

2019 Kokrine Hills Bible Camp Staff Application

Which camp(s) do you plan to join us for:

High School: ____ Discipleship: ____ Jr High: ____ Elementary: ____
June 19/20-June 30 June 30-July 7 July 7-July 16 July 16-July 23

(Please note that the dates listed above include staff travel days)

In which position(s) are you interested in serving:

Please note that if you plan to attend more than one week of camp and desire to serve as a Cabin Leader, we ask that you prayerfully consider another area of camp in which you would like to serve for consecutive week(s).

Personal Information

Name: _____ Birthdate: ____/____/____ Age: _____

Male: ____ Female: ____ Marital Status: Single ____ Engaged ____ Married ____ Divorced ____

Weight: _____ lbs. (needed for flight purposes)

Home Church: _____ Phone: _____

Please list one adult, other than your pastor, who knows you well and will complete a reference form on your behalf: _____ Email: _____ Phone: _____

Contact Information

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

May we distribute your contact information (Email, Mailing Address, Cell Phone & Birthday) so campers may keep in touch throughout the year? Yes _____ No _____

Partial (please list what you want us to include): _____

Person to contact in case of emergency: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ City/State: _____

Insurance Information

Insurance Company: _____ Phone Number: _____

Policy #: _____ Group #: _____

Your Primary Doctors Name: _____ Office Number: _____

Health & Safety Information

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you habitually use tobacco in any form? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you habitually drink alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you recently (within the last year) used illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any dietary restrictions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of child abuse or a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have past due bills or unpaid debts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there anything else we should know about you or your past which may bring us concern in your service as a team member with KHBC? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to any of the above questions, please explain in as much detail as possible:

Belief Statement

Please describe the fundamentals of your faith in the space provided below

Please initial next to the following statements to indicate you've read and understand them:

___ *I have fully and truthfully answered the above questions.*

___ *I understand that because of the camp's remote location medical treatment, including emergency life saving treatment, could be delayed or unavailable. I accept this liability risk and agree to hold Kokrine Hills Bible Camp, its board, leaders and staff faultless in the event professional medical care is delayed or unavailable.*

___ *I hereby give permission for emergency medical treatment to be administered to me and I agree to be financially responsible for such treatment.*

___ *I have never been convicted of a felony, or any sex-related or violent offense.*

___ *I understand that KHBC will be taking video and still photos throughout the camp season and give permission for them to use video/photos of me in various camp brochures/promotions and/or on the camp website, blog or Facebook.*

___ *I have read the job description(s) for which I am applying and agree to abide by camp policies as stated in the KHBC Staff Manual.*

Applicant Signature: _____

Date: _____

Signature of Parent/Guardian (if applicant is under age 18): _____

Signature of Pastor: _____

Please mail application to: Koyukon Camp Ministries, PO Box 68, Galena, AK 99741

OR

Scan and email application to khbcdirector@gmail.com