



genuine Awe
intentional Community
authentic Worship

Christian Camping, Retreats and Events

Staff Application

BYC Physical Address
9 Baptist Camp Rd
Charlotte, Maine 04666

off-season mailing address
PO Box 1214
Ellsworth, ME 04605
www.BYC.cc



Dear potential Camp Staff,

Thank you for your interest in working at BYC this season. It is always our prayer that God would bring just the right people to serve at camp. Staff are a huge part of a camper's experience, from the kitchen to the cabin, each staff role is of great importance. Camp can't happen without the best staff possible.

I look forward to getting your application and talking with you further. If you have any questions please contact me.



God is awesome!

Adrian

Adrian C. Munro
BYC Executive Director
A@BYC.cc
207-460-1536



BYC Staff Application

Name: _____ DOB (M/D/Y): _____ Phone: _____

Street Address: _____ Town: _____ State: _____ Zip: _____

Email: _____ facebook page : _____

Position Applying for:

Camp Pastor Cabin Counselor Activity Coordinator Head Cook
 Assistant Cook Office Staff Nurse Lifeguard
 H2O director Maintenance Jr Counselor Other : _____
 roots, Disciples of Christ leader

Camps you are available to be a part of (check www.BYC.cc schedule page for exact dates)

Staff Training Smunchkin' Camp Tremendous Teens Lead Week
 Junior High Adventure Junior Adventure Junior High Blast Junior Blast
 Family Camp roots Other : _____

Activities - Circle those you have skills/interest in.

waterfront activities	outdoors	games
sports : _____	arts : _____	drama
archery	music	dance
other :		

Personal and Spiritual History (If you need more space please attach another sheet)

1. Write a brief testimony about how you became a follower of Jesus (a Christian).

2. Describe three major ways in which you have grown in your faith since you became a Christian.

3. How would you describe your spiritual journey today?

4. What accountability do you currently have in your Christian walk?

5. What do you do when you have a conflict with someone? How do you handle confrontation?

6. Are there any special issues or concerns happening in your life right now that would have an impact in your commitment and involvement in camp ministry?

Ministry Experience

1. Describe any ministry or church experience you have been involved in over the past year.

2. What spiritual gifts do you feel you have and how would you like to use them in camp ministry?

3. Why do you want to do camp ministry?

Legal Involvement

In caring for campers we believe it is our responsibility to seek a staff that is able to provide healthy, safe and nurturing relationships.

1. Have you ever been arrested and/or convicted of a crime? Yes No
2. Have you ever been accused or convicted of any form of child abuse? Yes No

If you answered "yes" to either of these questions, please describe the circumstances on a separate sheet of paper and attach it to this application.



BACKGROUND CHECK AUTHORIZATION
FCRA NOTICE AND ACKNOWLEDGMENT

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

_____ (“Company Name”) may obtain information about you from a consumer reporting agency for employment/volunteer purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are selected, throughout your affiliation with the Company. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The report will be generated by **CampBackgroundchecks.com** (1200 South Outer Road, Blue Springs, MO 64015/816-228-5255) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are selected, throughout your affiliation with the Company to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the **NOTICE REGARDING BACKGROUND INVESTIGATION** (above) and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am selected, throughout my affiliation with the Company. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **CampBackgroundchecks.com**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. []

Applicants of New York Employers only: I acknowledge that by signing below, I have also received a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

California applicants only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. []

Full Name	First	Middle	Last
	First	Middle	Last
Maiden Name, Previous Names, or Aliases Used:	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
Social Security Number:	Date of Birth:	Driver’s License/ID State:	Driver’s License/ID Number:

Please provide ALL residential addresses for the past seven (7) years.

Current Address:	From
Previous Address:	From/To
Previous Address:	From/To
Previous Address:	From/To
Previous Address:	From/To
Previous Address:	From/To
Previous Address:	From/To
Previous Address:	From/To

Contact Telephone Number: _____ Check here if there are more addresses you have lived at in the last 7 years.

SIGNATURE:	DATE:
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BYC Staff and Volunteer Permission/ Health History

Name: _____ Birthday (M/D/Y): _____

Insurance Carrier: _____ Policy #: _____

Immunizations

Tetanus : __/__/__ Hepatitis A : #1 __/__/__ #2 __/__/__

Hepatitis B: __/__/__ Have you ever had chicken pox? Yes No

Emergency Contact : _____ Phone : _____

Medications - During camp, medication (in their original containers) must be kept & distributed by the camp nurse. Please list each medication, it's dosage and the time that it is given:

Additional Information

Please list any known allergies (food/medications/bees), type of reaction(s) and required treatment:

Please list any frequent or chronic illness(es):

Please explain any other information that you think would be necessary for the nursing to know:

Consent

I consent for Baptist Youth Camp to seek medical attention for me if necessary. For minor ailments while at camp, I may receive the appropriate dose or over-the-counter medications (except for _____), to be administered by the camp nurse according to a physician's standing orders. I hereby release Baptist Youth Camp and any other associated organization from any and all liability arising from or in any way connected with my medical care rendered while at camp.

Printed Name: _____ Signed: _____ Date: _____

If applicant is under 18 a parent or guardian must sign below

I give permission for Baptist Youth Camp to seek medical attention for _____ if the need should arise.

Parent or Guardian: _____ Emergency Contact number: _____

Signed: _____ Date: _____

References Please distribute the two enclosed references to be filled out by folks who you have worked for or with in the past, a pastor or Sunday School teacher. Please supply the names and phone numbers of two people who you have asked to give you a reference.

Reference 1: _____ Phone #: _____

Reference 2: _____ Phone #: _____

Thanks for taking the time to fill out these forms.

Please return this application, references and health form as soon as possible to:

*Adrian C. Munro
PO Box 1214
Ellsworth, Maine 04605*

*207-460-1536
A@BYC.cc
www.BYC.cc
www.facebook.com/BYCMaine*