

Staff Application
Camp New Dawn
226 South Cedar Lane
Chickamauga, GA 30707

Name: _____ M F Birth date ___/___/___

Address:

Phone: _____ Other contact no. _____ E-mail: _____

Please check desired position:

Counselor _____ Maintenance Staff _____ Program Staff _____ **Looking for 19 or older**
Check certifications: Lifeguard _____ Nursing _____ Other medical _____ Archery _____ Ropes course _____

Briefly explain why you wish to serve at our camp:

Explain how and when you became a Christian, and how you are growing in your faith:

List schools attended and certificates or diplomas earned:

Church affiliation:

What are your favorable personal qualities?

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What personal qualities might be a hindrance as a counselor/staff?

=====

List volunteer experience, describe duties:

Work experience, starting with most recent job. List supervisor of most recent job:

Job	Supervisor	_____	Phone	_____
Job		_____	Phone	_____
Job		_____	Phone	_____
Job		_____	Phone	_____
Job		_____	Phone	_____

Positive responses to any of the questions in this section do not eliminate you as a potential candidate. Disclosure is required for insurance purposes and is viewed by the director and personnel committee only.

Has anyone threatened to file a civil or criminal action against you for physical or sexual abuse or sexual harassment? If yes, explain.

Has any employer taken or threatened to take adverse employment action against you for reasons relating to sexual abuse or sexual harassment? If yes, explain.

Have you received any medical treatment, physical or psychological, for reasons involving physical or sexual abuse? If yes, explain.

Please answer the following: What do you believe about? (You may cite scripture to clarify your belief.)

The Bible—

Prayer—

Salvation—

Jesus—

The Holy Spirit—

God—

Christian Lifestyle—

Satan—

The Church—

Spiritual Gifts—

How would you react to a camper who has no respect for your authority as a counselor and is using obscene language toward you?

How would you present the plan of salvation to a camper?

Tell us about your devotional life:

Give three references (not relatives) with addresses and phone numbers or email:

1)

2)

3)

If accepted, I agree to follow the guidebook, become familiar with and adhere to policies and procedures to enhance the mission of New Dawn International Ministries and exhibit Christ in a safe environment for each camper. I will comply with a drug test and background check when requested to do so. I understand that I will receive room and board and a weekly stipend. If I choose to raise additional funds toward my salary, I understand donors send monies to New Dawn International Ministries, Inc.

Medical

My general health is: _____Excellent _____Good _____Fair _____Poor

I am currently under a physician's care for the following:

Allergies

(If allergic to bee stings, please bring an EpiPen to camp with you.)

Any condition requiring medication

(All medications, including over the counter will be stored with the camp nurse for safety reasons)

Any conditions that would prohibit you from physically or psychologically performing any of job requirements:

Medical insurance provided by:

ID#

Address and Phone:

I attest that the information provided in this application is true. I further hereby agree to hold New Dawn International Ministries, Inc. and Camp New Dawn blameless in the event of injury or illness and release New Dawn International Ministries, Inc. and all affiliates from any and all action, causes of actions, liability, claims, and demands upon or by reason of damages, loss, injury or suffering which may occur. I give permission for treatment by a physician selected by camp personnel to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my best interest if I am unable to do so. I assume any and all responsibility for any expense incurred by prescribed treatment. I release the above named entities of any liability in the administration of medications I have listed above.

IN CASE OF EMERGENCY PLEASE NOTIFY: _____

Relationship to me: _____ Phone Nos. _____

Applicant

Date

Waiver and Release

Re: Prior Employment and background history requested by New Dawn International Ministries, Inc., 226 S. Cedar Lane, Chickamauga, GA 30707.

I hereby give release authorizing all prior employers and personal references to divulge information concerning my background with promise to hold them blameless and with no liability for said release.

Information may be conveyed in writing, electronically, or by phone according to request from New Dawn representative.

Applicant

Date