

Staff Application 2019



Instructions

1. Complete the enclosed application, profile worksheet, schedule and health form and mail to: **Dakota Adventist Camps, 7200 N Washington Street, Bismarck, ND 58503**
2. Give the Recommendation Forms to the proper people and have them complete and return to the address listed at the bottom of the form. We must receive all three (3) recommendations!
3. If you have not been interviewed please call: 701-400-6298

Dakota Conference Youth Department
Loren Nelson, Camp Director
Sue Nelson, Assistant Camp Director

Staff Application



Date of Application: _____

Personal

Name: _____ Social Security Number: _____

Permanent Address: _____ Phone: _____

School Address: _____ Phone: _____

Age: _____ Date of Birth: _____ Grade Level **NEXT** school year: _____

School Attending Next Year: _____

How long have you been a SDA: _____ Home Church: _____ Pastor: _____

Have you ever been arrested and/or convicted of a crime involving drugs, sex or violence?

____ Yes ____ No

If yes, attach explanation.

Do you have any commitments for next summer? (Weddings, vacations, etc.) _____

Drivers License # _____ State _____

(All employees of the Dakota Conference are subject to Background checks, especially those that work with children.)

Education (List current and previous educational experience.)

Years	School	Major Subjects	Degree Granted

Past Employment (List previous three summers or years)

Camp Experience

Skills and Interests (In the following list, put Number “1” in front of the activities you can organize and teach as an expert; “2” for those activities in which you can assist in teaching; “3” for those in which you have an interest; or leave blank if no interest)

Adventure/Challenge

- Climbing/Rappelling
- Zip Lines
- Caving

Camp Craft

- Camp-craft
- Hiking
- Orienteering/Geo-Caching
- Outdoor Cooking

Music

- Song Leader
- Vocal
- Instrumental
- (Name Type) _____
- _____

Sports and Recreation

- Archery
- Football
- Frisbee Golf
- Gymnastics
- Mountain Boarding
- Mountain Biking
- Soccer

Arts and Crafts

- Calligraphy
- Candle Making
- Ceramics
- Leather Work
- Painting
- Photography

Drama

- Acting
- Play Directing
- Puppets
- Clowns

Nature

- Animals
- Birds
- Conservation

Water Activities

- Boat Driving
- Canoeing/Kayaking

Sketching
 Soap Making
 Video Production
 IT Work Stage Lighting

Maintenance
 Boat Mechanics
 Carpentry
 Electrical
 Plumbing
 Janitorial

Flowers
 Insects
 Rocks and Minerals
 Trees and Shrubs
 Stars

Swimming
 (Certifications) ARC/WSI/
EWS/First Aid

Are there other skills and interests you think we should know about?

Spiritual & Philosophical Profile

Please answer these questions on the following page:

Complete this statement: "I want to work at Dakota Adventist Camps because..."

In your opinion, what is the aim and purpose of a summer camp?

Why did you become a Christian and how is your personal life with Jesus?

How do you relate to the Adventist Church?

Further Information

Are there any reasons you may have difficulty in performing any of the essential elements of the job for which you have applied?

yes no If yes, please explain:

In case you are accepted at Dakota Adventist Camps, please list your staff shirt size (Circle One) S M L XL (Adult Size)

If you do not attend an Adventist Academy or College, where do you want your payroll check sent at the end of the summer?

Street and Number

City

State

Zip

I hereby certify that this application was completed by me and all entries on it and information in it are true and complete to the best of my knowledge. I understand that false or misleading information given in this application, in my interview(s), or otherwise in the application process will void this application or subject me to discharge at any time, if I am employed.

I expressly agree that my prior employer(s) and current employer may be contacted for the purpose of investigating my background, and I understand that information regarding my prior and current employment(s) may be used by Dakota Conference of Seventh-day Adventists in considering this application. I also hereby permit my present and prior employer(s) to disclose to Dakota Conference of Seventh-day Adventists information in their possession or subject to their control, including information contained in my personal file(s). In this regard, I expressly release Dakota Conference of Seventh-day Adventists from any and all liability of any kind and nature which, at any time, may result from obtaining and making an employment decision based upon requested information. I also give permission to share my application with other conferences and camps if I am not employed by Dakota Adventist Camps (Dakota Conference of Seventh-day Adventists).

Applicant's Signature

Date

Spiritual & Philosophical Profile Worksheet

1. Complete this statement, “I want to work at Dakota Adventist Camps because...”
2. In your opinion, What is the aim and purpose of summer camp?
3. Why did you become a Christian and how is your personal life with Jesus?
4. How do you relate to the Seventh-day Adventist Church?

2018 Summer Camp Schedule (Please check the weeks you are available)

<input type="checkbox"/> Campmeeting	June 9- 16
<input type="checkbox"/> Staff Training at Flag Mountain	June 16 - 23
<input type="checkbox"/> Junior Camp 1 at Flag Mountain	June 23 - 30
<input type="checkbox"/> Teen Camp at Flag Mountain	June 30 - July 7
<input type="checkbox"/> Family Camp at Northern Lights	July 9 - 14
<input type="checkbox"/> Junior Camp II at Northern Lights	July 14 - 21
<input type="checkbox"/> Teen Camp at Northern Lights	July 21 - 28

Health (Please complete all areas below.)

Your present health: ___Excellent ___Good ___Fail ___Poor

Do you have Allergies of any kind?

Last injury or operation:

Would you or your friends consider you accident prone?

Who should we contact in case of emergency?

Relationship to you _____

Address _____

Phone _____

Date of last TB test _____

Please include a copy of school health card or recent medical examination.

Please include a copy of insurance card or proof of insurance.

This portion must be complete if staff member is under 18 years of age.

Dakota Adventist Camps (a part of Dakota Conference of Seventh-day Adventists), has my permission to administer any emergency treatment necessary for my child,

_____.

(Staff Member's Name)

Date: _____

Address: _____

Phone: _____

Parental Signature:

Date: _____

PERSONAL REFERENCES (Please do not list relatives.)

NAME _____ OCCUPATION _____
First Last

ADDRESS _____
Street City State Zip

TELEPHONE # (_____) _____

RELATIONSHIP TO YOU _____ # OF YEARS KNOWN _____

.....

NAME _____ OCCUPATION _____
First Last

ADDRESS _____
Street City State Zip

TELEPHONE # (_____) _____

RELATIONSHIP TO YOU _____ # OF YEARS KNOWN _____

.....

NAME _____ OCCUPATION _____
First Last

ADDRESS _____
Street City State Zip

TELEPHONE # (_____) _____

RELATIONSHIP TO YOU _____ # OF YEARS KNOWN _____

CRIMINAL HISTORY QUESTIONS