

FALL CREEK CHRISTIAN CAMPGROUND

Mailing Address: P O Box 717, Pikeville TN 37367
423-881-5400 Darwin.FCCC@gmail.com

STAFF APPLICATION

PLEASE PRINT

Personal Information:

Name: _____ Age: ____ DOB: ____/____/____ Sex: ____
Address: _____ City: _____ State: _____ Zip: _____
Phones: Home: (____) _____ - _____ Mobile: (____) _____ - _____ Church: _____ - _____
Church: _____ E-Mail: _____
Date of salvation: ____/____/____ Where? _____

Please give a brief testimony about your salvation:

Requirements:

Workers are **required** to meet the following standards:

- (1) You are saved. (Ephesians 2:8-9)
- (2) You are faithful in your Christian walk. (1 Corinthians 4:2)
- (3) Your heart's desire is for the salvation and Christian growth of the campers. (Romans 10:1)
- (4) You have had prior experience in working with youth in a leadership role. (1 Timothy 4:12)
- (5) You have NOT been arrested or convicted for child or sexual abuse. (2 Thessalonians 5:12)
- (6) You will pray faithfully for the ministry of the camp. (2 Thessalonians 3:1)
- (7) **You must attend Leadership Training.** (Galatians 6:6)

Experience:

How many years as a **camper** at Fall Creek Christian Campground? _____

At other camps? _____ Where? _____

How many years as a **worker** at Fall Creek Christian Campground? _____

At other camps? _____ Where? _____

(Please continue on back.)

Preferences:

Job Preference: [] Group Leader [] Food Prep [] Maintenance [] Other _____

Age Preference: [] **Tenderfoot** (ages 7-9) [] **Trooper** (ages 10-12) [] **Trailblazer** (ages 13-17)

Affidavit:

To the best of my knowledge,
I have no illnesses or disabilities which would impair me from working at the campground;
I have never been charged or convicted with molestation of children;
I give my permission for the Executive Director of the campground to run a criminal background check on me.
I agree to abide by the campground rules;
I will fulfill my duties and responsibilities to the best of my ability;
I agree to work under the leadership of the camp director and the campground executive director;
I will not hold the camp or the campground responsible for any accident or illness; and
I will pray for the youth camp, the needs of the campground and the youth who will attend.

SIGNED by the worker: _____ Date: ____/____/____

References:

Name: _____ Relation: _____ Phone: (____) ____ - _____

To be read and signed by pastor:

As a pastor of the above applicant, I do know them and I do recommend them to the service of the Christian Youth Camp at Fall Creek Christian Campground.

SIGNED: _____ Date: ____/____/____

Emergency Information:

Emergency contact person(s) _____

Phones: Day (____) ____ - _____ Night (____) ____ - _____

Medical Insurance Company: _____

Insurance plan numbers: _____

I currently take the following medication(s): _____

Date of last physical: ____/____/____ Doctor: _____ Phone: (____) ____ - _____

I have the following allergies or chronic illnesses: [] none or [] list: _____

Leadership Training is given each year in the Spring at the campground.

IT IS BOTH A PRIVILEGE AND AN AWESOME RESPONSIBILITY TO SERVE AS STAFF OR GROUP LEADER AT CHRISTIAN YOUTH CAMP. EACH OF US MUST FIRST MAKE SURE HIS HEART AND LIFE IS IN TUNE WITH GOD, THEN GIVE HIS ALL TO LEADING THE LOST TO SALVATION AND THE SAVED TO A CLOSER WALK WITH THE LORD. THANK YOU FOR YOUR WILLINGNESS TO WORK!

GOD'S SERVANT,
DARVIN OAKES