

ROCK HAVEN BIBLE CAMP

RETURNING VOLUNTEER STAFF 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 Intern: _____ 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 Intern Volunteer (age 18+) (One year Bible College Preferable)

What week(s) are you available? ___ June 30-July 3 Training Week (Required)

___ July 8-13 Teen Camp (9th-12th) ___ July 15-19 Middle Camp (7th-9th)

___ July 22-26 Junior High Camp (5th-7th) ___ Jul 29- Aug 2 Elementary Camp (3rd-5th)

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 8-13 Teen Camp (9th-12th) ___ July 15-19 Middle Camp (7th-9th)

___ July 22-26 Junior High Camp (5th-7th) ___ Jul 29- Aug 2 Elementary Camp (3rd-5th)

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) REFERENCES *Please list your current Pastor or Youth Pastor*

Full Name	Relationship: Pastor or Youth Pastor
Church Name:	Phone
Address	City, State, Zip

D) RELEASE FORM

If my child/myself _____ (Name) is selected as a Cabin Leader or Cabin Leader member for the 2019 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.

E) 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:				

F) 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)

G) SIGNATURE

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



This section to be completed by Applicant. Fill out, sign and give to your reference to fill out and send in.

Name of Applicant _____ Date _____

Applying as a ___ Cabin Leader ___ Volunteer

Applying for these weeks of camp ___ Teen Camp ___ Middle Camp ___ Junior High Camp ___ Elementary Camp

By signing this I agree that Rock Have Bible Camp may contact people who have associated with me concerning my character, prior employment, references, education, reputation, criminal record, etc.

Applicant Signature: **X** _____ Date: _____

This section to be completed by Reference. (Please fill out and return to RHM, PO Box 40, Hasty, AR 72640)

Reference Name _____ Title _____

Church Name: _____ How many years have you known the applicant? _____

Relationship to applicant _____

1) To your knowledge, how long has this person been a Christian?

2) List what you know about this person's strengths and weaknesses in the following areas that would be helpful to their Staff Coordinator.

Any Limitations? _____

3) Physical Condition:

4) Social Maturity:

5) Emotional Maturity:

6) Spiritual Maturity:

7) Have you specifically observed their response to leadership? Does the applicant have a problem with authority?

8) Would you have this person counsel campers from your church or organization?

9) What are the strengths of this applicant that could help them be an asset to the Rock Haven summer staff team?

10) What are weaknesses that might affect the ability to carry out their duties at camp in the most effective way?

11) Finally, what would be your overall recommendation for this applicant and in what capacity would you recommend that we allow them to serve? In addition, you may make any comments you feel are relevant to the applicant and this application. (Feel free to use additional pages as needed.)

Reference Signature: **X** _____ Date: _____

(Return to RHM, PO Box 40, Hasty, AR 72640)