



Cocolalla Lake Bible Camp



STAFF APPLICATION FORM

Name: _____ Age: _____ Phone #: _____

Address: _____

Email: _____ Birth date: _____ SSN#: _____

Occupation: _____ Education Level: _____

Church: _____ Pastor: _____

Are you a member of this church? _____ For how long? _____

What has been your previous camping experience? _____

Please describe your own personal experience in the Christian Faith. _____

Please check which camps you would prefer to work at:

- Teen Camp
- 11 & 12 Camp
- 9 & 10 Camp
- 7 & 8 Camp
- Family Camp
- Other (off-season retreats): _____

Are you certified in any of the camp skill areas? _____ If so, what areas? _____

Have you ever been investigated for, charged with, or convicted of an offense involving child abuse, sexual abuse, and/or substance abuse? _____

If yes, how recent was the offense? _____

And - what were the results of the investigation and/or charges? _____

Who would we notify in the case of an emergency? _____

Address: _____ Phone #: _____



Cocolalla Lake Bible Camp



REFERENCES

Please list three people (other than relatives) who can speak of your responsibility, faith experience and character. Your Pastor should be included!

1. Name: _____ Phone: _____

Address: _____

Relation: _____

2. Name: _____ Phone: _____

Address: _____

Relation: _____

3. Name: _____ Phone: _____

Address: _____

Relation: _____

_____ Date: _____

Applicant Signature

_____ Date: _____

Parent/Guardian Signature (if under 18)

Three personal reference forms have been included, please have them fill it out and return it ***themselves*** to us at: **Cocolalla Lake Bible Camp, P.O. Box 106, Cocolalla, ID 83813**



Cocolalla Lake Bible Camp

STAFF HEALTH FORM



Name: _____ Date: _____

Age: _____ Home phone #: _____

Emergency Contact: _____

Phone: _____ Relation: _____

Please list all food allergies: _____

Please list all medical allergies: _____

What past or present illness(es) or condition(s) should the CLBC medical staff know about?

Date of last Physical exam: _____ Tetanus shot? _____ If yes, when? _____

Family insurance: _____ Policy #: _____

Staff member signature _____

Important! For Staff under 18 years old:

IN CASE OF EMERGENCY, I understand that after every effort is made to contact me and I can't be reached, I hereby give permission to the physician selected by the camp director or nurse to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child, as named herein.

Parent/Guardian Signature _____

Date: _____ Phone #: _____

Child Abuse Responsibility

Child abuse is as old as the history of mankind. It has many ugly forms and is a problem of severe magnitude and shocking implications. The spirituality atmosphere which Cocolalla Lake Bible Camp (CLBC) attempts to provide may be one of the best deterrents possible. When, however, an instance of child abuse is suspected or reported, out leadership must do everything it can to help those in need as quickly as possible along the best spiritual and professional guidelines. The CLBC Board of Trustees has prepare and adopted the "Child and Youth Abuse Prevention Program for Cocolalla Lake Bible Camp" which is available in the CLBC office for your review. Any volunteer, prior to receiving authorization from CLBC to serve in the volunteer capacity, must review and agree to comply with the information contained in the aforementioned prevention program. If there is any suspicion of child abuse in any form, it must be reported to the Executive Director, the Assistant Director and any senior leadership person affiliated with Cocolalla Lake Bible Camp in compliance with the prevention program guidelines. The CLBC leadership will comply with the steps contained within the prevention program. I acknowledge my responsibility to be careful and conscientious in reporting any suspicions to the Cocolalla Lake Bible Camp leadership staff.

Applicant's Signature

Date

Have you ever been convicted of any offense other than a minor traffic violation? Yes ___ No ___
If yes, please provide details of the conviction (date, type of conviction, how it was resolved, etc.) Please use additional paper if needed.

I have read and fully understand all questions requested in this application. I certify that all answers given by me are true, accurate and complete. I understand that the completion and/or execution of this application does not insure me a volunteer position, nor does it obligate me or the organization in any way. I fully understand that the omission and/or misrepresentation of facts requested may be cause for immediate dismissal without prior notice. If accepted for service, I agree to abide by all the rules and regulations of CLBC. I have read, understand, and agree to the above.

Applicant's Signature

Date

SS# Required for Background Check: _____

Statement of Faith

We believe that there is one God, creator and sustainer of the universe, existing in three persons: Father, Son, and Holy Spirit.

