



*BIG SKY BIBLE CAMP*  
*501 MCCAFFERY ROAD*  
*BIGFORK, MT 59911*  
*406-837-4864*  
*WWW.BIGSKYBIBLECAMP.ORG*

**Big Sky Bible Camp Summer Staff Application**  
**The 2019 camping season will run from June 9 - August 16**

**Name** \_\_\_\_\_

**Present Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **General Health** \_\_\_\_\_

**How did you hear about Big Sky?** \_\_\_\_\_

**Church you attend:** \_\_\_\_\_

**Present Occupation:** \_\_\_\_\_

**Gender:** Male ( ) Female ( )      **Status:** Single ( ) Married ( ) Divorced ( ) Separated ( ) **Number of dependents** ( )

**Why are you applying to be a camp staff member?** \_\_\_\_\_

**Position you are applying for?** \_\_\_\_\_ **T-shirt Size** \_\_\_\_\_

**All positions are for the full duration of the summer, however, if there are weeks you cannot serve, please list them here:**

\_\_\_\_\_  
\_\_\_\_\_

**What is your objective in life?** \_\_\_\_\_

\_\_\_\_\_

If in college or any school, give name, place, and year \_\_\_\_\_

What is your college major? \_\_\_\_\_

What is your average in school? A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_

Do you drive? \_\_\_\_\_ Own a car? \_\_\_\_\_

Experience as a camp counselor - when, where, age group, activities \_\_\_\_\_

Have you ever led a child to Christ? \_\_\_\_\_

Briefly explain how to be saved using Scripture references: \_\_\_\_\_

What age children do you prefer working with? \_\_\_\_\_

***Camp Program Skills***

Check program skills below which hold special interest for you and in which you can be of service.

Check twice those in which you have special qualifications for leadership.

- |   |                                    |                                   |  |
|---|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Bible Teaching | <input type="checkbox"/> First Aid | <input type="checkbox"/> Riflery  | <input type="checkbox"/> Overnight Camping |
| <input type="checkbox"/> Sports         | <input type="checkbox"/> Crafts    | <input type="checkbox"/> Swimming | <input type="checkbox"/> Archery           |
| <input type="checkbox"/> Nature Study   | <input type="checkbox"/> Boating   | <input type="checkbox"/> Canoeing |  |

What musical talent do you have?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Singing                                | <input type="checkbox"/> Song Leading |
| <input type="checkbox"/> Instrumental (what instrument? _____ ) |                                       |

Do you swim? \_\_\_\_\_ Are you a lifeguard (if so, what certifying org.)? \_\_\_\_\_

Is there any activity or hobby in which you have done special work or have special ability? Give details:

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## Personal References

Please give names of five individuals (not related) who know you well:

Your Pastor \_\_\_\_\_

Name of Church \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

School Official (teacher, counselor) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

### 2 personal references

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

## Doctrinal Questionnaire

\*\*\*NOTE\*\*\* Please answer the question (yes or no) and include Scripture references for each question followed by an asterisk (\*).

Concerning your salvation experience:

How did you come to know Christ as your Savior?

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How long have you been saved? \_\_\_\_\_

*Concerning the Word of God:*

Is the Bible inspired? \_\_\_\_\_ Give at least two Bible verses to support your answer.

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**Has God given us any other inspired writings? \*** \_\_\_\_\_

**Can the Bible be taken as the final authority in matters of life and conduct today? \*** \_\_\_\_\_

***Concerning the Godhead:***

**Do you believe in the Trinity? \_\_\_\_\_ Why? \*** \_\_\_\_\_  
\_\_\_\_\_

**Do you believe that the Father, Son and Holy Spirit are distinct persons, each with His own work and yet co-equal? \*** \_\_\_\_\_

