

Camp Staff 2026

Heartland Conference IPHC

STAFF APPLICATION

Application Due by :

May 10, 2026

Instructions:

- More information is available at 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 students, 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). *****It is important to note that male coaches will be with male students and female coaches will be with female students. Moms who attend with sons will be assigned as female coaches and will be in female student cabins and dads who attend with daughters will be assigned as male coaches and will be in male student cabins.**

Minimum Ages:

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

Camp(s) you are willing to serve:

- High School Camp (9th-12th Grade), June 8-12
- Middle School Camp (5th – 8th Grade) June 15-19
- Elementary Camp (K – 4th 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 _____

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: