



Summer Staff Application 2012

Applications will be considered in the order they are received.

Name: _____ Age: _____ Birth Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Church you attend _____ Staff T-Shirt Size Request: S M L XL XXL

Please include a picture of yourself with your completed application.

Application Checklist: Please note these things are required for your application,

- *Picture of Yourself*
- *Dates Available to Serve*
- *Reference Letters* – Please send in with your application **OR**
 Guarantee your references will send it to Camp Bighorn
- *Read Staff Policies*
- *Sign Staff Commitment Pledge (pg. 4)*
- *Medical and Liability Release Form*

Dates you are available to serve _____
 All staff are **required to attend **Staff Training**, which runs from **June 17th -30th**.
 Camps Begin July 2nd and run until August 20th.

1.) Camp Bighorn’s desire is to have staff that have been campers and have served in support positions before applying for program positions. We will ask you to rotate through any or all of these positions over the summer. If you feel you would be uncomfortable in any of these positions after training, please explain why:

- | | | |
|------------------|--------------------|---------------------------------|
| Cook’s Assistant | Janitorial | Multimedia Assistant |
| Kitchen Crew | Grounds | Technical Adventure Coordinator |
| Chapel Team | Mechanical Support | |
| Office Assistant | Group Facilitator | |

2.) When and how did you become a Christian? On an additional sheet of paper please write out your testimony. Also include a description of your walk with Christ now.

9.) Describe your personal goals for the summer.

10.) Describe someone you look up to and would like to model your life after.

11.) Describe your character using 3 positive adjectives and 3 negative adjectives. Elaborate on each word:

12.) List any certifications you have and their expiry dates. (ex. CPR, First Aid, Lifeguard Certification ect.)

13.) List any community service and extra curricular activities that you are involved in.

14.) Have you ever been convicted of, or are charges pending against you, pertaining to child abuse, sexual molestation, or any moral impropriety in any jurisdiction? NO YES

If so please explain:

15.) ***If you are a returning Camp Bighorn Summer Staff:*** *You have had several months to rest and reflect on your camp experience. We realize that a staff member's role can be not only physically demanding but mentally and emotionally demanding as well. Because it is complex and challenging, it has a significant impact on you as an individual. On an additional sheet of paper, please let us know why you want to come back to Camp Bighorn this summer. Please take the time to tell us about your past Camp Bighorn experiences and how that might shape your future with Camp Bighorn. Include what you think was your greatest accomplishment last summer and what things you want to do differently this summer.*

References

List three different references that you know, family members are not included, and have them fill out the reference forms and send them to Camp Bighorn. Reference forms can be found on our website under the 'Contact Us' tab and the 'Join Our Team' link.

Reference: _____ Phone: () _____ - _____ Relationship: _____

Reference: _____ Phone: () _____ - _____ Relationship: _____

Reference: _____ Phone: () _____ - _____ Relationship: _____

- I release the right to review and access the comments made by my references.
- I retain the right to review and access the comments made by my references.

Staff Commitment Pledge

Please Read Following Paragraph and the Attached Summer Staff Policies Carefully Before Signing:

The goal of Camp Bighorn is to provide an experience that contributes to the work of the Holy Spirit. We want to uphold an atmosphere where changed environments foster growth in character, relationships, and most importantly, your personal walk with God. In order to accomplish this objective, it is necessary for all of our staff to be dedicated to serving others for the glory of our Lord Jesus Christ.

Your personal commitment to your duties, staff devotions, and service to others will insure that you and the campers have the best experience possible. Therefore, be sure you have reviewed and agreed to the enclosed "Staff Policies" prior to submitting this application. We must also safeguard the physical and emotional state of our staff and campers from human predators. In light of that we will be doing background checks on all our staff. In signing this application you are giving us written permission to do so.

Signature _____ Date _____

Please mail to:
1850 MT Hwy 135
Plains, MT 59859
Phone (406) 826-3144
Fax (406) 826-3238
www.campbighorn.com

Camp Bighorn Staff Policies

Support Raising:

Each staff member, permanent and summer staff, is required to raise support for their time at camp. We ask that each summer staffer raise \$250 for their time here during the summer. We request that the support be raised from at least three different sources. This provides opportunity for staff to connect with friends, family and members of their church to share how it is they will be serving at Camp Bighorn this summer. It involves others in on the process of learning and growth that will be experienced by the summer staffer.

