



Returning Summer Staff Application

Please fill out all areas as thoroughly as you can.

Return this application to:

7718 Twin Lakes Road; Manson, IA 50563

<i>Office Use Only</i>	
_____ Received	_____ Interview
_____ Contract	_____ Final Packet

PERSONAL INFO

Name: _____
First Middle Last

Present Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone _____ Cell: _____ Email: _____

Home Church: _____ Church City & State: _____

Permanent Mailing Address (If different than above): _____
Address City & State Zip

POSITIONS

I am interested in the following staff position (You may mark more than one):

Program Coordinator Waterfront Coordinator Weekend Coordinator Worship Coordinator
 Program/Office Assistant Children's Program Assistant Recreation Leader Crafts Hall Manager
 Head Counselor (Male) Head Counselor (Female) Female Counselor Male Counselor
 Marketing/Tech Support Head Lifeguard Lifeguard Boat Wrangler Support Team
 Full job descriptions are available on our website at <http://twinlakescc.com/employsummer.html>

SPIRITUAL GIFTS

Place an X in front of those skills in which you believe you have been gifted (You may mark more than one):

<input type="checkbox"/> Helps	<input type="checkbox"/> Service	<input type="checkbox"/> Mercy	<input type="checkbox"/> Giving	<input type="checkbox"/> Teaching	<input type="checkbox"/> Administration
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Encouragement	<input type="checkbox"/> Prophecy	<input type="checkbox"/> Healing	<input type="checkbox"/> Tongues	<input type="checkbox"/> Interpretation
<input type="checkbox"/> Evangelism	<input type="checkbox"/> Wisdom	<input type="checkbox"/> Knowledge	<input type="checkbox"/> Faith	<input type="checkbox"/> Discernment of Spirits	<input type="checkbox"/> Miracles

HEALTH CERTIFICATE

Name: _____ Date of Birth: _____ Gender: Male Female
First Middle Last

Emergency Contact: _____
First Last Home Phone Work Phone Cell Phone

Emergency Contact Mailing Address: _____
Address City State Zip

Insurance Information: _____
Company Name Policy Number Company Phone

Are there any medical, emotional, physical, or mental conditions which may limit your activity? No Yes If yes, please describe: _____

What are the current treatments or medications, if any, that you are using regularly (diabetes, asthma, heart ailments, epilepsy, depression, etc.)? _____

Do you have any allergies? No Yes If yes, please describe: _____

Immunization Record: Please put the date of latest inoculation in each box:

Polio	Diphtheria	Tetanus	Whooping Cough	Measles	Rubella

I hereby give permission to agents of Twin Lakes Christian Center (TLCC) to secure emergency medical or surgical treatment and routine non-surgical medical care for me or to the above applicant while under employment of TLCC. Routine non-surgical treatments can include acetaminophen, ibuprofen, and prescription drugs.

Applicant's Printed Name _____ Applicant's Signature _____ If under 18, Parent/Guardian's Printed Name _____ Parent/Guardian's Signature _____

As a returning summer staff member, you have spent at least a few moments reflecting on your past summer(s) at TLCC as well as on the upcoming one. You have also experienced growth since you last served here. Please fill out as much information as you can and use another sheet of paper if you need too. Please answer the following questions so that we can...

- Plan an effective summer experience for you and the other staff, and
- Better equip you to serve the campers, other guests and your peers this summer.

As a disciple of Jesus Christ, how have you:
Gotten to know Him better since being here? _____

Served him since being here? _____

Envisioned your future with Him? _____

What are your reasons for returning this summer; what do you hope to contribute and receive? What are your general reasons? What are your specific goals for yourself? What are your specific goals for your job/department/camp? _____

What issues, topics, books, etc. would you like to see addressed during staff devotions, Bible study or other times? _____

In what ways can the year-round staff be more effective in how they provide leadership to the summer staff? Please list some general thoughts that pertain to the year-round staff as a group, then list some specific thoughts that pertain to your past supervisor. How can we as a group and as individuals serve the summer staff better this year? _____

What do you think it means to serve? _____

Obedience to Christ is the key to an effective camping ministry. The commitment to discipleship, humility and verbal witness of camp staff contributes greatly to a camper's openness and responsiveness to the work of the Holy Spirit through the gospel.

It is essential that you be willing to:

- Share your relationship with Christ, through examples and speech, with campers and staff throughout the life of the camp.
- Enter into your position's responsibilities with a positive and supportive attitude.
- Sacrifice personal desires in the interest of the campers and your peers.

Twin Lakes Christian Center prohibits the use of tobacco products and / or the drinking of alcoholic beverages by its summer staff members on the center's grounds, while serving in either a volunteer or paid position. The use of drugs shall be limited to such as prescribed by a physician. Sexual immorality, either in practice or verbal endorsement, may provide grounds for discipline or dismissal, depending on the issue / event. The abuse of any substance or habit, while not necessarily against center policy, it may be cause for dismissal.

RETURNING APPLICANT'S AGREEMENT WITH TWIN LAKES CHRISTIAN CENTER

If I am accepted for a staff position, I will abide by the policies above and the principles of ethics, conduct and dress asked of me; and I will accept my proper responsibility as a member of camp community.

- I realize that any photos or recordings taken of me during the summer may be used in camp promotional materials.
- I do authorize the camp to complete a local and national criminal background check before I am hired.

In signing this application I hereby release all previous employers and / or references to furnish my records, reasons for leaving, and all information they may have concerning me. I hereby release them for all liability or damage arising there from. In signing this application I am also saying that all information within this application is true. In the event of my employment, I shall be subject to dismissal if I have given false or incomplete information within this application.

Printed Name _____ Applicant's Signature _____ Date Signed _____