

CAMP CHALLENGE

2022 Staff & Volunteer Application Form



APPLICATION INSTRUCTIONS

1. Select the position(s) and camp(s) for which you'd like to be considered.
2. Please complete ALL sections of the form and submit pages 1-3, along with a copy of the front and back of your health insurance card (if applicable), to the address below.
3. Ask your pastor to fill out and submit page 4 (Pastoral Reference form) on your behalf. Please choose a pastor of the church that you currently attend and a pastor that is not part of your immediate family.
4. Once all your application documents have been processed and you have been approved for youth work, we will contact you to verify your camp dates and send staff/volunteer information.

POSITION DESIRED *summer staff required to work all camp weeks*

- | | |
|--|--|
| <input type="checkbox"/> Director (ages 21+) | <input type="checkbox"/> Summer Staff (ages 18+) |
| <input type="checkbox"/> Health Staff | <input type="checkbox"/> Volunteer Counselor (ages 18+) |
| <input type="checkbox"/> Kitchen/Dining Hall | <input type="checkbox"/> Counselor-in-Training (9 th -12 th graders) |
| <input type="checkbox"/> Other: _____ | |

CAMP DESIRED *CITs not eligible for Junior or Senior High camp

- Young Explorers: June 9-11, 2022
- Senior High: June 12- 17, 2022
- 6th, 7th, & 8th Grade: June 19-24, 2022
- 3rd, 4th, & 5th Grade: June 26 – July 1, 2022
- 4th, 5th, & 6th Grade: July 10-15, 2022
- 5th, 6th, & 7th Grade: July 17-22, 2022
- Where most needed

REFERENCES *required only if applying for summer staff position*

Name: _____ Phone: _____

Name: _____ Phone: _____



CAMP CHALLENGE

8914 US HWY 50 E, Bedford, IN 47421

812-834-5159

www.gocampchallenge.com

registration@gocampchallenge.com

PERSONAL INFORMATION *Please PRINT legibly*

First Name: _____ Last Name: _____

Please list all other names you have gone by (including maiden): _____

Birth Date: ____/____/____ Sex: Male Female T-shirt Size: XS S M L XL 2XL 3XL

Home Address: _____ Phone Number: (____) _____
_____ This is my preferred contact information

College Address: _____ Phone Number: (____) _____
_____ This is my preferred contact information

Email Address: _____ Check to remove email from camp address list

Current Church: _____ City: _____

Last Grade/Degree Completed: _____ Last School Attended: _____

Current Occupation (if any): _____ Current Employer (if any): _____

QUALIFICATIONS *Please attach additional pages if necessary*

Do you have prior experience at a camp? Yes No If so, where? _____

How long did you work there? _____ What were your responsibilities? _____

What skills or interests do you have that you would be willing to share at Camp?

Recreation Crafts Music Worship Other: _____

Why do you want to work at Camp Challenge? _____

Who do you say Jesus is? _____

If you are a Christian, describe how you became a Christian and your current walk with Christ:

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relation to Applicant: _____

Primary Phone Number: (____) _____ Secondary Phone Number: (____) _____

Doctor's Name: _____ Phone: (____) _____

HEALTH INFORMATION *If exposed to contagious disease within 2 weeks of camp, consult doctor before attending

Please circle dietary restrictions or food allergies:

None Gluten-free Dairy-free Vegetarian Other: _____

Current illnesses, conditions, or allergies not listed above: _____

Current medications: _____

Do you have health insurance? Y N

If you would like your insurance info on file at camp in case of emergency, please submit the front and back of your card by mailing to 8914 US Hwy 50 E, Bedford, IN 47421 or email to registration@gocampchallenge.com.

Year of last tetanus shot? _____

LIABILITY/MEDICAL RELEASE STATEMENT

I agree to exempt and relieve Camp Challenge from liability for participant’s personal injury, property damage, or death from any cause. I also give permission for Camp Challenge to authorize emergency medical treatment as may be deemed necessary for the participant while at camp. I understand that I and/or my insurance company are responsible for payment of any medical costs incurred.

Signature: _____ Date: ____/____/____

2022 CONDUCT STATEMENT *The following information will be kept confidential*

To properly protect our children, all those serving in any capacity at Camp Challenge Indiana, Inc., formerly known as the Indiana South Ministerial Association, Inc. of the Church of God, are required to provide the following information:

During your lifetime, have you ever been involved in or been accused of child molestation, child abuse, assault, or sex offenses of any nature? YES NO

If yes, explain the nature of the accusation, charge, or conviction: _____

Have you ever been asked not to work with children or youth in any capacity? YES NO

If yes, explain the circumstances: _____

I attest that, to the best of my knowledge, the above information is complete and accurate. I understand this is a Christian camp and moral and ethical guidelines will be used. I agree to abide by the rules of the camp and the requests of the Executive, Assistant, and Session Directors. I accept personal responsibility for the youth that are assigned to me. By signing this form, I give the camp permission to perform a background check on me.

Signature: _____ Date: ____/____/____

PASTORAL REFERENCE FORM

Applicant: Please print your name on the line below and give this page to your Pastor to fill out. Please choose a pastor of the church that you currently attend and a pastor that is not part of your immediate family.

Applicant's Name: _____

INSTRUCTIONS FOR PASTOR

In order for us to provide a safe atmosphere for our campers, it is important that we know if a person applying for employment or to volunteer at Camp Challenge is an appropriate candidate to work with children. Therefore, it is essential that you give us an accurate evaluation. Any comments that you make will be kept in confidence by the Executive and Assistant Directors. Please fill out this form and mail to Camp Challenge, 8914 US HWY 50 E, Bedford, IN 47421 OR e-mail to registration@gocampchallenge.com.

Is the applicant currently involved with your church on a regular basis? Yes No

Does this person demonstrate Christ-like values in his/her life? Yes No

Do you have any reservations about this person serving at camp? Yes No

Would you like the camp director to call you about this person? Yes No

- I recommend him/her for youth camp work
- I do not recommend him/her for youth camp work
- I do not know this person well enough to make an evaluation

Comments: _____

Pastor's Signature: _____ Date: ____/____/____

Pastor's Printed Name: _____

Church Name: _____ City: _____