



2012 Bair Lake Bible Camp Staff Application

Name _____ Phone () _____
Last First Middle

Address _____

City _____ State _____ Zip _____ E-mail _____

Age _____ Birthdate _____ Gender _____ Single _____ Married _____ Spouse's Name _____

Children who will not be campers but will be coming with you:

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

Church attending _____ City or location _____

PRACTICAL EXPERIENCE:

In Camping: (previous experience, position (s)) _____

Other: (Sunday School, clubs, etc.) _____

Briefly state your testimony: _____

QUALIFICATIONS/CERTIFICATION

Health Care _____ Exp. Date _____ CPR _____ Exp. Date _____

Waterfront _____ Exp. Date _____ Other _____ Exp. Date _____
(please attach copy of all certificates)

Have you ever been convicted of anything other than a minor traffic violation? **Yes** _____ **No** _____

If yes, please explain: _____

Have you committed or ever been accused of any act of child abuse or criminal sexual conduct? **Yes** _____ **No** _____

If yes, please explain: _____

Signature: _____ Date: _____

DESIRED DATE OF SERVICE AND WORK AREA

Check the week or weeks you are available and fill in the blank (s) to the right with the area in which you prefer to work. C=Counsel, H=Housekeeping, K=Kitchen, L=Lifeguarding, M=Maintenance, P=Programming, O=Other

AVAILABLE

AREA OF WORK PREFERRED

- CIT June 17-23
- Juniors 1/ Day Camp 1 June 24-30
- Family Camp July 1-7
- Explore 67/ Day Camp 2 July 8-14
- Middle School Classic/ Day Camp 3 July 15-21
- Teen Classic July 22-28
- Juniors 2/ Day Camp 4 July 29-August 4
- Middle School ATAC Aug 5-11
- Youth Week Aug 5-11
- Labor Day Wknd. Aug 31 - Sept 3

Please list any experience or qualifications you have for the position you have applied for: _____

HEALTH HISTORY RECORD - PLEASE INCLUDE A COMPLETED BLBC HEALTH HISTORY FORM

Form located on web at www.blbc.com, get involved. .

Do you have any physical limitations? **Yes** **No** If yes, please explain _____

Do you have any special conditions to be watched for? (allergies, diabetes, epilepsy, heart trouble, etc.)

Yes **No** If yes, please explain _____

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REFERENCES

Having personal knowledge of the character, integrity and ability of the above-identified individual, I endorse the said person as a qualified applicant for performing tasks associated with the camp operation. I am not a family member of the above stated applicant.

1. _____
Signature *Position* *Phone* *Date*

2. _____
Signature *Position* *Phone* *Date*

3. _____
Signature *Position* *Phone* *Date*