



## Staff Application

PLEASE WRITE NEAT AND LEGIBLE.

Name: \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (at camp time): \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security #: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

University/High School: \_\_\_\_\_ Year/Grade: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Previous Experience with camps:

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Please answer these questions fully and truthfully on a separate page (please type).

1. Tell us about your salvation experience.
2. Tell us about your relationship with Christ today.
3. In the past year, where has the Lord stretched you?
4. What would be three of your goals for your service at Camp Harvest?
5. Why do you want to work at Camp Harvest?
6. Which position are you interested in fulfilling?
7. What ministries or jobs have prepared you for camping ministry?
8. If a camper asks you why they need salvation and how to become a Christian, what would you say?
9. What is the most difficult experience you have walked through?
10. Where do you stand on these issues: alcohol, drugs, homosexuality and premarital sex? Have you been involved in any of these areas, if so, how long ago was it? Do you have any struggles in these areas?
11. What are you passionate about? What are your spiritual gifts and what are your natural gifts?

**References**

List one former employer and another contact (pastor, teacher or mentor).  
References should not be a relative or peer.

Give a reference form along with a stamped envelope addressed to: Camp Harvest P.O. Box 29, Witter, AR 72776.

Your persons of reference will send the form directly to Camp Harvest; it should not be returned to you.

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_

**HEALTH INFORMATION**

Name of person to contact in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Alternate Person to contact: \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Insurance Co: Policy #: \_\_\_\_\_

Member name: \_\_\_\_\_

Allergies (Medications, foods, bee stings, etc.): \_\_\_\_\_

List any health conditions (Depression, Asthma, Diabetes, Special Diet, etc ): \_\_\_\_\_

Year of Last Tetanus Shot: \_\_\_\_\_  
Vaccine? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you had the Chicken Pox or The

*To the best of my knowledge, the above information is accurate and complete. I have full permission to participate in all camp activities and I am in good health.*

In the event of an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia or surgery. I give permission for the Camp Director to administer over the counter or prescription medication as directed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_