

# 2017 Kokrine Hills Bible Camp Staff Application

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

High School: \_\_\_\_\_ Discipleship: \_\_\_\_\_ Jr High: \_\_\_\_\_ Elementary: \_\_\_\_\_ Young Adults: \_\_\_\_\_  
June 24-July 4      July 4-July 10      July 10-July 19      July 19-July 27      July 27-August 1

(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:

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## Belief Statement

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

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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 jkatches at jkatches@gmail.com