



STAFF APPLICATION

NAME _____
(LAST) (FIRST) (MIDDLE)

BIRTHDATE ___/___/___ AGE ___ SOC. SECURITY # _____

PRESENT ADDRESS _____
(STREET)

(CITY) (STATE) (ZIP)

HOME PHONE # (____) _____ CELL PHONE # (____) _____

EMAIL ADDRESS _____@_____.

SEX ___M ___F T-SHIRT SIZE (*circle one*) YL S M L XL XXL XXXL

MARITAL STATUS ___SINGLE ___MARRIED ___SEPARATED ___DIVORCED

NO. YEARS MARRIED _____ NO. OF DEPENDENTS (include yourself) _____

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS? _____

IF YES, LIST CONVICTIONS _____

HAVE YOU WORKED FOR US BEFORE? ___NO ___YES-HOW LONG? _____

LIST ANY FRIENDS/RELATIVES WORKING WITH US NOW _____

POSITION

PLEASE INDICATE POSITION APPLYING FOR (INDICATE 1ST, 2ND CHOICE IF APPLYING FOR MULTIPLE)

MINIMUM AGE

POSITION

_____ 16

COUNSELOR

_____ 18

NURSE/EMT

_____ 16

EXTENDED CARE STAFF

_____ 16

ARTS & CRAFTS COORDINATOR

_____ 16

GROUNDS/FACILITY CREW

TRIPLE C RANCH CAMP APPLICATION

A camp is its counselors, and at Triple C, we have the best! Being a counselor at Triple C Ranch is an experience like no other. We ask a lot from our counselors. Besides the physical demands of being with campers, participating in the activities, and arriving on time, we require our counselors to further their spiritual walk. Your personal relationship with Jesus Christ is the most important thing in being a Triple C Counselor. We are looking for people who want to deepen their faith and share their life with children in hopes of leading them to a life with our Savior, Jesus Christ. We are not looking for perfection, but a heart of a servant willing to walk the walk set before us. Please take time to fill out the following questions in an honest manner. We are not looking for the right answer, but we are looking for your answer. Please feel free to add additional space for your answers. An interview is required as a follow up to the application process.

LOGISTICAL INFORMATION

Please explain any specialized training or additional experience in dealing with children:

Describe any hobbies or sports you are interested in:

What (if any) weeks or individual days would you be unable to work and why? Are you willing to be on overnight trips?

Please Note: Hiring decisions will be based upon availability. We prefer that all applicants be able to work the entire 8 weeks, but request a minimum of 6 weeks in order to apply. Cases will be viewed on a case by case basis.

SPIRITUAL INFORMATION

Explain how you came to experience Jesus Christ as your Savior:

Describe your current personal relationship with Jesus Christ:

How would you explain the gospel to a non-believer:

How have you been growing in your relationship with God:

EMPLOYEE DATA

1. Business Name _____ Supervisor Name _____

City and State of Business _____ Phone No. _____

Dates Worked From _____ To _____ Beginning Salary _____ Ending _____

Job Responsibilities _____

Reason For Leaving _____

2. Business Name _____ Supervisor Name _____

City and State of Business _____ Phone No. _____

Dates Worked From _____ To _____ Beginning Salary _____ Ending _____

Job Responsibilities _____

Reason For Leaving _____

PERSONAL REFERENCES

(ONE MUST BE YOUR PASTOR)

Relationship

Name

Phone No.

EDUCATION

School Name

Year

GPA

Major

CHURCH HOME

Church Name _____ Years Attended _____

Address _____

(STREET)

(CITY)

(ST.)

(ZIP)

Phone No. (_____) _____ Pastor's Name _____

FOR OFFICE USE ONLY: PASTORAL COMMENTS

ADDITIONAL INFORMATION

FATHER'S NAME _____ HOME PHONE (_____) _____

WORK PHONE (_____) _____ CELL PHONE (_____) _____

ADDRESS _____

(STREET)

(CITY)

(ST.)

(ZIP)

MOTHER'S NAME _____ HOME PHONE (_____) _____

WORK PHONE (_____) _____ CELL PHONE (_____) _____

ADDRESS _____

(STREET)

(CITY)

(ST.)

(ZIP)

IF PARENTS CAN NOT BE NOTIFIED, PLEASE CONTACT:

NAME _____ HOME PHONE (_____) _____

WORK PHONE (_____) _____ CELL PHONE (_____) _____

ADDRESS _____

(STREET)

(CITY)

(ST.)

(ZIP)

RELATIONSHIP _____

HEALTH HISTORY (Give approximate dates of occurrence, mild or severe)

HEART DEFECT/DISEASE	
DIABETES	
MEASLES	
PSYCHIATRIC TREATMENT	
PHYSICAL TREATMENT	
CONVULSIONS	
BLEEDING/CLOTTING DISORDER	
CHICKEN POX	
ASTHMA	
PHYSICAL DISABILITIES (describe)	

ALLERGIES (foods, drugs, insects, animals) _____

Date of last Tetanus shot _____ / _____ / _____

CURRENT MEDICATIONS

REASON FOR TAKING MEDICATION

NAME OF PHYSICIAN _____ PHONE (_____) _____

ARE YOU COVERED BY MEDICAL INSURANCE? ____ YES ____ NO

INSURANCE CARRIER NAME _____ Group No _____

POLICY NO _____ PHONE (_____) _____

PLEASE MAKE SURE TO CARRY AN INSURANCE CARD WITH YOU AND SUBMIT A COPY TO THE CAMP OFFICE
To the best of my knowledge, this health history and information on this application is correct. The person listed has permission to work at Triple C Ranch and engage in all activities except as noted. I hereby authorize staff or designated medical professionals to administer emergency medical assistance if I can not be reached. I accept responsibility for payment incurred as a result of medical treatment.

APPLICANT PRINTED NAME _____ SIGNATURE _____

Signature of Parent/Legal Guardian for applicant under 18 years of age

DAT APP. REC'D

FOR OFFICE USE ONLY

AGE @ CAMP

POSITION HIRED FOR

SALARY