

NWD TEEN CAMP 2019

STAFF APPLICATION



Name: _____ Gender: _____ Birth Date: _____ Age: _____

Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Home Church: _____ Church Phone: _____

Senior Pastor: _____ T-shirt Size (circle one): S M L XL 2XL 3XL

*Per PA State Laws, all camp staff must have completed background checks on file. You will be contacted by the NWD Teen Camp Director for further information in order to have background checks performed on you.

**If you have current background checks on yourself, please fax or scan them, and include them with this form.

Fax: 724-846-2262 // Email: daren.r.duncan@gmail.com or jilliandunc@gmail.com

Health Insurance: _____ Group/ID#: _____

Do you have any physical limitations? (Please list below or use separate sheet of paper if more room is required)

On a separate sheet of paper, in paragraph form, please answer each of the following questions:

1. Describe your personal relationship with Jesus Christ and how it has grown over the years.
2. What church activities and ministries are you currently involved in and to what capacity do you serve?
3. Have you been involved with the NWD Youth Ministries in the past and if so, please list how.

References: Signatures of your **Senior Pastor** and two (2) other unrelated persons are required.

Senior Pastor

I hereby verify that the above applicant has faithfully proven to me their commitment to the Body of Christ. They have remained faithful in his/her present duties within the home church and I further believe this individual has the appropriate character and emotional stability to serve the staff position and age level for which he/she has applied.

Name: _____ Phone: _____

REFERENCES

Having confidence in this applicant's ability in qualifications of education, training, and Christian experience, I recommend the consideration of his/her application for staff at the NWD Teen Camp. I further believe this individual has the appropriate character and emotional stability to serve the staff position and age level for which he/she has applied.

Name: _____ Relation: _____ Phone: _____

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Applicant's Commitment: I pledge myself to a week of cooperative ministry with the directors & fellow staff of the NWD Camp Ministry Team. I will maintain a personal discipline and a spirit that exemplifies Christ at all times. I will put the physical, mental, and spiritual welfare of the campers and staff as first priority. I further verify that the information on this form, attached sheets and references are accurate.

Applicant's Signature: _____ Date: _____