



Living Springs Bible Camp

2011 Staff Application Form

We recognize that our Application Form is extensive. We wish we did not have to ask many of these questions. However, in our desire to minimize the risk of abuse within ministry of LSBC, we believe this information is necessary to protect our children and to protect our volunteers. We thank you in advance for your understanding.

Full Name _____ Male ___ Female ___

Phone Number (H) _____ (W) _____ email _____

Driver's License _____ Date of Birth _____

Address _____ Postal Code _____

Single ___ Engaged ___ Separated ___ Divorced ___ Remarried ___ Widow/Widower ___

Married ___ Spouse's Name (If applicable) _____

Is your spouse supportive of your ministry involvement? If no, please explain: _____

Date Available: (please check)

- | | |
|---|--|
| <input type="checkbox"/> All Summer (June 27-August 6) | <input type="checkbox"/> Family Camp (July 29-August 1) |
| <input type="checkbox"/> Heritage Builder's Camp (June 27-30) | <input type="checkbox"/> Junior High Camp (July 9-15) |
| <input type="checkbox"/> Senior High Camp (July 1-8) | <input type="checkbox"/> Intermediate Children's Camp (July 23-27) |
| <input type="checkbox"/> Senior Children's Camp (July 17-22) | |
| <input type="checkbox"/> Junior Children's Camp (August 2-6) | |

Position(s) Applying For: (please check all that apply)

- | | | | |
|---|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cabin Leader | <input type="checkbox"/> Support Staff | <input type="checkbox"/> Life Guard | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Assist. Cook | <input type="checkbox"/> Kitchen Aid | <input type="checkbox"/> Medic |
| <input type="checkbox"/> Grounds Keeper | <input type="checkbox"/> Other _____ | | |

Education

Elementary and Secondary School: Grade completed _____ College/University: Years completed _____

Degree received _____

Present Occupation and/or Employer _____

Church Involvement

What church do you attend _____ How long have you attended _____

Are you a member? Yes ___ No ___ Do you regularly attend (2 or more services a month)? _____

When did you accept Jesus Christ as your Savior? _____

Have you been baptized? Yes ____ No ____

Churches I have attended in the last five years are as follows:

Name of Church _____ Phone # _____

Address _____ Postal Code _____

Dates Attended _____ Member or Adherent _____

Name of Church _____ Phone # _____

Address _____ Postal Code _____

Dates Attended _____ Member or Adherent _____

Name of Church _____ Phone # _____

Address _____ Postal Code _____

Dates Attended _____ Member or Adherent _____

My present and previous ministry experience is as follows:

Name of Church or Organization _____

Dates and Description of Ministry _____

Pastor or Ministry Supervisor _____ Phone # _____ Email _____

Name of Church or Organization _____

Dates and Description of Ministry _____

Pastor or Ministry Supervisor _____ Phone # _____ Email _____

Name of Church or Organization _____

Dates and Description of Ministry _____

Pastor or Ministry Supervisor _____ Phone # _____ Email _____

What courses or training have you taken that would equip you for any particular aspect of Christian ministry or service? _____

Please answer these questions on a separate piece of paper.

1. What would you say if someone asked you how to become a Christian? (feel free to use Scripture)
2. How have you come to know God better in the past year?
3. Write about two experiences where you saw God at work through you.
4. The purpose of Living Springs Bible Camp is to evangelize and disciple campers to the glory of God. How would you be able to help us accomplish this purpose in the position you are applying for?

Confidential Information

In order to provide a safe and secure environment for our children, we believe it is necessary to include the following questions as part of our application process. All information will be kept strictly confidential. (Police may access this information, under warrant, if requested) Answering yes to any of the questions does not necessarily preclude your involvement in ministry. Thank you in advance for your understanding. If space is insufficient for your explanation, please attach a separate sheet.

Have you had any painful experience (personal abuse in any form) that has better equipped you, or may hinder you from a productive ministry with children or youth? _____

If yes, please explain _____

Would you like to request counseling regarding this circumstance? _____

Have you ever pled guilty to or been convicted of the use or sale of drugs? _____

If yes, please explain _____

Have you ever been hospitalized or treated for alcohol or substance abuse? _____

If yes, please explain _____

Have you ever pled guilty to or been convicted of a criminal offense (excluding minor traffic violations)? _____

If yes, please explain _____

Have you ever pled guilty to or been convicted of any sexually related offenses? _____

If yes, please explain _____

Have you ever pled guilty to or been convicted of any abuse related offenses? _____

If yes, please explain _____

Are there circumstances involving your lifestyle or background that would call into question your ability to work with children or youth? _____

If yes, please explain _____

Do you have a medical or psychiatric history or condition that may be relevant to your working with the children and/or young people? _____

If so, please explain _____

Do you have any physical conditions that would prevent you from performing certain types of activities (lifting children, playing sports)? _____

If so, please explain _____

References

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. Include at least one reference from outside your church. (Please include email addresses where applicable.)

Name of Reference _____ Phone # _____

Address _____ Postal Code _____

Name of Reference _____ Phone # _____

Address _____ Postal Code _____

Name of Reference _____ Phone # _____

Address _____ Postal Code _____

Statement of Release

I hereby give LSBC permission to contact persons named as references to ascertain my suitability for ministry. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I understand that if my character or morals should be inappropriate and/or criminal at any time during my service, LSBC will be entitled to terminate my assistance without expressed cause or prior notice regardless of any other oral or written statement by LSBC prior to, at, or following the date of volunteer service.

I understand that LSBC is responsible for the welfare of any person or persons entrusted to my care, and thus I will cooperate fully with the staff in the fulfillment of my duties and will keep all information I encounter, in my ministry, confidential. If at any time I find that for any reason I am unable to support the policies, procedures or doctrine of LSBC, I will graciously and quietly resign my volunteer position. If my supervisors find that I am in conflict with any of the policies, procedures or doctrines and we are not able to resolve the issue, I will graciously and quietly agree to resign my position.

I hereby acknowledge that the information contained in this application for volunteer ministry is correct to the best of my knowledge.

Signature of Applicant _____ Date _____

Signature of Witness _____ Date _____

*more info on next page

SEND COMPLETED FORM WITH CRIMINAL RECORD CHECK TO:

Jeff Enarson
Box #91 New Norway,
AB, T0B 3L0
Phone: 780-877-2359
Fax: 780-877-2556
Cell: 780-678-9906
E-mail: jeffem@telus.net

IF ACCEPTED, PLEASE PLAN TO ATTEND STAFF ORIENTATION - June 24th to June 26th.

Questions? Contact Jeff Enarson