



# SUMMER STAFF APPLICATION

Check here if you desire Credit for internship (3 hours credit:  
Cornerstone University)

PLACE  
PHOTO  
HERE

**Please read the Summer Staff information booklet before applying.**

Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Home e-mail address \_\_\_\_\_

Home Church \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Social Security# \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ T-shirt Size (circle one) S M L XL XXL XXXL

+++++

Grade you will enter next Fall \_\_\_\_\_ High School, College, Graduate School

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School Phone # \_\_\_\_\_

School e-mail address \_\_\_\_\_

College Church \_\_\_\_\_

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Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Dates you are available to begin \_\_\_\_\_ end \_\_\_\_\_

Position(s) you are applying for \_\_\_\_\_

## PLEASE READ CAREFULLY MUST ACCOMPANY APPLICATION

With this application, attach a spiritual autobiography and recent photograph (Use 1-4 pages, 8 1/2 x 11)

1. Include when and how you became a Christian, important decisions and experiences in your Christian life
2. Christian groups you participate in.
3. Explain what your Christian faith means to you in relation to:
  - a) God's Word
  - b) To your prayer life
  - c) To other Christians around you
  - d) to those who are not Christians

## Education

High School \_\_\_\_\_ Date \_\_\_\_\_

Awards, Honors, Activities \_\_\_\_\_

College \_\_\_\_\_ Date \_\_\_\_\_

Awards, Honors, Activities \_\_\_\_\_

Other Education \_\_\_\_\_

## Employment Background

	Place of Employment	Dates	Position/ Responsibilities
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

## Camping Background

Have you ever been a summer camper? Yes No What Camp? \_\_\_\_\_

Year(s) \_\_\_\_\_ Have you ever been on summer staff? Yes NO

If so, where \_\_\_\_\_ Year(s) \_\_\_\_\_

In what capacity?  
\_\_\_\_\_

**Please indicate with a check your skill level in any of the applicable areas.**

	No-Low Skill	Participant	High Skill	Current Certification
Archery				
Riflery				
Arts/Crafts				
Canoeing				
Sailing				
Fishing				
Song Leader				
Team Sports				
Guitar				
Nature Instruction				
Group Initiatives				
CPR				
Water Safety Instructor				
Life Guard				
First Aid				

## Personal Evaluation

Please complete the following: **1** as the lowest or poorest and **7** as the highest or best.

Promptness	1	2	3	4	5	6	7
Follow Instructions	1	2	3	4	5	6	7
Follow through ability	1	2	3	4	5	6	7
Fulfill obligations	1	2	3	4	5	6	7
Emotional balance	1	2	3	4	5	6	7
Friendly	1	2	3	4	5	6	7
Trustworthy	1	2	3	4	5	6	7
Outgoing	1	2	3	4	5	6	7
Able to get along with others	1	2	3	4	5	6	7
Leadership Ability	1	2	3	4	5	6	7
Work with children	1	2	3	4	5	6	7
Sense of humor	1	2	3	4	5	6	7
Temper control	1	2	3	4	5	6	7
Tact	1	2	3	4	5	6	7
Teachability	1	2	3	4	5	6	7

Are there any physical problems that might hinder your work this summer? Yes      No  
If so explain:

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In one sentence, why are you applying to Camp Beechpoint?

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Have you ever been convicted of anything other than a minor traffic violation? Yes      No  
If so explain:

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## References

Please give the appropriate references to adults, not related to you, who know you well in the designated areas. With the reference form, provide a stamped envelope addressed to Camp Beechpoint\*

**Applications will not be processed until all references have been received.**

*Pastor or Christian Worker*    Name \_\_\_\_\_  
Position \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Adult*    Name \_\_\_\_\_  
Position \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Employer*    Name \_\_\_\_\_  
Position \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Please be sure to write your name and the position you are applying for on each reference form.**

	Please read carefully.	A check indicates your agreement.
_____	I agree with the Child Evangelism Fellowship/Camp Beechpoint Statement of Faith (If there are any areas of disagreement, please explain on a different sheet of paper.)	
_____	I agree to abide by all rules and regulations set by Camp Beechpoint.	
_____	I understand that by accepting a position at Camp Beechpoint, I will be committing myself to a summer of service, and that my behavior and attitude will be examined in terms of my modeling and ministry to others.	
Signature of Applicant _____		
Date ____/____/____		

Camp Beechpoint, 3212 125TH Avenue, Allegan, MI. 49010  
269-673-6155 or 1-800-991-CAMP [www.beechpoint.com](http://www.beechpoint.com) or [beechnpoint@beechnpoint.com](mailto:beechnpoint@beechnpoint.com)  
Rick Phelps-Program Director-269-650-3903

