

Camp Appanoose - 13380 430th Street - Plano, Iowa 52581-8524 Phone: 641.649.2491 - Fax: 641.649.2481 - Web Site: www.CampAppanoose.org

Patrick Amsden, Executive Director - e.mail: cabar@CampAppanoose.org

Application for Service SEASONAL STAFF

(Please Type or Print Neatly)

| Full Name | | Today's Date |
|--|----------------------|----------------------------------|
| Social Security Number | <u> </u> | Date of Birth |
| Last grade and/or year of school attend | led (or degree) | ; School |
| Gender Shirt Size | Position Desired | |
| Present Address | | |
| | | |
| Permanent Address To receive W2 information at year end (or, if applicable) | | |
| Phone Number () | E-mail Add | dress |
| YOUR FAMILY Please give information regarding your | parents, guardians o | or two close relatives. |
| 1. Name | Relationship | |
| Address (with zip code) | | |
| Phone number | ; cell | ; email |
| 2. Name | Relations | ship |
| Address (with zip code) | | _ |
| Phone number | ; cell | ; email |
| YOUR WALK WITH GOD (use the beginning please write out your personal testimon three verses which verify your experient | ny. Include how you | came to know Christ and at least |
| | | |

| Continued: | | | |
|------------------------------|-----------------------------|----------------|---|
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| Why is it important to share | the good news of Chris | t with others? | |
| | | | |
| | | | |
| | | | |
| What Christ-like values wo | uld you like to contribute | to campers? | • |
| | | to campoid: | |
| | | | |
| | | | |
| Do you attempt to read the | Bible daily? | | |
| What are you doing to nurt | ure spiritual growth in yo | ur life? | |
| | | | _ |
| | | | |
| | | | |
| Name of your home church | 1 | (City/Town) | |
| Your Pastor | Telephone | Email | |
| Can you support the spiritu | ual foundations statement | t? | |
| Why do you wish to work a | ut Camp Appapages | | |
| Why do you wish to work a | t Camp Appanoose! | | |
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| How do you hope to grow a | at camp (socially, spiritua | ally)? | |
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YOUR SKILLS AND ABILITIES

Indicate skill areas, any certifications or formal training and how you could envision using these at camp. Be specific.

| | Clerical |
|-----|--|
| 14. | Clerical |
| | |
| | Mechanical Abilities |
| 12. | Housekeeping |
| 11. | Electronic/Media |
| 10. | Maintenance/Grounds work |
| 9. | Teaching/Mentoring |
| 8. | Backpacking |
| 7. | Target Sports, Fishing |
| | |
| 6. | Athletic Interests |
| 5. | Hobbies |
| 4. | Horsemanship |
| 3. | Musical/Dramatic Talents |
| 2. | Food Service |
| 1. | Lifeguard Credentials/swimming ability |

YOUR HEALTH

Camp Appanoose encourages healthy lifestyle choices both for staff and also for those we serve. While camp life may be demanding and at times strenuous, staff members are expected to model the best choices while working to maintain good personal health.

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|--|
| expected to model the best choices while working to maintain good personal health. |
| How would you describe your general health? |
| What are you doing to maintain your health? |
| What (if any) physical limitations, allergies or medical problems do you experience? |
| Date of last tetanus shot |
| Camp staff is expected to be nonparticipants in the use of tobacco, alcohol, or illegal substances. In addition all staff members are expected to present an excellent example of healthy choices in regard to nutrition, exercise, and rest, avoiding activities which compromise physical and mental wellbeing. The camp community offers an excellent environment for growth and accountability in these areas. |
| How might you provide an excellent example to the young persons of this ministry, to peers, to persons in authority and to guests and visitors to this ministry? |
| Realizing that what you do in moderation, may be done in excess by those who look up to you, are you ready to accept this responsibility? |
| Camp Appanoose does not provide health insurance for seasonal staff. |
| > What provision do you have for a medical emergency? |
| Please provide an emergency contact name and phone number: |

SERVING as a camp staff member provides excellent opportunities for social development. While dating among staff members is not permitted during camp/program sessions, every effort is made to nurture rich relationships among staff members including intergenerational friendships.

The camp recognizes the importance of unity among staff members; mutual respect for one another, including those in positions of authority; and communication which is reflective of

| , J | nolds. Quality pe on it is important | ersons are valued even over qualification to the state of | ons |
|---------------------------|---|--|-----|
| May we become acquain | ted with you thro | ough the social media? | |
| PERSONAL REFERENCES | | | |
| | one must be from | s. At least one must be a pastoral leaden an employer or professor. One may be ntored. | |
| 1. Name | Relationsh | hip (Pastor) | |
| Address (with zip code) _ | | | |
| Phone number | ; cell | ; email | |
| 2. Name | Relationsh | hip (Employer or Professor) | _ |
| Address (with zip code) _ | | | |
| Phone number | ; cell | ; email | |
| 3. Name | Relationsh | hip | |
| Address (with zip code) _ | | | |
| – Phone number | : cell | : email | |

| *************************************** |
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| BACKGROUND CHECK |
| I authorize Camp Appanoose Inc. and its insurance company to conduct a background check: |
| Name (Printed or typed) Signature |
| Social Security Number |
| Today's date |
| *************************************** |
| Please return your application and copies of certification to: |

Camp Appanoose, Inc. Attention: Cynthia Amsden 13380 430th Street

Plano, IA 52581

or scan this document (with signatures) and email to: cabar@campappanoose.org