

2023 Summer Camp Application

PERSONAL INFORMATION

NAME _____ Are you over 18 years of age? _____

If you are under the age of 18, can you provide a valid work permit? ☐ Yes ☐ No

Mailing Address _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone (_____) _____ Can we text you? ☐ Yes ☐ No

E-Mail _____

AVAILABILITY

Please check the Camp Sessions that you are available to work:

Camp Dates:

<input checked="" type="checkbox"/>	Counselor Training (Required)	June 5 – June 9	Monday – Friday
<input type="checkbox"/>	Session 1 High Functioning	June 12 – June 16	Monday – Friday
<input type="checkbox"/>	Session 2 Youth/Young Adult (ages 10-27)	June 19 – June 23	Monday – Friday
<input type="checkbox"/>	Session 3 High Needs/Wheelchair	June 26 – June 30	Monday – Friday
<input type="checkbox"/>	BREAK No Camp Session	July 3 – July 7	Monday – Friday
<input type="checkbox"/>	Session 4 High Functioning	July 10 – July 14	Monday – Friday
<input type="checkbox"/>	Session 5 High Functioning	July 17 – July 21	Monday – Friday
<input type="checkbox"/>	Session 6 Tentative Camp	July 24 – July 28	Monday – Friday

A Staff T-Shirt will be provided -- Please indicate your size _____

PERSONAL INFORMATION:

Answer the following questions. All information will be kept confidential. We are required by law to collect this information for equal opportunity employment purposes, but it will not become part of your personnel records. {California Code of Regulations §7287.0 (b), (c) (3).}

Gender: _____ Male _____ Female

Please answer the following questions in regards to the above job description:

Can you perform the functions of this job (essential and/or marginal), with or without reasonable accommodation? ☐ Yes ☐ No If not, why?

Can you meet the attendance requirements of this job? ☐ Yes ☐ No

FRATERNIZATION POLICY

In order to ensure effective ministry to the people we serve and in order to promote safety, equality and staff morale, camp employees/volunteers are not allowed to date or pursue romantic/sexual relationships with other camp employees/volunteers during working hours or while on Christian Berets, Inc. premises.

If you are in a pre-existing relationship with another employee or prospective employee of Christian Berets, you must inform the camp director at the time of your interview.

As with any adverse workplace behavior or behavior that affects the workplace that arises because of personal relationships; violation of this policy will lead to immediate discipline up to and including termination of employment.

I understand and agree to abide by the above fraternization policy.

SIGNATURE: _____ DATE: _____

ADDITIONAL COMMENTS:

JOB DESCRIPTION SUMMARY:

Christian Berets Summer Camp offers 5 day Christian camp experiences for children and adults with special needs. Our counselors are compassionate, enthusiastic, flexible and patient while working with campers and co-workers over the course of six camp sessions. Counselors receive instruction and report to the Program Director or Camp Director.

JOB QUALIFICATIONS AND RESPONSIBILITIES:

- Be at least 17 years old.
- Have good interpersonal skills and the ability to make sound decisions.
- Engage in camper transportation routines (pick-up and drop-off) as assigned.
- Demonstrate creativity, vitality, and initiative in spending time with campers.
- Participate in or lead ministry and activity stations, including but not limited to chapel, drama, crafts recreation and campfire.
- Prioritize needs of campers and follow individual care plans with diligence, including dietary restrictions and medication regimen.
- Be available to provide 24-hour care for campers as needed during camp sessions.
- Write weekly thank you letters to be sent home with campers and complete and submit all required paperwork in an expedient fashion.
- Attend and complete staff training week.
- Read and understand the Counselor Training Manual.
- Follow all camp policies including the signed Anti-Fraternization statement.
- Attend all scheduled staff devotions.
- Ask questions and seek help from co-workers when needed.
- Communicate camper needs and receive instruction from camp nurses.
- Be proactive in promoting a positive work environment and resolving conflict.
- Maintain accurate room logs.

WORKING STANDARDS FOR CHRISTIAN BERETS:

We have set high standards and expect loyal service from our counselors.

- Our campus is an alcohol and drug free campus and we expect our counselors to honor this standard. All counselors are subject to a background check and a pre-employment and/or surprise drug testing.
- We also have a "cell phone free" policy. Use of cell phones while on duty is prohibited. We reserve the right to examine cell phones which are brought onto our premises.

I understand that any false statements on this application shall be sufficient cause for denial of employment or summary dismissal. I understand that employment in any Christian Berets, Inc., program is contingent upon the satisfactory investigation of my work records and references and that employees are expected to adhere to the Christian values, the Christian Berets Vision, Mission, and Statement of Faith, and Working Standards of Christian Berets, Inc.

By signing this application, I attest and affirm all information provided in this application is true and correct to the best of my knowledge. I agree that, if hired, I will abide by the above Working Standards and adhere to the Christian Values, Vision, Mission, and Statement of faith of Christian Berets. Further, I acknowledge that employment with Christian Berets, Inc. is "at will" and that I may quit at any time and, likewise, I can be terminated at any time with or without cause.

