



# S.A.L.T. Application

Please fill out all areas as thoroughly as you can.  
Return this application to:  
7718 Twin Lakes Road; Manson, IA 50563

Please indicate which program you are applying for:  
\_\_\_ S.A.L.T.  
\_\_\_ Seasoned S.A.L.T. (Completed S.A.L.T. prior year)

PERSONAL INFO

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
First Middle Last

Present Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_  
First Last

Home Church: \_\_\_\_\_ Church City & State: \_\_\_\_\_

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

QUALIFICATIONS

Please list three people (including pastor/youth pastor) who are familiar with your character, work habits, and qualifications.

Reference 1  
 Pastor/Youth Pastor: \_\_\_\_\_  
Name Work Phone Email Address

Mailing Address: \_\_\_\_\_  
Church Name Address City & State Zip

Reference 2  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
Address City & State Zip

Reference 3  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
Address City & State Zip

HEALTH CHECK-UP

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 \_\_\_\_\_

Place an X in front of those skills in which you have ability and experience. Please place two XX's in front of those which you would be able to teach. Add others on the blank lines.

SKILLS COMPETENCY

Able	Teach	Skill Name
<b>Spiritual Life</b>		
		One-on-One Sharing
		Leading Devotions
		Public Testimony
		Group Bible Study
		Running/Planning Worship
		Practicing Spiritual Disciplines
		_____
<b>Food Service</b>		
		Waiter/Waitressing
		Meal Preparation
		Cooking
		Bussing
		Dishwashing
		Supervising Meal/Dining Room
		_____
<b>Certifications</b>		
		WSI (Expires: _____)
		Lifeguard (Expires: _____)
		First Aid (Expires: _____)
		CPR (Expires: _____)
		EMT (Expires: _____)
		Nurse (Expires: _____)
		_____
<b>Business</b>		
		Receptionist
		Typing Speed _____
		Word Processing
		Data Entry
		Bookkeeping
		Cash Register
		Customer Service
		Money Counting
		General Maintenance
		Housekeeping
		Lawn Mowing (riding)
		Gardening
		Hand Tools
		Power Tools
		Woodworking/Carpentry
		Mechanical/Small Engines
		Welding
		Electrical
		Plumbing
		Painting
		Roofing
		_____

Able	Teach	Skill Name
<b>Program</b>		
<b>Music</b>		
		Piano
		Accompaniment
		Guitar
		Song Leader
		Small Group Singing
		Solo Singing
		Other Instruments _____
		Coordinating Worship Music
		Coordinating Other Music
		_____
<b>Dramatics</b>		
		Story Telling
		Mime
		Puppets
		Acting
		Writing
		Directing
		Dance
		Clowning
		Juggling
		Set Design/Building
		Lighting
		Stage Sound Systems
		_____
<b>Crafts</b>		
		Leather Work
		Bead Work
		Basket Weaving/Macramé
		Wood Crafts
		Sewing
		Scrapbooking
		Drawing
		Painting
		Nature Crafts
		Photography
		Large Graphics
		_____
<b>Sports/Recreation</b>		
<b>Team Sports/Group Games</b>		
		Softball
		Soccer
		Volleyball
		Basketball
		Football
		_____

Able	Teach	Skill Name
<b>Sports/Recreation (cont.)</b>		
<b>Water Sports</b>		
		Kayaking
		Ski Boat Driving
		Waterskiing
		Wake Boarding
		Swimming
		Canoeing
		Sailing
		Rowing
		Kneeboarding
		_____
<b>Individual Sports</b>		
		Archery
		Golf
		Acrobatics
		Aerobics
		_____
<b>Group Initiatives</b>		
		Climbing Wall
		Low Level Initiatives Course
		High Level Initiatives Course
		_____
<b>Environmental/Outdoor Education</b>		
		Tenting
		Orienteering
		Hiking
		Fire Building
		Cooking
		Survival Camping
		Geology
		Astronomy
		Zoology
		Botany
		_____
<b>Special Skills</b>		
		_____
		_____
		_____
		_____
		_____
Comments		

**Spiritual Gifts Assessment**

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

___ Helps	___ Service	___ Mercy	___ Giving	___ Teaching	___ Administration
___ Hospitality	___ Encouragement	___ Prophecy	___ Healing	___ Tongues	___ Interpretation
___ Evangelism	___ Wisdom	___ Knowledge	___ Faith	___ Discernment of Spirits	___ Miracles

Comments/Questions: \_\_\_\_\_

\_\_\_\_\_

The purpose of Twin Lakes Christian Center is to provide creative programs, facilities and services for the making of disciples of Jesus Christ. Though our guests come from many denominational and/or religious backgrounds, the central truths of God's word, the Bible, determine and inform all of our business practices, guest relationships, moral behavior, and interpersonal relationships.