***Concerning Jesus Christ:***

**Is He the Son of God born of a virgin? \*** \_\_\_\_\_

**Did He live a sinless life? \*** \_\_\_\_\_

**Did He work miracles while here on earth? \*** \_\_\_\_\_

**Did He really die and was buried? \*** \_\_\_\_\_

**Did He rise again the third day in bodily form? \*** \_\_\_\_\_

**Is He coming visibly to earth again? \*** \_\_\_\_\_

***Concerning the Holy Spirit:***

**Is He a real personality? \*** \_\_\_\_\_

**Do we receive the Holy Spirit when we believe? \*** \_\_\_\_\_

**Do you believe in being filled with the Holy Spirit? \*** \_\_\_\_\_

**Do you believe and teach that all those who are filled with the Holy Spirit speak in tongues?\*** \_\_\_\_\_

**Do you speak or pray in tongues?** \_\_\_\_\_

***Concerning man: Do you believe...***

**Man is the product of evolution or direct creation? \*** \_\_\_\_\_

**Every person is born in sin? \*** \_\_\_\_\_

**The natural man can do anything in himself to please God? \*** \_\_\_\_\_

**A child (or individual capable of understanding the gospel) will be eternally punished if he has not accepted Christ as Savior? \*** \_\_\_\_\_

***Concerning Salvation: Do you believe...***

**Everyone is a sinner? \*** \_\_\_\_\_

**Christ died in our place for our sins? \*** \_\_\_\_\_

**Our good works can bring favor with God and save us? \*** \_\_\_\_\_

**God saves us if we truly believe in His Son, Jesus Christ? \*** \_\_\_\_\_

**When one is truly born again his eternal destiny is settled forever? \*** \_\_\_\_\_

***Concerning sanctification and holy living: Do you believe...***

**It is God's will for Christians to live an exemplary life? \*** \_\_\_\_\_

**Sin hinders the work of the teacher of God's Word? \*** \_\_\_\_\_

**God can give us power to overcome sin in our lives? \*** \_\_\_\_\_

**God desires us to be separated from the things of the world? \*** \_\_\_\_\_

**Concerning future things:**

**Where will the believer go when he dies?** \_\_\_\_\_

**Do you believe in a literal heaven? \*** \_\_\_\_\_

**Where will the unbeliever go when he dies? \*** \_\_\_\_\_

**Do you believe in a literal hell? \*** \_\_\_\_\_

**Does the punishment last forever?** \_\_\_\_\_

**Is there a second chance to be saved after death? \*** \_\_\_\_\_

**Do you seek to please God in the matter of personal habits?** \_\_\_\_\_

**Do you presently use alcoholic beverages?** \_\_\_\_\_

**If yes, what and how often?** \_\_\_\_\_

**Have you used alcoholic beverages in the past?** \_\_\_\_\_

**If yes, to what extent?** \_\_\_\_\_

**Do you use tobacco?** \_\_\_\_\_

**Do you presently take illegal drugs?** \_\_\_\_\_

**Have you taken illegal drugs in the past?** \_\_\_\_\_

**If yes, what and how recently?** \_\_\_\_\_

**Do you seek to please God in your relationships with the opposite sex?** \_\_\_\_\_

**Do you believe pre-marital or extra-marital sexual relationships are sin? \*** \_\_\_\_\_

**Do you believe homosexuality is a sin? \*** \_\_\_\_\_

**Can you say before God that you are presently living in victory in these areas, and that it is your desire to always do so?**

\_\_\_\_\_

**Have you ever been convicted of any offense other than minor traffic violations?** \_\_\_\_\_

**If yes, please provide details on a separate piece of paper (dates, type of conviction, how it was resolved, etc.)**

**Have you ever been convicted of child abuse?** \_\_\_\_\_ **If yes, please provide details on a separate piece of paper.**