We believe that the Bible is the verbally inspired Word of God, is inerrant in the original manuscripts and uniquely infallible, our only authority for faith and practice.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His substitutionary sacrifice upon the cross, in His bodily resurrection, in His victory over sin and His enemy Satan, in His present exaltation at His Father's right hand, and in His personal return, at any time, in power and great glory.

We believe in the fall and the lostness of man, whose total depravity requires that he be regenerated by the Holy Spirit for his salvation.

We believe that salvation consists of the forgiveness of sins, the imputation of Christ's righteousness, and the gift of eternal life, received by grace through faith alone, entirely from works.

We believe in the ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life, and by whom the Church, the Body of Christ, is gifted and equipped to serve and glorify God.

We believe in the bodily resurrection of all mankind: those who have trusted in Christ, the ultimate Judge, will receive everlasting life and blessedness in heaven; those who have not will receive everlasting punishment and separation from the presence of God.

We believe that Christ has commanded His Church to preach the gospel to all people, and that this mandate should be a primary concern of all Christians. I hereby express my agreement with the above Statement of Faith, and declare that all answers on previous pages are correct to the best of my knowledge.

Applicant's Signature _____

Date _____

National Criminal Background Check Cocolalla Lake Bible Camp



The following information will be used to conduct a **national criminal background check**. By providing this information, you consent to this review of your background and understand that Cocolalla Lake Bible Camp Inc. may deny you to serve as a volunteer or employee of the church without cause or disclosure of reason.

Candidate Information

Last Name: _____ First Name: _____ MI: _____

*Social Security #: _____ *Driver's License #: _____

Sex: _____ Date of Birth: _____ (mm/dd/yyyy) Phone #: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ ZIP: _____

*Social Security Number and Driver's License Number used for identification and background check purposes only. The above information and the resulting report are **CONFIDENTIAL** and shall only be disclosed to authorize personnel.

COCOLALLA LAKE BIBLE CAMP INC. ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment and voluntary service is an investigation into your education and/or employment history conducted by First Advantage Background Services Corp. ("First Advantage"), P.O. Box 105292, Atlanta, GA 30348, 1 -800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment and voluntary service to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION I acknowledge receipt of the **DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage P.O. Box 105292 Atlanta, GA 30348, 1 -800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at <http://www.fadv.com/privacy-policy/>. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Print Name: _____

Signature: _____ Date: _____



Cocolalla Lake Bible Camp



Character Reference Volunteer (Summer/Off-Season) Camp Personnel Pastoral Reference Form

Name of Potential Staff: _____

Address: _____ Phone: _____

How long have you known this person? _____

In what capacity? _____

How closely have you interacted with the volunteer? Please check the box(s) that apply or write a more detailed description below.

One on One

Small Group

Casual Relationship

CHARACTER

(Please check the boxes that you feel apply to the applicant.)

	Poor	Average	Good	Excellent
Teachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servant's Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for lost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing God's Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submissive to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the applicant's commitment to right living, i.e., consistent Christian testimony, morality and honesty. _____

Is there anything in the applicant's life that would cause you not to recommend them for service at camp? If yes, please explain. _____

Name of Referee: _____ Occupation: _____

Address: _____

Phone: _____ Signature: _____ Date: _____



Cocolalla Lake Bible Camp

Character Reference

Volunteer (Summer/Off-Season) **Camp Personnel**
(non-SMI or non-Timothy use only)

NAME: _____

ADDRESS: _____

The above mentioned person has submitted your name as a character reference as they have volunteered to serve this summer at Cocolalla Lake Bible Camp. We appreciate your willingness to take the time to complete this reference and return it to the address below.

How long have you known the volunteer? _____

In what capacity? _____

Are you aware of any chemical dependency problems? _____

Do you know of any physical or emotional problems that would interfere with the volunteer's ability to work in an atmosphere that requires real teamwork?

Are you able to comment on this volunteer's commitment to right living standards, i.e., consistent Christian testimony, morality, and honesty?

Is there anything in the volunteer's life that would cause you not to recommend them for service at camp?

Signature _____ Occupation: _____

Address: _____

Phone: _____

**Please return to: Cocolalla Lake Bible Camp
P.O. Box 106
Cocolalla, ID 83813**



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