SIGNATURE: _____ DATED: _____

APPLICATION AND HIRING PROCESS

1. Please answer all questions as complete as possible. If a response does not apply put "n/a".
2. Please submit your application via email to: **office@christianberets.org**
(1 pdf file please – No pictures or individual pages)
3. If you are selected for an interview, we will contact you via your cell number or email.
4. If you are selected for employment, a tentative offer will be made and the form/instructions for Live Scan (fingerprint) screening will be given to you. You will need to make arrangements to complete this Live Scan at your earliest convenience.
5. A final offer will be offered upon our receipt of a clear Live Scan report.

OUR VISION

- Our passion is to care for and serve people with special needs.
- We are dedicated to helping our campers enjoy the camping experience, allowing them to discover and enjoy new adventures.
- We promote physical wellness, foster social interaction and teach wholesome values based on Biblical principles.
- Our campers enjoy building friendships with a caring staff and other campers.
- Together they experience indoor and outdoor activities that encourage and engage them.

MISSION STATEMENT

Motivated by compassion and love, Christian Berets reaches out and cares for those with special needs and their families by sharing the Gospel of Jesus Christ through camping, retreats, and varied activities.

STATEMENT OF FAITH

- 1) We believe the Bible, the Old Testament and the New Testament, to be the inspired, infallible, and authoritative word of God. (II Tim. 3:16; II Pet. 1:21; Heb. 4:12)
- 2) We believe that the Lord Jesus Christ, the Son of God was born of a virgin. He lived a sinless life, was crucified, shedding his blood for the remission of sins; was buried, rose bodily from the grave the third day, ascended on high where at the right hand of the Father, He is our high priest and advocate. We believe in His personal return to power and glory. We are looking for His imminent return. (John 1:11; I Cor. 15:3-4; Heb. 1:8; John 1:17-18; John 14:3; I Thess. 4:13-18; I Cor. 15:51-53; Rev. 19; Acts 1:9; I John 2:11; Heb.4:14-16; Matt. 1:23; Heb.9:22)
- 3) We believe that, for the salvation of lost and sinful man, faith in the Lord Jesus Christ and regeneration by the Holy Spirit are essential. Man must be born again. (Rom. 5:12; John 3:7; Eph. 2:1-2; II Cor. 5:17; Isa. 53:6; Titus 3:5; John 1:12)
- 4) We believe in the personal and imminent return of our Lord Jesus Christ and this blessed hope has a vital bearing on the personal life and service of the believer. (I Thess. 4:13-18; Acts 1:11; Rev. 20:1-6; John 14:3; I Cor. 15:51-53)
- 5) We believe in the resurrection of both the just and the unjust. Physical death does not end all. Those who know Christ will be resurrected into eternal life; those who do not know Christ will be lost. (John 5:28-29; Rev. 20:12-14; I Cor. 15)
- 6) We believe in the eternal destiny of man. Heaven is a real place of eternal joy and bliss for the redeemed. (John 12:1-3) Hell is a real place of eternal condemnation for those outside of Christ. (Rev. 10:11-15)
- 7) We believe in the "Great Commission" of the Lord Jesus Christ, "Go ye therefore and teach all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Ghost." (Matt. 28:19-20) "Teaching them to observe all things whatsoever I have commanded you..." (Mark 16:15) "Preach the Gospel in all the world!" (Acts 1:8)
- 8) We believe God intentionally designed and created humanity male and female. (Gen. 1:27, 5:1-2; Mark 10:6) We believe marriage is ordained and instituted by God and, according to the Scriptures, can only exist and be fulfilled between one man and one woman. A civil government's sanction of a union will be recognized as a legitimate marriage by the church only to the extent that it is consistent with the definition of "marriage" found in this Statement of Faith. (Gen. 2:21-24; Mark 10:2-12; Matt. 19:3-11) We believe marriage is a picture of the relationship of Christ and the Church and is to be a lifelong, covenant relationship between a man and a woman based on love, respect, mutual submission and personal sacrifice. (Eph. 5:21-33, Mal. 2:14-16, Matt. 5:31-32; I Cor. 7:10-16; I Tim. 3:2,12; I Pet. 3:1-7) We believe God intended sexual intimacy to be enjoyed only within the context of the male and female marriage relationship; and that all other sexual relations outside of marriage are personally destructive, sinful, inconsistent with the teachings of the Bible, and forbidden by God. (Gen. 1:28, 2:25; Heb. 13:4; Lev. 18:1-30; Rom. 1:24-32; I Cor. 7:2-5; I Thess. 4:1-8; Jude 1:7)

I agree with the above Statement of Faith and will abide by those standards.

Signature

Date

Christian Berets Inc. Statement of Understanding and Agreement

I have carefully read and I fully understand the Employee Handbook (Guidelines and Policies) of Christian Berets, Inc., and I agree to adhere to them.

I understand that this document will be placed in my personnel file, and I have received a copy for my records at this time.

