

# Camp Staff 2020

Heartland Conference IPHC

## STAFF APPLICATION

Application Due by :  
May 5, 2020

### Instructions:

- More information is available at [www.hciphc.org](http://www.hciphc.org).
- Completely fill out the section "Applicant Information".
- Give the form to your pastor with a stamped envelope addressed to:  
**Heartland DM, 4910 S Anderson Rd, Oklahoma City, OK 73150.**
- **Pastor Recommendation is REQUIRED**

**Qualifications:** We are looking for energetic Christians with a genuine love for Christ and young people. Staff **must** be willing to serve cheerfully and submit to camp and conference leadership. We are required to complete background checks on all those 18 and over.

**Positions:** Room Coaches supervise a room or cabin of young people for the camp, including rooming with them; Nurse/ EMT dispenses medicine and attends to minor illnesses and injuries; Interns handle many support details including behind-the-scenes work (this is an excellent position for those who are between camping age and Coach age).

### Minimum Ages:

- Coaches – 21
- Kids' Camp Interns – 13
- All other positions – 19

### Camp(s) you are willing to serve:

- OneWeek Youth Camp** (6<sup>th</sup>-12<sup>th</sup> Grade), **June 8 - 12**
- Kids' Camp** (1<sup>st</sup>-3<sup>rd</sup> Grade) **June 16 - 19**
- Jr Camp** (3<sup>rd</sup> - 6<sup>th</sup> Grade) **June 22 - 26**

## Applicant Information

Position desired:  Room Coach  Nurse/ EMT  Intern  Any  Other: \_\_\_\_\_

Name \_\_\_\_\_

First

Middle (required)

Last

Preferred

Email \_\_\_\_\_

Text # (If you can receive texts) \_\_\_\_\_

Age \_\_\_\_\_

Birth date

/

/

Male

Female

Social Security # \_\_\_\_\_

- -

(required for background check)

Phone(s) \_\_\_\_\_

( )

Home

( )

Cell

( )

Work (if calls are permitted)

Mailing Address \_\_\_\_\_

Street/PO Box

City

State

Zip

Marital Status:  Single  Married (Spouse's name) \_\_\_\_\_

Divorced

Widowed

Engaged

Emergency Contact: Name \_\_\_\_\_

Name

Phone \_\_\_\_\_

( )

Have you worked/ attended a Heartland Conference camp previously?  Yes  No

If yes, when and what position(s) \_\_\_\_\_

T-Shirt Size (circle one): S M L XL XXL XXXL

Church \_\_\_\_\_

Pastor \_\_\_\_\_

Ministries you are involved in: \_\_\_\_\_

Born Again?  Yes  No When \_\_\_\_\_

Baptized with Holy Spirit?  Yes  No When \_\_\_\_\_

Do you: use tobacco  Yes  No; drink alcoholic beverages  Yes  No; use non-prescription drugs  Yes  No

take medication for psychological disorders?  Yes  No List: \_\_\_\_\_

have any allergies  Yes  No What? \_\_\_\_\_

have any handicaps or conditions that would hinder you from participating in all aspects of camp?

Yes  No If so, explain \_\_\_\_\_

have any medical training (RN, LPN, EMT, First Aid Certification)?  Yes  No If so, explain \_\_\_\_\_

Have you ever been convicted of a criminal offence (excluding minor traffic violations)?  Yes  No If so, explain \_\_\_\_\_

**List two personal references (excluding pastor/ youth pastor and family members. \*Fill in completely\***

Name \_\_\_\_\_ How long have you known this person? \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street/PO Box City State Zip

Name \_\_\_\_\_ How long have you known this person? \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street/PO Box City State Zip

**Applicant Statement**

I am willing to abide by the camp rules and policies, accept any position or assignment, room in the dorm or cabin to which I am assigned, and if necessary go beyond the duties assigned to my position. I also agree to refrain from unscriptural conduct or any conduct the camp leadership may deem inappropriate. I will fully cooperate in spirit. The information I have provided in this application is correct to the best of my knowledge. I have carefully read all the information provided in conjunction with this application form. I authorize any references or churches listed on this application to provide any information they have regarding my character and/or fitness for service in the Heartland Conference camping program, and I release all such references from liability for any damage that may result from furnishing such evaluations. I do hereby waive the right to examine this information. I authorize the Oklahoma Conference of the Pentecostal Holiness Church (d.b.a Heartland Conference IPHC) to perform a complete background check.

**Applicant's Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

Please give this application to your pastor along with a stamped, addressed envelope. He/ she will mail the completed form to: Heartland Conference Camps, 4910 S Anderson Rd, Oklahoma City, OK 73150. This application will not be considered without a pastor's recommendation.

**Pastor's Recommendation**

Pastor, we appreciate you and your time and candidate assessment of your parishioner. Please forward the application to our office. You are not required to share your evaluation with the applicant.

How long have you known the applicant? \_\_\_\_\_  
In what capacity? \_\_\_\_\_  
How do you feel the applicant will function as a camp staff member?  Excellent  Good  Fair  Poor  
Comments \_\_\_\_\_  
What strengths do you see in the applicant? \_\_\_\_\_  
Any weaknesses we should be aware of? \_\_\_\_\_  
Do you have any reservations in recommending this person?  Yes  No \_\_\_\_\_  
Do you have a current background check for this person on file?  Yes  No \_\_\_\_\_  
\_\_\_\_\_  
Pastor's printed name Pastor's signature Date Phone Number ( ) \_\_\_\_\_

**Office use only**

Date Rec'd \_\_\_\_\_  Ref #1  Ref #2  Pastor's Recommendation  Bkgd check Position \_\_\_\_\_  
Notes: \_\_\_\_\_