

STAFF APPLICATION

PREAMBLE

Pine Brook Camp exists to demonstrate Jesus Christ, Christian living and principles to all whom we encounter. All staff are ministers for Christ in every aspect of their work life, and personal life. For that reason, all potential staff must:

1. Subscribe to the camp's Statement of Faith (see back of application)
2. Be willing to allow all aspects of their life to be examined
3. Answer some personal questions regarding their lifestyle and theology
4. Be willing to permit an examination of police and criminal records for any information concerning them.
5. Understand that references are required and they will be contacted by phone or letter
6. If accepted, agree to model Jesus Christ in all of their activities
7. If accepted, fill out the camp's health form

The following information is requested solely for the purpose of evaluating the applicant for a position with Pine Brook Camp. If you are not willing and able to voluntarily agree to all the terms of this preamble, proceed no further. By completing this application you have expressly agreed to the terms of this preamble. Use additional sheet of paper, if necessary, to be complete in providing the information requested.

PERSONAL INFORMATION

Name _____ Phone Number (____) _____

Home Address _____

City _____ State _____ Zip _____

School Address _____

City _____ State _____ Zip _____

E-mail _____ Social Security # _____

Marital Status: Single Married Divorced Widowed

Spouse's Name _____ Number of Children _____

Church _____ Pastor _____

Church Address _____

Sex: MALE FEMALE Age _____ Birth Date ____/____/____



Full Summer Commitment – C.L.I.M.E. (Ages 16+)

** An additional application will be sent to you after we receive this application indicating your interest*

Arrival Day: June 22
 Training: June 23-July 1
 Day Camp: July 2-20
 Youth Camp: July 22-August 18
 Departure Day: August 18th

Part-Time Commitment

Please indicate the weeks you are available:

- Junior Week 1 (July 22-28)
- Junior Week 2 (July 29-August 4)
- Teen Week 1 (August 5-11)
- Teen Week 2 (August 12-18)

Application Due Dates:

C.L.I.M.E. – March 1st
 Part Time – April 1st

POSITIONS

I am interested in the following positions at Pine Brook Camp (please indicate first, second and third choices):

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Kitchen (food preparation) | <input type="checkbox"/> Camp Store |
| <input type="checkbox"/> *Junior Staff Training (age 13-15) | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Daycare |

**NOTE: There is a \$50 Charge for the Junior Staff Training Program*

PERSONAL TALENTS AND ABILITIES AND CERTIFICATIONS

Please list any talents, abilities, and certifications which could benefit our program:

EDUCATION AND WORK BACKGROUND

High School _____ Circle year completed: Fr. Soph. Jr. Sr. Graduated

College _____ Circle year completed: Fr. Soph. Jr. Sr. Graduated

Please list most recent employment first:

<u>Position</u>	<u>Name of Organization</u>	<u>Supervisor</u>	<u>Phone #</u>	<u>Dates</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

REFERENCES

Your application is not complete without three personal references from adults. One should be from your pastor or youth leader, the second from a current teacher, employer, or coach, and the third from an adult of your choice (**do not use relatives as references**).

<u>Pastor or Youth Leader</u>	<u>Employer, Teacher or Coach</u>	<u>Adult of your choice</u>
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
_____	_____	_____
Phone (____) _____	Phone (____) _____	Phone (____) _____
Email _____	Email _____	Email _____

Please include email if possible...that is the most efficient way sending out reference forms.

QUESTIONS

Please answer the following questions on a **separate** sheet of paper.

1. Do you attend church on a regular basis? Where do you attend church?
2. Describe your personal relationship with Jesus Christ. Include information about when and how you became a Christian and what it means to you to be a Christian.
3. In what ways have you grown spiritually this past year? Please include any Bible studies, discipleship groups, etc., in which you have been active.
4. What is your experience working with children ages 7-17?
5. Why do you desire to serve at Pine Brook Camp this summer?
6. What would Pine Brook Camp gain by having you on staff?
7. How would you explain the Gospel to a child. Please include Scripture references you would use.
8. Have you ever been formally or informally accused of improper conduct regarding children?
9. Fully describe any and all current pending charges and past arrests.
 - a. Convictions of any felonies or other crimes.
 - b. Convictions of any sexual misconduct or child abuse.

