



Mount Jubilee Ministries, Inc.
CAMP JUBILEE STAFF APPLICATION - 2017

Return to: Camp Jubilee, PO Box 11621, Winston-Salem, NC 27116

Name: _____ Age: _____ Birthdate: _____ Male _____ Female _____

Mailing Address: _____

E-mail: _____ Phone: _____ Cell: _____

T-Shirt Size: **Youth:** Small Medium Large **Adult:** Small Medium Large XLarge XXLarge
(Circle one)

Church Affiliation: _____ Elder/Pastor: _____

Please use additional paper if needed to complete answers.

Camp Experience:

List and describe all church/mission work experience. List any training or experience that has prepared you for working with campers with special need. Use back if needed. _____

Areas of service: Please indicate your *top five (5) preferences* - 1 first choice, etc.

____ Kitchen Staff ____ Activities/Games ____ Lifeguard (Valid Certification) ____ Crafts
____ Music ____ Counselor (18 & older) ____ Jr. Counselor ____ Where needed most
Other: _____

Insurance Information:

Provider: _____ Primary subscriber: _____
Policy number: _____ Effective date: _____

Emergency contact: _____ Relationship: _____

Phones: Home: _____ Cell: _____

Medical Information:

Are you in good health? _____ If no, please explain. _____
Please list any physical limitations that would determine your activity as a staff person. _____

List known allergies: _____ Regular medications: _____
If you have an allergy, do you have an epinephrine pen? _____

Any known communicable diseases

HIV/AIDS _____ Hepatitis Type _____ STD Type _____ Other _____
(If this information is not included, in case of emergency general safety protocol will be followed.)

Lice Check – For the safety of all Camp Jubilee participants, all campers and staff will be checked for lice at registration.

If this applicant is under 18 yrs. of age, a parent or guardian must sign this medical permission.

_____ has my permission to receive any necessary medical attention while in the care of Camp Jubilee/Mount Jubilee Ministries.

Signature of parent/guardian

Date

Applicants 18 yrs. and older, please sign this medical permission.

In the event that I am unable to sign for myself and my contact person cannot be reached, I authorize Camp Jubilee/Mount Jubilee Ministries authorities to obtain necessary medical care for me.

Staffer Signature

Date

Background Information:

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? _____ If yes, please explain. _____

Have you ever been a victim of abuse or molestation? _____ If yes, please give a brief explanation. *You may choose to discuss this personally with the camp director.*

A background check will be run on ALL staff.

Please read the following Dress Code and Restrictions for staff at Camp Jubilee.

Dress Code: *Girls* - two-piece swimsuits must cover midriff; no miniskirts. *Boys* - no earrings.

Girls & Boys - Loose fitting T-shirts or sweatshirts only (no midriffs). No tight-fitting or low-hanging pants or shorts. Shorts must reach at least halfway to the knee.

Restrictions: No tobacco, alcohol, illegal drugs, knives, electronic devices (iPod/CD/DVD, video games, or computers). No restrictions on race, color, gender or national or ethnic origin.

I am willing to follow the rules of Camp Jubilee as they may affect my dress, conduct, personal habits, etc. and to submit to the leadership of Camp Jubilee staff and the director.

Signature

Spiritual Information: *Applications cannot be considered without this information.*

On a separate page, write your personal testimony, explaining how you came to accept Jesus Christ as Savior, and how you know you are saved. Also, write WHY you want to serve on staff at Camp Jubilee. Can you lead a person to Christ? _____ Have you ever done so? _____ We believe the Bible teaches that salvation is eternal.

Do you believe and teach this? If no, please explain. _____

Do you practice regular Bible reading and prayer? _____ Briefly relate a recent opportunity to share Christ with someone. _____

What do we believe? This is the **Doctrinal Statement of Faith** of Mount Jubilee Ministries, Inc.

The following Biblical truths shape the foundation for the teaching and operation of Mount Jubilee Ministries. All who take an active role in the ministry are expected to agree with and uphold them.

1. The Bible is the inspired Word of God, inerrant in its original manuscripts and the final authority in all matters of faith and practice. (II Timothy 3:16 & 17)
2. There is one God, eternally co-existing in three distinct persons: Father, Son and Holy Spirit. (I Peter 1:2)
3. The Lord Jesus Christ is fully God and became fully man. Through His virgin birth, by His death and resurrection, the Lord Jesus Christ made salvation a free gift to all who receive Him. (John 3:16 & 36; Ephesians 2:8 & 9)
4. Each member of the human race is created in the image of God, but falls short of God's glorious standard, sinful and lost. Regeneration by the Holy Spirit is absolutely essential for the salvation of each individual. Redemption is wholly by the blood of Christ, and salvation is by grace, through faith in our Lord Jesus Christ. (Romans 3:10 – 30)
5. God created and maintains all things by His sovereign power. (Colossians 1: 15 – 17)
6. The Church of our Lord Jesus Christ is composed of all true believers in the Lord Jesus Christ. True believers have assurance of eternal life and the power of the Holy Spirit to live righteous lives. (John 10: 27 - 29; Galatians 5:16 - 18)
7. The blessed hope of the Church is the personal and imminent return of the Lord: the saved to enjoy eternal bliss and the unsaved to experience eternal and conscious punishment. (Revelation 20: 11 – 15)

Do you agree with the camp statement of faith? If no, please explain. _____

Personal References:

Please list two personal references

(not a relative - i.e.: friend, co-worker, teacher; not church leader who signs commendation)

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

Detach:-----

To be completed by a leader in your local church.

Name of applicant: _____

Do you believe this applicant will be an asset to the Camp Jubilee program? Yes No

Do you believe this applicant will follow the rules and submit to the leadership of the camp staff and director?
 Yes No

Do you have any hesitation in recommending this applicant as a worker for Camp Jubilee? Yes No
If yes, please explain.

Signed: _____ Position: _____ Date: _____

Please return this form to: Camp Jubilee, PO Box 11621, Winston-Salem, NC 27116

Contact information: Cecil Cottrell, Director ~ (336) 349-8923

Website: www.MountJubilee.org Email: MountJubileeMinistries@gmail.com



Waiver and Release of Liability

In consideration of being allowed to volunteer my services for Mount Jubilee Ministries, Inc. and Camp Jubilee, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless Mount Jubilee Ministries, Inc., its officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.

Volunteer Confidentiality Agreement

I recognize that as a volunteer of Mount Jubilee Ministries, Inc., a North Carolina non-profit corporation, I may have access to confidential information concerning MJM, its guests, agents, employees, volunteers or representatives. In consideration of any volunteer status with MJM, I agree I will not at any time, during or after volunteering for MJM, divulge or reveal to any person, firm or corporation, any information (including, but not limited to, personal or financial information or camper and family lists), directly or indirectly, which might in any way be used to injure or interfere with the business or ministry of MJM, or to alienate guests, agents, employees, volunteers or representatives from MJM or to cause discontent or dissatisfaction among any such persons.

I agree that should I have any questions as to the propriety of release of any information, I will request clearance from MJM prior to releasing such information.

By signing my name below, I am showing that I agree with all the preceding information contained on this page.

Staff/Volunteer Signature: _____ Date: _____

Print Full Name (Include maiden name, nickname and/or former names):
