



Handi*Camp

Staff Application 2010

APPLICANT INFORMATION

Name:	Address:	City:	Province:	Postal Code:
Phone #:	E-mail:	Gender: M F	<i>Please include a recent photo.</i>	
Alternate #:	Birth Date:	Age as of July 1, 2010:		
Present occupation:	Height:	Health Condition:		
Church you attend:	Are you a Member: yes no	Your Involvement at your Church:		
Pastor's Name:	Church Phone Number:			

PERSONAL QUESTIONNAIRE

SECTION	Why did you apply to be come to Hand*Camp?
	What is your goal in life?
SECTION	Have you ever led someone to Christ? Explain
	Provide name, place and grade or year level of your college or school:
SECTION	If in college or university, what is your major:?
	What is your average in school: A B C D N/A
SECTION	Experience as camp counselor; where, age group, activities:
	Experience in camp in other capacities:
SECTION	What age children do you prefer working with?
	Do you swim? Any qualifications?
SECTION	Working with a disabled camper may involve some lifting. Are you physically well and able to handle this? Yes No
	Have you ever been convicted of a crime or do you currently have charges pending? If yes, please include explanation:
SECTION	Do you have a current Police Records Check? yes no If no, are you willing to undergo a Police Records Check? yes no
	T Shirt Size: Small Medium Large X-Large XX-Large

CAMP PROGRAM INTERESTS AND SKILLS

Check program skills below which hold special interest for you.

Check twice those in which you have special qualifications for leadership. Check as many as applicable.

Bible Teaching	Drama	First Aid	Horses	Gymnastics	Archery
Crafts	Canoeing	Fishing	Swimming	Overnight Camping	Nature Study
Challenge Course	Music	Puppeteering	Scrap booking	Campfire Program	Pioneering
Audio Equipment	CPR	Astronomy	Song Leading	Singing	Hiking
Videography	Lifeguarding	Basketball	Volleyball	Soccer	
Photography	Computers	Storytelling	Gardening	Baseball	

Is there any activity or hobby in which you have done special work or have special ability? Give details:

Do you play a musical instrument? No Yes Which?

REFERENCES

Please give names of two individuals (not relatives) who know you well.

(Example: Pastor, Youth Leader, Employer, School Official, Coach, Church Member)

Pastor/Youth Pastor	Name of Church		Years Known
Address	City		Province
Postal Code	Tel. No.	Fax No.	
Name	Relationship		Years Known
Address	City		Province
Postal Code	Tel. No.	Fax No.	

Both sides of this form must be completed before you can be considered to work at Handi*Camp.

Fill out questions each completely. As you are able, include scriptural references for each question.
You may use a separate sheet of paper if needed.

How long have you been saved?

How did you come to know Christ as your Savior?

Is the Bible inspired?

Has God given us any other inspired writings?

What does the Bible mean to you?

Explain by what is meant by "God is a Trinity"?

Do you believe Jesus is God? Why or why not?

Did Jesus die and rise from the dead? Explain your answer.

Is the Holy Spirit a real person? Do we receive the Holy Spirit when we receive Christ as savior? Explain your answers.

Is man the product of evolution or direct creation? Explain your answer.

What is sin? Do you believe every person is born as sinner? Explain your answer, whether yes or no.

Can our good works bring favor with God and save us? Why or why not?

How does a person become a child of God?

Do you seek to please God in your words, actions and thoughts, reading, listening and viewing material and choice of friends?
How do you accomplish this?

Do you believe heaven and hell are real places? Why?

Where will the believer go when he dies? Where will the unbeliever go when he dies?

I have read and fully understand all the questions requested in this application. I certify that all answers given by me are accurate and complete. I understand that completion and submission of this application does not ensure me a position at Camp. I understand that omission and/or misrepresentation of the facts requested may be just cause for immediate removal without prior notice. I authorize Handi*Camp to contact the references listed above and I release each person from liability for providing this information. If accepted, I understand that I will need to provide a Police Records Check at my own expense and all information concerning my references and Police Records check will be treated in a confidential manner. If accepted, I agree to abide by all the rules and policies Handi*Camp. I have read, understood and agree to the above.

SIGNED:	DATE:	<p>Failure to complete ALL information will only delay processing your application.</p> <p>You must complete both sides of this form.</p>
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