would be willing to teach or help with (e.g. boating, hiking):

**Spiritual:**

Camp Keola is operated by a Christian organization and rents to groups of many different faiths. What experience do you have working with people of different faiths?

What are your unique gifts, talents and passions?

Why do you want to work at Camp Keola?

**Reference:**

Please give us two references that you have worked for as an employee or volunteer. Do not list any friends or relatives.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship

## Business/Church/Institution Name

Address, City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone

Email

Responsibilities

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship

## Business/Church/Institution Name

Address, City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone

Email

Responsibilities

**Background Information:**

## Do you use tobacco? \_\_\_\_\_\_ Drink alcoholic beverages? \_\_\_\_\_\_ Use illegal substances?

If yes to any of the above, please explain

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? \_\_\_\_\_\_ If yes, please explain all convictions in the past five years.

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? \_\_\_\_ If yes, please explain

**Applicant’s Statement:**

The information contained in this application is correct to the best of my knowledge. I authorize Camp Keola or any of its agents to request information about myself in reference to my employment by Camp Keola whether volunteer or paid, not limited to the names listed. I also authorize any references or churches listed in this application to provide you any information (including opinions) that they may have regarding my character and fitness for children/youth work. I release Camp Keola and all such references from liability for requesting or furnishing such evaluations, providing they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the bylaws, rules, and policies of Camp Keola and scriptural conduct in the performance of my duties and services on behalf of the camp.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

In the event the applicant/camper should need medical attention, the undersigned grants permission to the Camp Keola Staff to arrange for this service.

Parent or Guardian (if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Send your Completed Application to:

Camp Keola

c/o Mennonite Community Church

5015 E. Olive Ave

Fresno, California 93727

or **ExecDir@psmrm.org**

**Questions? – ExecDir@psmrm.org**