



## 2022 Staff Application

**APPLICATION DEADLINE: May 1, 2022**

*Applications received after the deadline will be given last consideration.*



You must be 18 years of age or older to serve as a Counselor for Alpha (Elementary) Camp. Those 13-17 may serve as workers for Alpha (Elementary) Camp. Counselors for Omega (Middle School/High School) Camp must be 21 years of age or older. Workers for Omega (Middle School/High School) Camp must be **High School Juniors/Seniors or older**. **All camp staff applications MUST be accompanied by a Camp Staff Evaluation Form from your pastor! Please complete all information including back of this page.**

**Qualifications:** We are looking for mature, Spirit-filled Christians who have a genuine love for young people. The ability to work in harmony with those whose views may be different from yours is a must for a counselor. Counselor applicants must be at least 18 years of age.

**Application Deadline:** May 1, 2022

**Remuneration:** There is no salary provided for counselors; however, rewards in terms of satisfaction and spiritual blessing can be unlimited.

**Selection:** There are several factors in the selection process. Each application is evaluated and approved by the Discipleship Ministries Team, Beech Springs Youth Camp Team, as well as by the Bishop.

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Are you a Christian? \_\_\_\_\_ When Saved? \_\_\_\_\_ Baptized in the Holy Spirit? \_\_\_\_\_ When? \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ Drink alcoholic beverages? \_\_\_\_\_ Use non-prescription drugs? \_\_\_\_\_

Do you have any physical handicaps or conditions preventing you from performing certain types of activities? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Experience with camps or youth: \_\_\_\_\_

### **Sexual Misconduct/Child Abuse Statement - Confidential**

*To properly protect the campers and our Summer Camp program, all those serving in staff capacities at Spirit Life Ministries camps, must provide the following information. Please sign and date your response.*

During your lifetime, have you ever been accused of child molestation, child abuse, assault or sex offenses of any nature? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain nature of accusation, charge or conviction: \_\_\_\_\_

All camp staff is required to sign the Sexual Misconduct/Child Abuse Statement. All responses will be kept strictly confidential.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**List two personal references** (excluding pastor and/or spouse).

(1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Name of church of which you are a member or attend regularly** \_\_\_\_\_

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

List other churches you have attended regularly during the past five years: \_\_\_\_\_

Are you willing to abide by camp guidelines, be given assignments, and assist the Director where needed?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please indicate by number 1 & 2 & 3 your preference of weeks to work if you sign up for more than one week. We work hard to place staff in their week of preference; however, we cannot guarantee that this is always the case. Thank you for your understanding.

\_\_\_\_\_ Primary Day Camp June 11

\_\_\_\_\_ Alpha Camp (Elementary) June 13-17 \_\_\_\_\_ Omega Camp (Middle School & High School) June 20-24

**CIRCLE THE APPROPRIATE AREA(S) IN WHICH YOU WISH TO SERVE:**

Counselor	Asst. Counselor	Worker	Activities Team
Kitchen	Registered Nurse	Night Watchman	Certified Life Guard
Dean of Boys	Dean of Girls		

\*Workers will be involved in the following:

(Garbage Detail/Mopping/Dining Hall Duty/Serving Line/Washing Dishes/Bathroom Duty/Grounds Duty)

**Are You Attending This Year as a Paying Camper? \_\_\_\_\_ If Yes:**

***Your Camp Application (along with the \$50 deposit) must accompany the staff application when sent in.***

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for summer camps, and I release all such references from liability for any damages that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to be bound by the policies of Spirit Life Ministries, and refrain from unscriptural conduct in the performance of my service. I will fully cooperate in spirit.

I grant permission, in the event of any accident to be taken to the nearest hospital to receive whatever medical treatment is deemed necessary by the Emergency Room Physician. I hereby absolve Spirit Life Ministries and its subsidiaries of any charges beyond the limits of the camp insurance.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, hereby give Spirit Life Ministries permission to film, video tape and/or photographs of myself, for the purpose of producing promotional videos, PSAs and commercials. I have been advised this film, video and/or photography will be used to promote Spirit Life Ministries/Discipleship Ministries programs. I also understand that the film, video and/or photography may be viewed in collateral material and/or online for the purpose of the promoting Spirit Life Ministries/Discipleship Ministries. I release Spirit Life Ministries, including its directors, officers, employees, consultants, agents, and film crews from all liability arising from the use of the film, video and/or photography of my son/daughter. I also understand and agree that no compensation will be paid to me for participating in this film, video and/or photography.