Devotional Life:

The ministry of the camp is as much for the staff as it is for the campers. Because the staff member spends a longer period of time on the grounds, often more spiritual development occurs in his/her life than that of a camper. All staff members are required to attend staff devotions as well as deepen their personal devotional life.

Health:

Each staff member is expected to eat regular meals, get adequate sleep, and in general keep himself/herself in good health. There will be an established curfew for all staff members. Camp maintains a medical accident insurance policy that takes affect if your personal insurance cannot.

Dress:

We seek to observe modesty at all times. Be aware that your responsibilities will require physical activity please bring appropriate clothing.

Dating:

Staff members are encouraged to develop healthy friendships. They will not, however, be permitted to “date” other staff members or campers. Inappropriate public display of affection does not encourage community and will not be allowed.

Duties:

All assigned tasks are expected to be completed with excellence.

Leaving the Grounds:

No staff member may leave the grounds without permission from their supervisor or from the Camp Director. It is our expectation that you will be on site and ready to serve at all times unless you have first been excused from your responsibilities.

Living Quarters:

Each staff member will be responsible for keeping his or her part of the cabin neat and clean. The quarters may be inspected regularly. At no time are men/boys permitted in women/girls quarters or women/girls in men/boys quarters.

Leave at Home:

Please consider that the purpose of Camp Bighorn is to provide a changed environment in which people are challenged to grow in the Lord. Please leave anything at home that would negatively impact that changed environment. Examples of things to leave at home are: pets, electronic devices, a dependency on instant messaging, my space, facebook, ipods/MP3 players or cell phones, motorized recreational equipment, etc.

Life at Camp:

When you come to camp, you will not be doing the same thing each day. You will be put into a job rotation schedule. Some of the jobs include maintenance and day to day jobs to keep the camp looking good, facilitating events for the campers, helping run the many events for the campers, kitchen work, cleaning facilities around camp, and helping out wherever is needed. It is our expectation that each staff member do each task asked of them with an attitude that is glorifying to Jesus Christ.

By signing your staff application you agree to the above Camp Bighorn Summer Staff Policies, and state that you understand that this list is not exhaustive, it is for the purpose of helping you prepare for ministry this summer and includes only a portion of what you should bring and what will be expected of you during your time here at Camp Bighorn. Because we are building leaders we will probably be asking you to go above and beyond in regards to these policies and your role in the ministry.

Please keep this copy for your reference.



Camp Bighorn Medical Release Form

CAMP BIGHORN LIABILITY RELEASE This Liability release is to be signed by every applicant

APPLICANT'S NAME _____

PARENT OR GUARDIAN'S NAME (if applicant under 18 years) _____

BY SIGNING THIS FORM, I hereby acknowledge the inherent risks involved with outdoor adventure and challenge course activities. I do hereby voluntarily participate in the programs offered. I and the participant signed below, release and discharge Camp Bighorn from all action that they as a participant, their heirs, guardians, and legal representatives now have or may hereafter have for injury or damage sustained. I acknowledge that I have carefully read this agreement and fully understand its contents and I give Camp Bighorn permission to use any photo or video of myself or my child for Camp Bighorn publications or promotion/advertising. I release my right to any kind of remuneration for said photos or videos.

I understand this is a release of liability.

Applicant Signature _____ Date _____

Parent or Guardian Signature (if applicable) _____ Date _____

CAMP BIGHORN MEDICAL RELEASE This Medical release is for any applicant under the age of 18.

PARTICIPANT NAME: _____ AGE: _____

PARENT OR GUARDIAN'S NAME _____

The health of each participant while at Camp Bighorn is very important for the best camping experience. A participant who is ill should not be sent to camp. The following information will help us to provide the appropriate camper care.

PLEASE LIST ANY MEDICAL CONDITIONS THAT APPLY TO YOU OR YOUR PARTICIPANT:

Explain: _____

Please explain any allergies or special food needs: _____

Date of Last Tetanus Shot ___/___/___ Birthdate ___/___/___

IF I CANNOT BE CONTACTED IN A MEDICAL EMERGENCY, I (We) hereby give permission to the physician selected by the camp director or camp nurse to hospitalize, secure treatment for, and to order medications, injections, anesthesia, and/or surgery for any child named on this form. I understand that I am responsible for charges not covered by insurance. I also authorize the release of all information necessary to settle any claims.

Name of Insurance Company _____ Policy # _____

Parent or Legal Guardian Signature _____ Date _____

Participant Signature _____ Date _____

Emergency Contact: _____ Phone # () _____ - _____