

# Redemption Ministries 2009 Summer Youth Camps Personnel Application

Thank you for your interest in serving as a **Summer Camp Staff Member** this summer. If you are selected, this can be a tremendous opportunity to become involved in the exciting field of youth ministry.

**Qualifications:** We are looking for mature, Spirit-filled Christians who have a genuine love for teens. The ability to work in harmony with those whose views may be different from yours is a must for a counselor. Counselor applicants must be at least 21 years of age.

**Application Deadline:** June 1st, 2009

**Remuneration:** There is no salary provided for counselors; however, rewards in terms of satisfaction and spiritual blessing can be unlimited.

**Selection:** There are several factors in the selection process. Each application is evaluated by the CEM Director and approved by the Bishop.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Are you a Christian? \_\_\_\_\_ When Saved? \_\_\_\_\_ Baptized in the Holy Spirit? \_\_\_\_\_ When? \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ Drink alcoholic beverages? \_\_\_\_\_ Use non-prescription drugs? \_\_\_\_\_

Do you have any physical handicaps or conditions preventing you from performing certain types of activities? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Experience with camps or youth: \_\_\_\_\_

## Sexual Misconduct/Child Abuse Statement - Confidential

*To properly protect the campers and our Summer Camp program, all those serving in staff capacities at Redemption Ministries camps, must provide the following information. Please sign and date your response.*

During your lifetime, have you ever been accused of child molestation, child abuse, assault or sex offenses of any nature? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain nature of accusation, charge or conviction: \_\_\_\_\_

All camp staff are required to sign the Sexual Misconduct/Child Abuse Statement. All responses will be kept strictly confidential.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**List two personal references** (excluding pastor and/or spouse).

(1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Name of church of which you are a member or attend regularly** \_\_\_\_\_

**List other churches you have attended regularly during the past five years:** \_\_\_\_\_

Are you willing to abide by camp guidelines, be given assignments, and assist the Director where needed? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Position you desire: \_\_\_\_\_ Counselor \_\_\_\_\_ Kitchen \_\_\_\_\_ Assistant \_\_\_\_\_ Maintenance \_\_\_\_\_

Other: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for summer camps, and I release all such references from liability for any damages that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to be bound by the policies of Redemption Ministries, and refrain from unscriptural conduct in the performance of my service. I will fully cooperate in spirit.

I grant permission, in the event of any accident to be taken to the nearest hospital to receive whatever medical treatment is deemed necessary by the Emergency Room Physician. I hereby absolve Redemption Ministries of the Eastern Virginia Conference and its subsidiaries of any charges beyond the limits of the camp insurance.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*



Applicant, please give this application and completed Criminal History Authorization form to your Pastor. **You will be considered only with your pastor's signature.** Your Pastor should then forward all completed forms to the Conference.

**Pastor's recommendation:**

What type of staff member do you feel this applicant will be?

\_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor If fair or poor, why? \_\_\_\_\_

Do you recommend this applicant without reservation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, why? \_\_\_\_\_

\_\_\_\_\_  
*Pastor's Signature*

\_\_\_\_\_  
*Date*

**Pastor, please submit completed Application and Criminal Background Check authorization forms to:**

Redemption Ministries  
Church Education Ministries  
PO Box 455  
Prince George VA 23875