



BIG SKY BIBLE CAMP



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?

- Singing Song Leading
 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:

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?

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.

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.

Applicant's Signature

Date

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

**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