In applying for S.A.L.T. Camp, you will indicate that you are willing to adhere to the policies, practices and expectations generated by our mission of making disciples. Please thoughtfully and thoroughly complete your answers to the following questions so that we can better understand where you are in the process of being a disciple and becoming more like Jesus Christ. Use separate sheets of paper if necessary.

Are you a disciple of Jesus Christ? If yes, how do you know? \_\_\_\_\_

Describe your spiritual walk and what God is doing in your life now? \_\_\_\_\_

Describe how you have grown in the last year. \_\_\_\_\_

Describe how you have served others over the last year. \_\_\_\_\_

Why are you interested in participating in the S.A.L.T program this summer? \_\_\_\_\_

What do you have to contribute and what do you hope to receive? \_\_\_\_\_

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 & volunteers 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 staff & volunteer 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.

***APPLICANT'S AGREEMENT WITH TWIN LAKES CHRISTIAN CENTER***

If I am accepted for S.A.L.T., 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 accepted into the program.

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 acceptance into the program, I shall be subject to dismissal if I have given false or incomplete information within this application.

Printed Name \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_



# CONFIDENTIAL S.A.L.T. REFERENCE

Please fill out this reference for the applicant below. Send completed reference to:  
Twin Lakes Christian Center—Associate Director  
7718 West Twin Lakes Road; Manson, IA 50563  
(712) 297-7714 ~ info@twinlakescc.com



Name of Applicant: \_\_\_\_\_ has applied for S.A.L.T. Camp at Twin Lakes Christian Center.

Being a member of the TLCC S.A.L.T. Team is a privilege that carries with it high expectations. There are certain personal characteristics that prove beneficial to serving in this ministry. Please answer the following questions to the best of your knowledge and return it to Twin Lakes Christian Center, 7718 Twin Lakes Road, Manson IA 50563. If a conversation would be helpful, please note such below or call (712) 297-7714. Thank you.

How long have you known this person? \_\_\_\_\_

Under what circumstances? \_\_\_\_\_

Please rank the following characteristics as they are displayed in the life of the applicant by circling the appropriate number. NK = no knowledge

	Poor ◆—————◆ Superior							
	1	2	3	4	5	6	7	NK
Christian Discipleship	1	2	3	4	5	6	7	NK
Teachability/Humility	1	2	3	4	5	6	7	NK
Work with Children	1	2	3	4	5	6	7	NK
Work with Peers	1	2	3	4	5	6	7	NK
Response to Authority	1	2	3	4	5	6	7	NK
Follow-through Ability	1	2	3	4	5	6	7	NK
Trustworthiness	1	2	3	4	5	6	7	NK
Outgoing	1	2	3	4	5	6	7	NK
Emotional Balance	1	2	3	4	5	6	7	NK
Friendliness	1	2	3	4	5	6	7	NK
Tact	1	2	3	4	5	6	7	NK
Leadership Ability	1	2	3	4	5	6	7	NK
Sense of Humor	1	2	3	4	5	6	7	NK
Temper Control	1	2	3	4	5	6	7	NK
Punctuality	1	2	3	4	5	6	7	NK

In answering the following. Please use a separate sheet of paper if necessary.

Please comment on the applicant's spiritual maturity and process of spiritual growth, especially within the last two years. \_\_\_\_\_

Please assess the applicant's readiness and ability to work with children and peers in an intense camping experience. What are the personal qualities, characteristics and attitudes which would help or hinder the applicant's performance? \_\_\_\_\_

\_\_\_ I recommend \_\_\_ I do not recommend the applicant for SALT Camp because: \_\_\_\_\_

I expect the applicant's work to be (circle one): superior good average fair poor

Printed Name	Title/Position	Reference Signature	Date Signed
Address	City & State	Zip	Phone