STATEMENT OF FAITH

1. We believe in the Scriptures of the Old and New Testaments as verbally inspired by God and inerrant in the original writing, and that they are of supreme and final authority in faith and life. (2 Timothy 3:16)

2. We believe in one God, eternally existing in three Persons: Father, Son, and Holy Spirit. (Matthew 28:19)
3. We believe that Jesus Christ was begotten by the Holy Spirit, born of the Virgin Mary, and is true God and true man. (Matt. 1:23; John 1:14)
4. We believe that man was created in the image of God; that man sinned, and thereby incurred, not only physical death, but also spiritual death, which is separation from God; that, as a result of this sin first committed by Adam, all human beings are born with a sinful nature, and, in the case of those who reach moral responsibility, are accountable as sinners in thought, word, and deed. (Gen. 1:26,27; Rom. 3:23)
5. We believe that the Lord Jesus Christ died for our sins, according to the Scriptures, as a representative and substitutionary sacrifice; and that all who believe in Him are justified on the grounds of His shed blood. (1 John 2:2)
6. We believe in the resurrection of the crucified body of our Lord, in His ascension into Heaven, and in His present life there for us, as High Priest and Advocate. (Luke 24:39; Acts 1:10,11)
7. We believe in "that blessed hope," the personal and imminent return of our Lord and Savior Jesus Christ. (Acts 1:11, 1 Thes. 4:16-17)
8. We believe that all who receive by faith the Lord Jesus Christ are born again of the Holy Spirit, and only thereby become children of God. We further believe that the Christian life is exemplary of the teachings found in the New Testament as the Holy Spirit reproduces the life of Jesus Christ in and through each obedient believer. (1 John 2:15-16)
9. We believe in the bodily resurrection of the just and the unjust, the everlasting blessedness of the saved, and the everlasting punishment of the lost. (Luke 23:42; 2Thes. 1:1-9)
10. We believe in the reality and personality of our enemy, Satan (Rev. 12:9)
11. We believe in the evangelization of the world. (Matt. 28:19-20)

Please read carefully. A check indicates your agreement.

_____ I certify that I voluntarily agree with the Statement of Faith of Pine Brook Camp without reservation or coercion and agree to exemplify and teach the principles contained therein, in word and action, in my duties for Pine Brook Camp, and my private life.

_____ I understand that by accepting a position at Pine Brook Camp I will be committing myself to serving others, and that my behavior and attitude will be examined in terms of my modeling and ministry to others.

_____ I certify that statements provided in this application are true and complete, and that any misrepresentation or omission may be grounds for rejection of my application or for dismissal if I am accepted.

Date

Signature of Applicant



210 Lakeview Road, Shutesbury, MA 01072

PBCCA
172G
FE873

CORI REQUEST FORM

Pine Brook Camp, Camp Anderson Foundation, Inc. has been certified by the Criminal History Systems Board for access to all the available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History System Board pursuant to Chapter 6, § 172G, which mandates operators of camps for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

_____-_____-_____
SOCIAL SECURITY NUMBER

MOTHER'S MAIDEN NAME

ADDRESS: _____

FORMER ADDRESS: _____

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

Please attach a copy of photographic identification (Driver's License, Student ID, Passport) If you do not have a form of photographic identification then please attach a copy of birth certificate. This is a state requirement.

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

**C.L.I.M.E. TEAM SUPPLEMENTAL
APPLICATION
2012**

Applicants Name: _____

Age: _____

Address: _____

Phone: (____) _____ - _____

Email: _____

1. Please detail your church involvement and attendance over the past 12 months.

2. Please list what you feel are your strengths in areas of:

Character:

Attitude:

Spiritual life:

Physical:

3. How do you feel your strengths would benefit the C.L.I.M.E. Team?

4. Please list what you feel are your weaknesses in areas of:

Character:

Attitude:

Spiritual life:

Physical:

5. How would you benefit in these areas from serving on the C.L.I.M.E. Team?

6. Please share three goals you have for your life.

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-

7. On another sheet (preferably typed) please answer two of the three essay questions:

- How do you feel serving on the C.L.I.M.E. Team will impact your future service in church or other ministry?
- Share your favorite passage of Scripture and explain how this has had an impact on your life.
- If you were accepted to become part of the C.L.I.M.E. Team what would you see as the most exciting aspect of the program for you?

8. Please share any other thoughts or comments you would like to make about yourself that may not have been covered in previous questions. Note: *(this is optional, it is only to help us get to know you better)*

Health History and Examination Form

This form must be completed in order for campers and staff to attend camp.

