



# Lakewood Park Bible Camp

220 Woodland Ave. Devils Lake ND 58301

lucas@nddcag.org 701-662-2296

www.lakewoodcamp.com

## -2024 Staff Application-

### Personal Data

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Preferred method of response to your application:    Mail    E-mail    Text

Have you moved in the last year?    Yes    No    If yes, Previous Address: \_\_\_\_\_

Have you worked at camp before?    Yes    No    When? \_\_\_\_\_ What position(s) \_\_\_\_\_

Would you like to work as a volunteer (without pay):    Yes    No    Maybe

Have you received Christ as your personal Savior?    When?    Tell a little about this experience.

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

Are you endeavoring to live a consistent Christian life?    Yes    No

Are you consistent in your attendance of church services at your local church?    Yes    No

Current Pastor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you willing to cooperate with all rules and policies of Lakewood Park Bible Camp?    Yes    No

Have you ever been convicted or pleaded guilty to a criminal offense (excluding minor traffic violations)?    Yes    No

If yes, please explain: \_\_\_\_\_

Have you ever been involved in any sort of child molestation, indecent exposure or any other sexually related crime?

Yes No    If yes, please explain: \_\_\_\_\_

Do you consent to allow a background check into your character or conduct reports, if any, by this camp?    Yes    No

If no, please explain: \_\_\_\_\_

Do you have any physical handicaps or conditions preventing you from performing certain types of activities?    Yes    No

If yes, please explain: \_\_\_\_\_

## Staff Positions

Number the following positions that you are interested in the order of preference, with number 1 being your first choice:

_____ Cashier ( <i>Family Camp only</i> )	_____ KP Supervisor	_____ Pots & Pans
_____ Night Lunches ( <i>Family Camp only</i> )	_____ Salad Supervisor	_____ Night Watch Person
_____ Cook	_____ Salad Worker	_____ Grounds/Maintenance
_____ Assistant Cook	_____ Dishwasher/Dryer	_____ Housekeeping
_____ Cafeteria Manager	_____ Office Help	_____ Zip Line/Climbing Wall
_____ Activities Director ( <i>Family Camp only</i> )	Other _____	

## 2024 Events

Mark the event dates that you may be interested in working. More will be added through the year!

_____ May 20-23 Camp Work Week	_____ June 14-23 Family Camp	_____ June 27-30 Reunion
_____ July 8-12 Jr. High Camp	_____ July 15-19 Sr. High Camp	_____ July 22-26 Kids Camp
_____ July 26-31 Reunion	_____ August 2-4 Reunion	_____ August 4-7 Fishing Camp

\_\_\_\_\_ I would be interested in working **weekend** events as needed year-round.

\_\_\_\_\_ I would be interested in working **week day and weekend** events as needed year-round.

## References

Please supply for us at least two non-family references.

**Name:** \_\_\_\_\_ **Relationship/Position:** \_\_\_\_\_

Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship/Position:** \_\_\_\_\_

Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Additional Reference

**Name:** \_\_\_\_\_ **Relationship/Position:** \_\_\_\_\_

Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Staff Policy

1. Dress of campers and camp staff shall always be modest and reflect good Christian taste.
  2. The camp staffer agrees to uphold the policies and procedures of the District Camps, and properly respect the decisions of the Camp Manager.
  3. Smoking or use of tobacco in any form shall not be permitted in any camp buildings.
  4. Drinking of any alcoholic beverages or possession of such on the campgrounds shall not be permitted.
  5. Use or possession of any illegal drugs or inhalants shall not be permitted.
  6. Staff shall be in their own rooms for the night by 11:00 pm.
  7. Staff defacing or damaging any camp property or equipment will be charged with the cost of replacement or repair.
  8. Firearms and fireworks are not permitted on the campgrounds.
  9. Lodging rooms will be left clean and ready for the next occupants.
  10. Violation of camp policy will be grounds for discipline by the Camp Manager and/or the Camp Maintenance Caretaker as needed.
- ◆ Submitting this questionnaire does not mean you will be chosen to serve.
  - ◆ The Camp agrees to provide you with room and board while you are serving at the camp.
  - ◆ You will be notified whether you have been chosen to serve or placed on the reserve workers list.

## Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you information they may have regarding my character and fitness for children/youth work, and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to be bound by the Lakewood Park Bible Camp policies and to refrain from unscriptural conduct in the performance of my services on behalf of the camp.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Pastor's Endorsement Signature \_\_\_\_\_

***Return application to Lakewood Park Bible Camp***

## BACKGROUND CHECK AUTHORIZATION

During the application process and at any time during the tenure of my service with Lakewood Park Bible Camp, I hereby authorize the selected service of North Dakota District Council of the Assemblies of God or Lakewood Park Bible Camp, to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

\_\_\_\_\_  
Applicant Signature (full name)

\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Printed Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone: \_\_\_\_\_

## BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for volunteer service, including retention as a volunteer.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.