



# Mount Jubilee Ministries, Inc.

CAMP JUBILEE STAFF APPLICATION - 2019

Return to: Camp Jubilee, PO Box 81, Reidsville, NC 27323

## Contact Information

Name \_\_\_\_\_

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

Male  Female Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone Cell (\_\_\_\_) \_\_\_\_\_ Daytime (\_\_\_\_) \_\_\_\_\_ Night (\_\_\_\_) \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Elder/Pastor \_\_\_\_\_

## Camp Experience

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

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## Areas of service

Please indicate your preference of service using 1 as most desired, 2 as next and so on:

The main area of need will be counselors. If you are gifted in crafts, games, music, etc. please indicate and you may have a double role as needed.

\_\_\_ Senior Counselor

(18 and older with experience with special needs, may be required to assist with personal hygiene)

\_\_\_ Senior Counselor (18 and older without experience with special needs)

\_\_\_ Junior Counselor (16-18 years old with experience with special needs)

\_\_\_ Junior Counselor (16-18 years old without experience with special needs)

\_\_\_ Nurse \_\_\_ Doctor \_\_\_ Activities/Games \_\_\_ Crafts \_\_\_ Music

## Insurance Information

Provider \_\_\_\_\_

Primary Subscriber \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_ Effective Date \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: 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. \_\_\_\_\_

\_\_\_\_\_

Known allergies: \_\_\_\_\_

Regular medications: \_\_\_\_\_

If you have an allergy, do you have an epinephrine pen? \_\_\_\_\_

Any known communicable diseases?

HIV/AIDS \_\_\_\_\_ Hepatitis 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 Mount Jubilee Ministries.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**Applicants 18 yrs. and older must sign this medical permission.**

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

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## Background Information

Have you ever been convicted of any criminal offense other than a minor traffic violation? If yes, please explain. \_\_\_\_\_

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.)

## Dress Code and Restrictions

- Girls - two-piece swimsuits must cover midriff; no miniskirts.
- 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.
- No tobacco, alcohol, illegal drugs, knives, electronic devices (iPod/CD/DVD, video games, or computers).

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

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, please write WHY you want to serve on staff at Camp Jubilee.

(Returning staff do not need to submit this information if we have it on file from a previous year)

## 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 MJM statement of faith? \_\_\_\_\_ If no, please explain. \_\_\_\_\_

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## Personal References

Please list two personal references and include complete contact information.

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **Waiver and Release of Liability**

In consideration of being allowed to volunteer my services for Mount Jubilee Ministries, Inc. (MJM) 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. (MJM), 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 the statements contained on this page.

Staff/Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by a leader in your local church** (NO counselor application will be considered without this completed form.)

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 81, Reidsville, NC 27323**

Contact information: Cecil Cottrell, Director (336) 552-3766

Email: [MountJubileeMinistries@gmail.com](mailto:MountJubileeMinistries@gmail.com) Website: [www.MountJubilee.org](http://www.MountJubilee.org)