Please Mail or Fax to:
Pine Brook Camp
 210 Lakeview Road
 Shutesbury, MA 01072
 Phone: (413) 367-2643
 FAX: (413) 367-2140

This side is to be filled out by parent/guardian of minors or by adult campers/staff members themselves.

Name _____ Birth Date ____/____/____ Sex _____
 Social Security Number _____ (sometimes required in order to receive medical treatment)

Parent or Guardian (or Spouse) _____ Relation _____ Cell _____
 Home Address _____ Phone _____
Street and Number City State Zip Area/Number
 Business _____ Phone _____
Street and Number City State Zip Area/Number

Second Parent or Guardian _____ Relation _____ Cell _____
 Home Address _____ Phone _____
Street and Number City State Zip Area/Number
 Business _____ Phone _____
Street and Number City State Zip Area/Number

Emergency Contact:

Name _____ Relation _____ Cell _____
 Address _____ Phone _____
Street and Number City State Zip Area/Number

Insurance Company _____ **Policy Number** _____
 Doctor _____ Phone _____
Area/Number

PLEASE INDICATE (✓) IF THE PERSON NAMED ABOVE HAS OR DID HAVE ANY OF THE FOLLOWING:

<p>HEALTH HISTORY:</p> <ul style="list-style-type: none"> Respiratory: Pneumonia, Asthma Bronchitis, Sinusitis Recurrent Ear Infections Gastrointestinal: Constipation, Abdominal Pain Convulsive Disorder Skin Problems Kidney/Bladder Problems Heart Defects/Disease Hypertension Other 	<p>CURRENT HEALTH:</p> <ul style="list-style-type: none"> Respiratory Problem Ear Infections Gastrointestinal Problem Diabetes Emotional/behavior Problems Bed Wetting Sleep Walking Dietary Restrictions Other FEMALES: Has she menstruated? Has she been informed about it? 	<p>ALLERGIES:</p> <ul style="list-style-type: none"> Hay Fever Ivy Poisoning Insect Stings Penicillin Food (specify) Other (specify) <p>DISEASES:</p> <ul style="list-style-type: none"> Chicken Pox Measles Mumps
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MEDICATIONS — PLEASE LIST MEDICATIONS (MUST FILL OUT MEDICATION RECORD FORM)

DOES THIS CHILD HAVE ANY SPECIAL NEEDS TO BE CONSIDERED WHILE PROCESSING THIS REGISTRATION? (PLEASE SPECIFY ANY FOOD ALLERGIES)

COMMENT IF YES: _____

PARENT SIGNATURE REQUIRED

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization for Treatment:** I hereby give permission for the camp nurse to administer medications and treatment for my child as named above, including non-prescription medications for mild illness as well as the prescriptions brought with the child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, and to order injections, anesthesia or surgery for my child as named above.

 Signature of parent or guardian or adult camper or staff

 Date

Name

Year

IMMUNIZATION HISTORY

Written documentation of immunization or alternative proof of immunity is required for all campers and staff members.
Please fill in the chart below or attach a copy of all immunizations.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) Tetanus or Tetanus Diphtheria or Tetanus	1 2 3	1 2
Oral Polio (Sabin)*TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola) Mumps Rubella (German Measles, 3-day measles) or Haemophilus influenza b (HIB)		
Hepatitis B		
Other		

*****Medical Examination to be completed by a license physician*****

MEDICAL EXAMINATION

DATE OF EXAM _____

This examination should be performed within 24 months of arrival at camp. Examination for some other purpose within this period is acceptable. (If camper or staff has had an exam within 24 months of camp, attach a copy of that exam to this form, or bring it with you to camp on registration day). Examination is for determining fitness to engage in strenuous activities.

PLEASE CHECK (✓) IF NORMAL, OTHERWISE INDICATE ABNORMALITY:

Heart _____

Lungs _____

Abdomen _____

Hernia _____

Extremities _____

Posture (spine) _____

Skin _____

Eyes _____

Corrective Lenses _____

Ears _____

Nose _____

Throat _____

Teeth _____

Feet _____

RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP:

Special Diet/Food Allergie _____

Strenuous Activity _____

Other _____

I have examined the person herein described and have reviewed his health history. It is my opinion that he/she is physically able to participate in camp activities, except as noted above.

Licensed Physician's Signature

Date

Address _____

Phone _____