

# CAMP CHALLENGE

## 2023 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 <sup>th</sup> -12 <sup>th</sup> graders) |
| <input type="checkbox"/> Other: _____        |  |

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

- |  |
|--|
| <input type="checkbox"/> Young Explorers: June 9-11, 2022                    |
| <input type="checkbox"/> Senior High: June 12- 17, 2022                      |
| <input type="checkbox"/> 6th, 7th, & 8 <sup>th</sup> Grade: June 19-24, 2022 |
| <input type="checkbox"/> 3rd, 4th, & 5th Grade: June 26 – July 1, 2022       |
| <input type="checkbox"/> 4th, 5th, & 6th Grade: July 10-15, 2022             |
| <input type="checkbox"/> 5th, 6th, & 7th Grade: July 17-22, 2022             |
| <input type="checkbox"/> 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](http://www.gocampchallenge.com)

[registration@gocampchallenge.com](mailto: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 informationEmail 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](mailto: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](mailto: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: \_\_\_\_\_  
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Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pastor's Printed Name: \_\_\_\_\_

Church Name: \_\_\_\_\_ City: \_\_\_\_\_