# CAMP BEECHPOINT CONFIDENTIAL SCREENING FORM

**Release Authorization:**

- 1 In connection with my future involvement as a volunteer working with children, I understand that Camp Beechpoint will conduct a background check to determine my ability to minister in this role. It may include information concerning my character, work habits, performance, and any court records that may have a bearing on my job responsibilities.
- 2 I acknowledge that a telephonic facsimile (fax) or photographic copy shall be as valid as the original.
- 3 I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, church, or non-profit organization, reference, or insurance company contacted by Camp Beechpoint or its consumer reporting agency or its agents, to furnish the information described above.
- 4 I understand that if any of those records contain information, which is used to deny my participation with Camp Beechpoint, that I will be notified of my rights and where I can obtain a copy of the information.

**IDENTIFYING DATA (PLEASE PRINT)**

Applicant's name (Last, First, Middle)				Date of Birth		
				Mo.	Day	Yr.
Sex	Race	Social Security Number	Driver's license Number	State		

## BACKGROUND INFORMATION

<b>All Nicknames</b>
<b>Maiden Name</b>
<b>All Aliases</b>
<b>Present Address (Street, City, State, Zip)</b>
<b>All Previous Addresses for the past 5 years (use additional sheet if necessary)</b>
<b>Telephone Number</b>

The information contained in this screening form is correct to the best of my knowledge. I authorize any references listed on this application to give you any information (including opinions) that they may have regarding my character and fitness for children's work. In consideration of the receipt and evaluation of this screening form by Camp Beechpoint, I hereby release any individual, church, youth organization, employer, charity, reference, or any other person or organization, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or my family on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

As a volunteer for Camp Beechpoint, I agree to abide by the child protection policy and to refrain from unscriptural conduct in the performance of my services on its behalf.

All information acquired will be used within the Camp Beechpoint organization as it pertains to your ministry with children unless signified otherwise in written form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## BEECHPOINT STATEMENT OF FAITH

### **We have adopted this statement of Faith, which is as follows:**

We believe that "All Scripture is given by inspiration of God."

The Godhead eternally exists in three persons, - the Father, the Son and the Holy Spirit. The personality and Diety of the Lord Jesus Christ. The Personality and the Diety of the Holy Spirit.

Man was created in the image of God, after His likeness, as stated in the Word of God, but the whole human race fell in the fall of the first Adam.

That Jesus Christ became the sinner's substitute before God and died as a propitiatory sacrifice for the sin of the whole world. In the resurrection of the crucified body of Jesus Christ. That Christ in the fullness of the blessings He has secured by His death and resurrection is received by faith alone.

That the Church is composed of all those who truly believe on the Lord Jesus Christ as Savior. That all believers in our Lord Jesus Christ are called into life of separation from worldly and sinful practices.

In the evangelization of the world.

In the personal return of our Lord and Savior Jesus Christ.

That the souls of the lost remain after death in misery until the final judgment of the great white throne.

In the reality and personality of Satan.

We agree with this statement:

Signed: \_\_\_\_\_

CAMP BEECHPOINT  
3212 125<sup>TH</sup> AVENUE  
ALLEGAN, MI 49010

## STAFF HEALTH HISTORY RECORD

NAME \_\_\_\_\_ SEX: M / F D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

### MEDICATIONS NEEDED OR USED (INCLUDING PSYCHIATRIC)

KIND CURRENTLY TAKEN	FREQUENCY	DOSAGE	
_____	_____	_____	YES
/ NO	_____	_____	YES
_____	_____	_____	YES
/ NO	_____	_____	YES
_____	_____	_____	YES
/ NO	_____	_____	YES

SPECIAL CONDITIONS TO BE WATCHED FOR: \_\_\_\_\_

### TEST RESULTS

TEST	DATE	TYPE	RESULTS
TUBERCULIN			
X-RAY			
OTHER			

ACTIVITY RESTRICTIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CURRENT INFECTIOUS DISEASES: \_\_\_\_\_

DATE OF LAST TETENUS SHOT: \_\_\_\_\_

I CERTIFY THAT THIS INFORMATION IS TRUE TO THE BEST OF MY  
KNOWLEDGE \_\_\_\_\_

(SIGNATURE)

### IF UNDER 18, HAVE A PARENT COMPLETE THE FOLLOWING:

I ALSO GRANT PERMISSION TO CAMP BEECHPOINT TO SECURE ROUTINE,  
NON-SURGICAL MEDICAL CARE AS WELL AS EMERGENCY AND SURGICAL  
TREATMENT FOR \_\_\_\_\_ WHILE ATTENDING  
CAMP. (STAFF MEMBER NAME)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_