

ROCK HAVEN BIBLE CAMP
VOLUNTEER APPLICATION



P O Box 40
 Hasty, AR 72640
 Camp Office: 870-429-5845
 Camp Director: 870-416-9084
 www.rockhavenbiblecamp.org

Today's Date _____ Check which fits you **A, or B**

APPLICANT INFORMATION

LAST NAME	FIRST	M.I.	DOB
STREET	CITY	ST	ZIP
HOME PHONE	CELL	E-MAIL	
Church Attending _____	Pastor _____	Phone _____	
Have You ever been convicted of a felony?	Yes___ No___ If yes explain:		

A) Cabin Leader: _____ YES

You must be 18 or older. (Preferable - one year of Bible College.) The first week will be a training week followed by 4 weeks of camp. Primary responsibilities include: Leading/supervising campers during their week of camp, role modeling an authentic Christ-centered life, and promoting a safe, fun, and enthusiastic time at camp.

___ Cabin Leader Volunteer (age 18+) (One year Bible College Preferable)

What week(s) are you available? ___ July 1-July 3 Training Week (Required)

___ July 08-13 Teen Camp (9th-12th)

___ July 15-19 Junior High Camp (7th-9th)

___ July 22-26 Middle Camp (5th-7th)

___ July 29-Aug 2 Elementary Camp (3rd-4th)

Any Special Training? ___ Life Guard (certified) ___ CPR/First Aid ___ EMT (Certified) ___ Other _____

Any Special Interest? _____

B) Volunteer: _____ YES

The Volunteer may volunteer more than one week but will be required to make a one week minimum commitment. You must attend one of the Volunteer Trainings Sessions.

What week(s) are you available? ___ July 08-13 Teen Camp (9th-12th)

___ July 15-19 Junior High Camp (7th-9th)

___ July 22-26 Middle Camp (5th-7th)

___ July 29-Aug 2 Elementary Camp (3rd-4th)

Positions interested in? ___ Cabin Leader Volunteer (age 18+)

___ Videographer ___ Photographer ___ Dining Hall/Kitchen Staff ___ Bible Teacher

___ Maintenance ___ Nurse ___ Housekeeping ___ Other _____

Any Special Training? ___ Life Guard (certified) ___ CPR/First Aid ___ EMT (Certified) ___ RN/LPN

Any Special Interest ? _____

C) WORK HISTORY

Company/Organization	Name of Last Supervisor
Address	Start Date
City, State, Zip	End Date
Phone Number	Your Last Job Title
Reason for Leaving	

D) REFERENCES

Please list 3 references (Non-family)

One must be with your Pastor or Youth Pastor

Full Name	Relationship: Pastor or Youth Pastor
CHURCH NAME:	Phone
Address	City, State, Zip
Full Name	Relationship
Company Name	Phone
Address	City, State, Zip
Full Name	Relationship
Company Name	Phone
Address	City, State, Zip

E) QUESTIONS

Are you or have you been a Rock Haven Camper? YES ___ NO ___ How Many Years? ___ Have any immediate family members attended? YES ___ NO ___
Why do you want to work at Rock Haven Bible Camp? _____

What is your strongest quality? _____

Weakest quality? _____

List your experience working with kids and what you enjoy most: _____

What is your religious affiliation? _____

What ministries have you been involved in within the last 3 years? (K-Life, Youth Life, Campus Crusade, FCA, Church, etc) _____

Briefly relate your personal testimony: _____

Describe your growth with Christ this year: _____

Do you have a Facebook/Twitter/Instagram? YES ___ NO ___ If Yes, what would it tell your campers and their parents about you and your character? _____

Have you been accused or convicted of, or pleaded guilty or no contest to any abuse or sexual misconduct?: YES ___ NO ___

How would you share the gospel with a camper? _____

Do you have any experience in sharing the gospel? Please share your experience. _____

Have you ever lead anyone to Christ? YES ___ NO ___ If no, would you know how? _____

F) RELEASE FORM

If my child/myself _____ (Name) is selected as a Cabin Leader or Cabin Leader member for the camping season I give permission for my child/myself to participate in all, Cabin Leader or Cabin Leader member camp activities. This includes, but not limited to pool/swim time and trips off campus. I understand that, only adult staff will be transporting my child/myself to and from camp sponsored events off campus.

If you have any questions regarding this, please call me. Kermit Lowery 870-416-9084 or office 870-429-5845

Parent/Guardian Agreement:

I/Myself acknowledge that the applicant is in good health and is able to participate in the physical activity of camp. I/Myself give permission to the camp nurse and/or the physician selected by the camp director and/or camp nurse to administer routine treatment/medication; and in case of medical and/or surgical emergency, to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. I/Myself acknowledge and accept the risks involved in camping activities.

I/Myself give permission to use pictures including the camper in organizational publicity.

G) MEDICAL

Insurance Company	Insurance Policy Number		
List any Allergies			Date of Last Tetanus shot _____
List all Medications taken Regularly:			
List any physical or medical conditions that might limit your participation:			

H) FIVE FUNDAMENTALS OF OUR FAITH

There are five fundamentals of the faith which are essential for Christianity, and upon which we must agree:

- 1) The Deity of our Lord Jesus Christ. Jesus being God in human flesh the second person of the Godhead. (John 1:1; John 20:28; Hebrews 1:8-9).
- 2) The Virgin Birth. (Isaiah 7:14; Matthew 1:23; Luke 1:27).
- 3) The Blood Atonement. The once and for all sacrifice of Jesus dying for our sins. (Acts 20:28; Romans 3:25, 5:9; Ephesians 1:7; Hebrews 9:12-14).
- 4) The Bodily Resurrection. (Luke 24:36-46; 1 Corinthians 15:1-4, 15:14-15).
- 5) The inerrancy of the Holy Scriptures themselves. (Psalms 12:6-7; Romans 15:4; 2 Timothy 3:16-17; 2 Peter 1:20)

I) SIGNATURE

YES _____ NO _____ I give permission for my photograph to be taken and to be used on Rock Haven Bible Camp's social media sites including, but not limited to, Rock Haven's website and Facebook.

By signing this application I agree:

To the rules, expectations and five fundamentals of our faith of Rock Haven Bible Camp while on or off duty
That the information I have provided is complete & accurate to the best of my knowledge.

That Rock Haven Bible Camp may contact people who have associated with me concerning my character, prior employment, references, education, reputation, criminal record, etc.

I have fully read, understand, and agree to the conditions of this application:

Signature **X** _____ Date _____ Signature **X** _____ Date _____

Must have a parent/guardian signature if under 18 years of age

J) CONFIDENTIAL BACKGROUND CHECK AUTHORIZATION

(Only fill out if you are 18 years old and older)

Print Name: _____
(First) (Middle) (Last)

Former Name(s): _____

Current Address Since: _____
(Street) (City) (State/Zip)

Email: _____

Social Security Number: _____ Date Of Birth: _____

Home Number: _____ Cell Number: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Rock Haven Bible Camp and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, Rock Haven Bible Camp or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release Rock Haven Bible Camp, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: X _____

Date: _____

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