**I have read and fully understand all questions requested in this application. I certify that all answers given by me are true, accurate, and complete. I understand that the completion and/or execution of this application does not insure me a position, nor does it obligate me or the organization in any way. I fully understand that the omission and/or misrepresentation of facts requested may be cause for immediate dismissal without prior notice. I authorize the organization to request and obtain information concerning my previous employment and contact the references listed herein and I release each person from liability for providing this information to BCM International/Big Sky Bible Camp. I further authorize the Department of State Police Central Records Division of this state to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction, and furnish a response to the BCM International/Big Sky Bible Camp Representative. I understand that information concerning my references and criminal history check will be treated in a confidential manner and only those individuals with a legitimate need to know will have access to this information. If accepted for service, I agree to abide by all the rules and regulations set down by BCM International/Big Sky Bible Camp. I have read, understood, and agree to the above.**

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**Applicant's Signature**

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**Date**

**Big Sky Bible Camp  
Staff Medical Form**

Please fill out the information and complete the medical form below and return it to Big Sky Bible Camp.  
**Medical History.** Please mark the following illnesses which you have had and the age (if possible) when they occurred.

AIDS _____	Epilepsy _____	Measles, German/Rubella _____	Tonsillitis _____
Appendicitis _____	Fainting spells _____	Mumps _____	Tuberculosis _____
Asthma _____	Heart Trouble _____	Pneumonia _____	Yyphoid Fever _____
Chicken pox _____	Hepatitis _____	Polio _____	Whooping Cough _____
Diabetes _____	Hernia _____	Rheumatic fever _____	Other _____
Diphtheria _____	Measles, Hard/Rubeola _____	Scarlet fever _____	HIV pos _____

**Immunization Record**

Diphtheria-Tetanus-Pertussis (DPT) \_\_\_\_\_ Diphtheria-Tetanus (DT) \_\_\_\_\_  
Tetanus Toxoid (TT) \_\_\_\_\_ Measles (7-day, Hard, Rubeola) \_\_\_\_\_  
Rubella (3-day, German Measles) \_\_\_\_\_ Polio \_\_\_\_\_  
Mumps \_\_\_\_\_

**Special Conditions to be watched (allergies, etc.)?** \_\_\_\_\_  
\_\_\_\_\_

**Any special medication to be taken for glandular trouble, ear trouble, colds, sore throats, tonsillitis, etc.? (Please bring any special medications with you.)** \_\_\_\_\_  
\_\_\_\_\_

The undersigned, intending to be bound hereby, realizing it is the camp's desire to provide a safe environment, and realizing that each staff member is covered by a reputable insurance plan, releases BCM Int./Big Sky Bible Camp and all individuals associated therewith, from any and all liability for any injury or damage (including all claims and liability for damages resulting from injuries received from bee and hornet stings or any other insect bite), which may be sustained by the undersigned or property of the same at or in transit to or from any camp conducted activity under the auspices of BCM Int./Big Sky Bible Camp.

**IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection or surgery for myself.**

**The undersigned hereby grants BCM Int./Big Sky Bible Camp permission to use photographs/video of myself for the purpose of camp promotion and publicity.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Printed Name** \_\_\_\_\_

**If applicant is under the age of 18, parent or legal guardian signature is required.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Printed Name** \_\_\_\_\_



**CONSENT FOR CRIMINAL INVESTIGATIVE CHECK**

As a prospective employee/volunteer of BCM INTERNATIONAL, INC., I understand that it is this organization's policy to secure criminal history information as part of its post-offer of employment process, using the information provided below. I further realize that an offer of employment cannot be finalized until reference information, including a post-offer criminal investigative check, has been satisfactorily completed.

Name \_\_\_\_\_  
(Last) (First) (Middle)

Maiden Name or names previously used \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_

I understand that the above information is required by the search agency. I authorize BCM International, Inc., to utilize the above information for the sole purpose of obtaining a criminal history file search.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If the applicant is under the age of 18 the criminal history file search must also have the consent of the prospective employee's/volunteer's parent or non-parent legal guardian. If applicable, as the parent or legal guardian of the above named individual please authorize your consent for the criminal history file search with your printed name, relationship to applicant, signature and date listed below.

Printed Name \_\_\_\_\_ Parent or Non-Parent Legal Guardian (circle one)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BCM INTERNATIONAL**  
**309 Colonial Drive., PO Box 249, Akron, PA 17501**