



Application for Ministry
THE BRETHREN RETREAT
at Shipshewana Lake

Veteran Summer Staff Application
2017 Camp Shipshewana Programs

9095 W CR 275 N / Shipshewana, IN 46565

Phone: 260.768.4519 / Fax: 260.768.4615 / E-mail: campshipshewana@gmail.com

BIOGRAPHICAL / EMPLOYMENT BACKGROUND

Date: Position Desired: Name: Sex: M F Age: Birth Date: SS#: Education Level: Permanent Address: City/St/Zip: Phone: Good until: E-Mail: School/Current Address: City/St/Zip: Phone: Good until: T-Shirt Size: S M L XL XXL Social Network Site: Web Address: (Facebook, MySpace, YouTube, Bebo, Xanga, Blog, etc)

Driver's License#: Vehicle Year/Model/Color: The Brethren Retreat needs to have a record of vehicles being parked on the grounds by the staff.

Describe your family and the role that you play in your family.

Blank lines for describing family and role.

Home Church: Pastor: Address: City/St/Zip: Phone: Fax: E-Mail:

Please list your most recent employer: Company: Phone: Supervisor: Dates of employment: Describe your responsibilities:

PLEASE ANSWER THE FOLLOWING ON A SEPARATE PIECE OF PAPER (hand written or typed):

- Why do you wish to serve for another summer at the Brethren Retreat?
What single most skill(s) or experience did you gain as a Brethren Retreat staff member that has benefited you in the past year?
As a returning staff member, how could you improve on your past service at the Brethren Retreat?
Name an instance in which you were disappointed with your Camp Shipshewana experience.

- Describe a time in which you were disappointed with your work as a Camp Shiphewana counselor.
- Give specific examples of how your relationship with God has changed (i.e. strengthened, stagnated, or digressed) and how you have applied the Bible to obtain direction in your life in the last 12 months.
- In what capacity are you involved with a local church?
- Please describe your involvement as a leader or participant in Christian ministry since you last served at the Brethren Retreat.

GENERAL INFORMATION / TRAINING

Do you have any physical, medical, or mental health conditions or any special limitations (diet, exercise, stamina, addictions, and prescription medications) **YES** **NO**
 (Circle one)

If yes, please explain: _____

Physician: _____ Phone: _____

| Are you certified in any of the following areas? | (circle one) | | Exp. Date |
|--|--------------|-----------|-----------|
| Lifeguard: | YES | NO | _____ |
| Water Safety Instructor (WSI): | YES | NO | _____ |
| Archery: | YES | NO | _____ |
| First Aid/CPR: | YES | NO | _____ |
| AED Defib: | YES | NO | _____ |
| Emergency Medical Technician (EMT): | YES | NO | _____ |
| Nursing (LPN or RN): | YES | NO | _____ |
| Chauffeur's License: | YES | NO | _____ |
| Challenge Course Training Certification (CCTC): | YES | NO | _____ |

Would you be willing or interested in being certified in any of the following areas?
 (circle one)

| | | |
|-------------------------------|------------|-----------|
| Lifeguarding | YES | NO |
| Water Safety Instructor (WSI) | YES | NO |
| Archery | YES | NO |

Have you ever been arrested for any violation that resulted in a conviction, a plea of guilty or no contest, probation, community service, summary report, or some other form of adjudication (other than minor traffic violations)? Also, do you have any pending charges or are you under any type of investigation? If yes, explain fully on a separate piece of paper. (Circle) **YES** **NO**

Have you ever been accused of physical or sexual abusive behavior? If yes, explain fully on a separate piece of paper. (Circle) **YES** **NO**

Please indicate your favorite for each of the following items

Candy Bar: _____ Ice Cream Flavor/Item: _____

Food/M meal: _____ Drink: _____

PERSONAL REFERENCES

Please list two adult references that have known you for 3+ years, excluding family.

Name: _____ Relationship: _____

Address: _____ City: _____

State/Zip: _____ Phone/e-mail: _____

Name: _____ Relationship: _____

Address: _____ City: _____

State/Zip: _____ Phone/e-mail: _____

Will you need time off at any point during the summer? If so, what are the dates?

APPLICANT AGREEMENT AND RELEASE

I understand that the existence of a record of criminal activity or child abuse may, depending on the circumstances, disqualify me from consideration as an applicant to the Brethren Retreat Staff Team. I further understand Criminal and Child Abuse background checks may be conducted if I am accepted as a member of the Brethren Retreat Staff Team. Failure to fully disclose one's record will typically result in immediate dismissal. To the extent of my knowledge, the information on this application is truthful and accurate. By means of this release, I authorize the Brethren Retreat to make inquires about me with the people listed in this application.

Signature: _____ Date: _____

Do you wish to seek out the potential for scholarship funds via your college?

YES

NO

(Circle one)

Return completed application to:

The Brethren Retreat *at Shipshewana Lake*
Rick Miller, Executive Director
9095 W 275 N * Shipshewana, IN 46565