\_\_\_\_\_  
Signature of Parent/Custodian/Guardian

\_\_\_\_\_  
Dated

<b>T-SHIRT SIZE:</b>	<b>SMALL</b>	<b>MED.</b>	<b>LARGE</b>	<b>X-LARGE</b>	<b>XX-LARGE</b>	<b>XXX-LARGE</b>
----------------------	--------------	-------------	--------------	----------------	-----------------	------------------

INSTRUCTIONS: Please fill out this application form completely. Every counselor and worker must have an application and medical release form in order to attend Spirit Life Ministries Camp.

**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD  
WITH THIS APPLICATION**

Every effort is made to prevent accidents at the Spirit Life Ministries Camps, but occasionally they do occur. If a counselor or worker receives a minor injury, he/she will be taken to the office of a local physician. If an injury is not minor, or if there is any question about the nature of an injury, the counselor or worker will be taken to the Emergency Department of the Greenville Memorial Hospital, in Greenville, SC. Parents will be notified if their child requires medical attention.

**MEDICAL EMERGENCY TREATMENT CONSENT FORM**

Name of Counselor or worker: _____	
Birthdate _____	
List all allergies, special conditions or handicaps of the worker: _____ _____ _____	
Name of Family Physician: _____	Phone: _____
<b>HOSPITALIZATION COVERAGE</b>	
Insurance Company and/or Government Program: _____ Phone: _____	
Address: _____ _____	
Identification or Contact Number: _____	

**MEDICAL TREATMENT CONSENT FORM (for counselors and workers under the age of 21)** In my absence, I \_\_\_\_\_, hereby authorize the Director of Spirit Life Ministries Camp, or his/her appointee to obtain any medical treatment which may be deemed necessary for my child. I also hereby authorize any physician called upon by the Director of Spirit Life Ministries Camp to render medical treatment, which in his/her judgment may be deemed necessary for the well being of my child.

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

**MEDICAL TREATMENT CONSENT FORM (for counselors and workers age 21 and older)** I \_\_\_\_\_, hereby authorize the Director of Spirit Life Ministries

Camp, or his/her appointee to obtain any medical treatment which may be deemed necessary. I also hereby authorize any physician called upon by the Director of Spirit Life Ministries Camp to render medical treatment, which in his/her judgment may be deemed necessary for my well being.

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

**Mail Staff Application to:**  
**Discipleship Ministries PO Box 309 Williamston, SC 29697**

## Camp Staff Evaluation Form (For Pastors)

**Pastor:** Please provide the following information for each person that applies for camp staff positions from your church. All information remains confidential. Thank you!

Camp Staff Applicants Name: \_\_\_\_\_

Church: \_\_\_\_\_

List Church Activities in which Applicant is Involved:

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Circle the number in the scale ranging from high (5) to low (1) which reflects your opinion of this prospective camp staff member for Spirit Life Ministries Camp.

(Highest-5 to Lowest-1)

Personal Appearance	5	4	3	2	1
Ability to manage emotions	5	4	3	2	1
Evidence of good judgment in daily relations	5	4	3	2	1
Reliability in accepting responsibility	5	4	3	2	1
Personal ethics	5	4	3	2	1
Understanding children	5	4	3	2	1
Understanding teens	5	4	3	2	1
Getting along well with others	5	4	3	2	1
Self reliant	5	4	3	2	1
Honesty	5	4	3	2	1

Do you feel this person would make a good staff member? Why or why not?

\_\_\_\_\_

\_\_\_\_\_

Do you recommend this applicant to serve in the Spirit Life Ministries Camps?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pastor's Signature

\_\_\_\_\_

Date