



Dear Applicant,

Thank you for inquiring about the numerous ministry opportunities offered at Camp Challenge! We serve an awesome God who continually opens doors for our growth as we strive to serve Him. We are excited to see what God has in store for us all this upcoming season!

Please fill out the enclosed application and return it to Brad Helvey, Executive Director, at the address below. You will then be contacted to set up an interview. Please prayerfully consider where the Lord would have you serve Him this summer! Again, we thank you for your interest and we look forward to hearing from you and where you feel God is calling you to serve here at camp!

For His Glory,

Brad Helvey, Executive Director

The following is a brief checklist for you to complete in order to be considered for hire at Camp Challenge...

1. Complete Staff Application
2. Letter of recommendation from your Pastor
3. Personal interview with the Director of Camp Challenge
  - Scheduled through the office (907) 745-3731
4. Sign Volunteer Authorization Form (19 years and older)
5. Interested Person Report (Alaskan Residents 18 years and younger)
  - To be obtained at your local State Police Department; cost \$20



# Camp Challenge Ministries

## STAFF APPLICATION FORM

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Gender: Male / Female  
*Last First Middle*

Permanent Address: \_\_\_\_\_  
*Street City State Zip*

Telephone: \_\_\_\_\_  
*Home Cell Work*

Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: Single/Married Spouse's Name: \_\_\_\_\_

I will commit myself to work from \_\_\_\_\_ to \_\_\_\_\_ (dates) Initial: \_\_\_\_\_

### My Ministry Preference:

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Kitchen Staff          | <input type="checkbox"/> Arts/Crafts Coordinator |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Music Coordinator      | <input type="checkbox"/> Maintenance & Grounds   |
| <input type="checkbox"/> Nurse     | <input type="checkbox"/> Recreation Coordinator | <input type="checkbox"/> Other: _____            |

### SKILLS:

In the following list, put a "1" before those activities you can organize and teach as an expert, "2" for those activities in which you can assist in teaching, and "3" for those which are just your hobby.

#### Waterfront

- \_\_ Lifeguard
- \_\_ Swimming
- \_\_ Canoeing
- \_\_ Kayaking

#### Music

- \_\_ Lead Singing
- \_\_ Instrument
- \_\_ Piano
- \_\_ Guitar
- \_\_ Other

#### Sports

- \_\_ Archery
- \_\_ Riflery
- \_\_ Fishing
- \_\_ Volleyball
- \_\_ Basketball
- \_\_ Baseball
- \_\_ Soccer
- \_\_ Ping Pong
- \_\_ Informal Games
- \_\_ Other \_\_\_\_\_

#### Your Certifications:

- \_\_ First Aid
- \_\_ CPR
- \_\_ Other \_\_\_\_\_

#### Arts & Crafts

- \_\_ Wood Carving
- \_\_ Wood Working
- \_\_ Leather Work
- \_\_ Painting
- \_\_ Sketching
- \_\_ Photography

#### Nature

- \_\_ Hiking
- \_\_ Animals
- \_\_ Weather
- \_\_ Forestry
- \_\_ Rocks/Minerals

### EDUCATION:

High School: \_\_\_\_\_ Graduated: \_\_\_\_ yes \_\_\_\_ no Years: \_\_\_\_\_

College: \_\_\_\_\_ Graduated: \_\_\_\_ yes \_\_\_\_ no Years: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

College: \_\_\_\_\_ Graduated: \_\_\_\_ yes \_\_\_\_ no Years: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Trade School: \_\_\_\_\_ Graduated: \_\_\_\_ yes \_\_\_\_ no Years: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_



# Camp Challenge Ministries

**EXPERIENCE:**

Please list any volunteer opportunities or previous camp experience:

Opportunity: \_\_\_\_\_ Dates: \_\_\_\_\_

Opportunity: \_\_\_\_\_ Dates: \_\_\_\_\_

Opportunity: \_\_\_\_\_ Dates: \_\_\_\_\_

**EMPLOYMENT:**

Last/Current Employer: \_\_\_\_\_ Dates: \_\_\_\_\_  
From To

Address: \_\_\_\_\_  
Street City State Zip

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**BACKGROUND:**

Have you ever been convicted of a Felony? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been terminated from previous employment? \_\_\_\_\_ yes \_\_\_\_\_ no

Has your driver's license ever been suspended or revoked? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been accused of any form of abuse physical or mental? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been a victim of any form of abuse physical or mental? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you willing to submit to a background check and fingerprinting? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, for any of the above questions, please explain... \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Please list one personal adult reference other than relatives or employers.

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
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Please list one professional reference (employer, supervisor, or business partner).

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Organization Name: \_\_\_\_\_

I authorize investigation of all statements herein and release Camp Challenge and all others from liability in connection with the same. I understand that if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director of Camp Challenge. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

Printed Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## INTERVIEW QUESTIONS

To be filled out by applicant and handed in with application. Please use addition paper if necessary.

1. Tell us about yourself – family, work, and interests.
2. Briefly share how and when you became a Christian. What kind of church did you grow up in?
3. Where did you hear about Camp Challenge?
4. What area of service are you interested in? How best can God use you here at Camp Challenge?
5. Tell us how you feel the Lord has gifted you? (Spiritual gifts, talents, skills, passions, etc.)
6. Do you have any questions or concerns you would like to ask?

Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**DISCLOSURE**  
**AUTHORIZATION FORM**

***VOLUNTEER AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION***

In connection with my application for volunteer service with Camp Challenge, I authorize Camp Challenge and, or, AccuFax Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that Camp Challenge may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public record reports pertaining to me. When requested by an employer motor vehicle records or driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana. I authorize without any reservation, any person, agency, or other entity contacted by Camp Challenge or AccuFax Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above mentioned information. I release Camp Challenge, their respective employees or AccuFax Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

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

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Maiden Name: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Date Moved to Alaska: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE NOTE**

If your address is a rural route, or post office box, we must have City and County where mail is delivered.

Current Address: \_\_\_\_\_

How long at this address? 

|   |             |               |              |            |
|---|-------------|---------------|--------------|------------|
| <i>Street</i>                             | <i>City</i> | <i>County</i> | <i>State</i> | <i>Zip</i> |
| _____/_____<br><i>months</i> <i>years</i> |             |               |              |            |

If you have lived in Alaska for *LESS THAN 1 YEAR*, please fill in the following, beginning with the most recent *STATE* you lived in before moving to Alaska and ending with the *STATE* you lived in 10 years ago.

Dates: *From* \_\_\_\_\_ *To* \_\_\_\_\_ Your Last Name at this time: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Dates: *From* \_\_\_\_\_ *To* \_\_\_\_\_ Your Last Name at this time: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Dates: *From* \_\_\_\_\_ *To* \_\_\_\_\_ Your Last Name at this time: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

THANK YOU FOR APPLYING TO HELP IN THE MINISTRY AT CAMP CHALLENGE!

Requested By: 422877

Updated January 2010