Signature of Employee

Date Signed

Christian Berets Inc. Confidentiality Understanding and Agreement

I understand that in the course of my employment with Christian Berets, Inc., I may have access to and become acquainted with information of a confidential, proprietary, or nature which is or may be either applicable or related to the present or future business of the company or the business of its finances, vendors, donors, clients, or campers. Such information includes, but is not limited to: compilations of information, medical records, specifications, and information concerning campers and/or vendors.

I agree that I will not disclose any of the above-mentioned information, directly or indirectly, or use it in any way, either during the term of my employment or at any time thereafter, except as required in the course of my employment with Christian Berets, Inc.

Signature of Employee

Date Signed

Christian Berets, Inc. Statement of Understanding of "At Will" Employment

I understand that my employment shall continue only so long as it is mutually agreeable to me and Christian Berets, Inc. I also understand that nothing in the Employee Handbook (Guidelines and Policies) in any way creates an expressed or implied contract of employment between the Corporation and me.

Signature of Employee

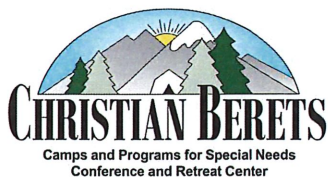
Date Signed

Christian Berets Inc. Statement of Faith Agreement

I have read, understand, and agree to live my life according to the Christian Berets, Inc. Statement of Faith.

Signature of Employee

Date Signed



2508 Oakdale Road, Suite 10 Modesto, CA 95355
(209) 524-7993 • Fax: (209) 524-7979
info@christianberets.org • www.christianberets.org

HEALTH INVENTORY AND AUTHORIZATION FOR MEDICAL TREATMENT Employees and Volunteers

GENERAL HEALTH:

- | | |
|---|---|
| <input type="checkbox"/> Physical disabilities | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Chronic ailments (asthma, hay fever, arthritis, etc) | <input type="checkbox"/> Known allergies |
| <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Taking medications |

If you checked any of the boxes above, or if you have any other health information (emotional or physical) you think would be of helpful to us, please provide very specific details.

VACCINATIONS: (Please check if your vaccination is current)

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Measles, Mumps, Rubella |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Meningococcal |

If your vaccinations are not current, we highly suggest you get vaccinated!

I, _____, hereby give my permission to the authorized personnel
(print employee/volunteer name)
selected by Christian Berets to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me. In the event I cannot, I hereby give permission to the physician selected by Christian Berets to secure and administer treatment, including hospitalization, for the person named herein. The completed forms may be photocopied for trips out of the conference center.

Signature _____ Date _____

Witness _____ Date _____

IN CASE OF EMERGENCY:

Insurance _____ Policy # _____ Phone (____) _____

To be kept at camp in case of emergency



2508 Oakdale Road Suite 10. Modesto, CA 95355
(209) 524-7993 • Fax: (209) 524-7979
info@christianberets.org • www.christianberets.org

Employee Emergency Contact Information

Employee Name: _____

In case of an emergency, please notify:

Name _____ Relationship _____

Phone _____ Additional Phone _____

And / Or

Name _____ Relationship _____

Phone _____ Additional Phone _____

Employee Personal Physician Designation Form (Optional)

I, the undersigned employee, in case of an industrial injury or illness, elect to receive medical treatment from my personal physician, if possible. I understand that in the case of an emergency, it might be necessary to seek other medical care.

I understand that Labor Code Section 4600 defines my “personal physician” as my “regular physician and surgeon” who has previously directed my medical treatment and who retains my medical records, including my medical history.

Personal Physician: Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Employee Signature: _____

Date: _____

To be kept at camp in case of emergency

Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for **only ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State ZIP Code	Single or Married (with two or more incomes) Married (one income) Head of Household

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.

- 1a. Number of Regular Withholding Allowances (Worksheet A)
- 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.)
- 1c. Total Number of Allowances you are claiming

2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)
OR

Exemption from Withholding

- 3. I claim exemption from withholding for 2023, and I certify I meet both of the conditions for exemption. (Check box here)
OR
- 4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
--	--

Purpose: This certificate, DE 4, is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form *Employee's Withholding Allowance Certificate* (DE 4) to determine the appropriate California PIT withholding.

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

Check Your Withholding: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

Exemption From Withholding: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

- 1. You did not owe any federal/state income tax last year, and
- 2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- (i) Your spouse is a member of the armed forces present in California in compliance with military orders;
- (ii) You are present in California solely to be with your spouse; and
- (iii) You maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<p>QR Code - Section 1 Do Not Write In This Space</p>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



Employee Direct Deposit Authorization

To enroll in Direct Deposit, please fill out this form and return it to the payroll department. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will ensure that you receive your direct deposit.

Account:

Bank Name _____

Type ☐ Checking ☐ Savings

Account Number _____

Bank Routing Number (ABA number) _____

☐ Full Amount ☐ Specific Dollar Amount \$ _____ ☐ _____ % of Net Pay

attach a voided check below

Authorization

This authorizes Christian Berets, Inc. (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated above and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will remain in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Employee Signature _____

Print Name: _____ Date: _____

Email Address _____

(For invitation to view pay stub electronically)