

# Camp Sagola Staff Application

Name (First/Middle/Last): \_\_\_\_\_



Year: \_\_\_\_\_

## Basic Information

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Shirt Size: \_\_\_\_\_

Employer: \_\_\_\_\_

Current employer's address: \_\_\_\_\_  
\_\_\_\_\_

Check Event/s of Application

- Men's Recharge
- UP Teen Snow Outing
- Spring Retreat
- Junior Camp
- Teen Camp
- Family Camp
- UP Camp Meeting
- Outdoor Education
- Women's Retreat
- UP Fall Campout

Position at current job: \_\_\_\_\_ Years at current job: \_\_\_\_\_

Emergency contact (name/relationship): \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Church name/affiliation: \_\_\_\_\_

Church member:  yes  no Regular attendance and involvement at church:  yes  no

Current pastor's name and phone number: \_\_\_\_\_

## Volunteer Position Desired (Job descriptions are available in the Camp Sagola Staff Guidebook.)

Please list your top 3 choices, in order of preference, for volunteering at Camp Sagola

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Education, Certification, and Licenses

High school: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grad year \_\_\_\_\_

College/Tech school: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grad year \_\_\_\_\_

Degree and major: \_\_\_\_\_ Minor: \_\_\_\_\_

Experience working in children's ministry or in a field which applies to your desired position:

Check any certifications or licenses that you currently hold, the title or level of certification, and the date of expiration of your certificate (a copy of your certificate must also be submitted):

- Driver's License \_\_\_\_\_
- Food Service Safety \_\_\_\_\_
- Lifeguarding \_\_\_\_\_
- Swimming Instructor or WSI \_\_\_\_\_
- Archery \_\_\_\_\_
- First Aid \_\_\_\_\_
- CPR \_\_\_\_\_
- Nursing \_\_\_\_\_
- Physician \_\_\_\_\_
- Other \_\_\_\_\_

### Tell Us About Yourself

1. What have you done to grow spiritually in the past year?  
\_\_\_\_\_
2. What unique aspects of the Seventh Day Adventist church do you most appreciate? \_\_\_\_\_  
\_\_\_\_\_
3. What do you see as your strengths, and how may these benefit your service at camp?  
\_\_\_\_\_
4. What do you see as your weaknesses, and how may these affect your work at camp?  
\_\_\_\_\_
5. Have you worked at a camp before?  yes  no If yes, when? \_\_\_\_\_  
Where? \_\_\_\_\_ Position/s held: \_\_\_\_\_

### Medical Information

1. Have you had any prior injuries or medical conditions that might be aggravated while working at Camp Sagola?  yes  no
2. Are you taking any prescribed medication that might affect your type of work?  yes  no
3. Do you have any medical conditions that might present a hazard to other people?  yes  no

*All persons on campus are required to complete their Health History form. Health conditions may not be a barrier to employment, but if you answered yes to any of the questions above, please explain on your Staff Health History form to facilitate appropriate accommodation or care.*

## Background Information

1. Staff and volunteers are required to submit a Central Registry Clearance letter to Camp Sagola. Follow the prompts at [www.michigan.gov/ccbc-camps](http://www.michigan.gov/ccbc-camps) to set up an account and obtain your clearance letter. Upon receipt of the letter from [MiLEAP-CCBC-Info@michigan.gov](mailto:MiLEAP-CCBC-Info@michigan.gov), download a copy for yourself and forward it to [office@campstagola.org](mailto:office@campstagola.org).
2. Children's camps are required to generate a Michigan State Police I-Chat report on all staff and volunteers.
3. Staff and volunteers are also required to maintain current certification with Adventist Screening Verification through Sterling Volunteers. This certification includes an online training course (30-60 minutes) on child protection. Upon completion of the course, participants are asked by Sterling Volunteers for their consent for a background check. Certification is valid for 3 years and is kept on file by the Human Resources Department of the Michigan Conference of Seventh-Day Adventists.

What is the most recent date of your certification? \_\_\_\_\_

## References (for 1<sup>st</sup> time applicants)

Please provide three character references (not family members) who can identify your strengths and weaknesses and describe your background. List their name, relationship to you, email, and phone number.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

## Waiver / Release

I, the undersigned, give my authorization to Camp Sagola representatives to verify the information on this form. Camp Sagola may contact my references, employer, pastor, and appropriate government agencies as deemed necessary in order to verify my suitability as a staff member in the ministry of Camp Sagola. I am willing to request and submit to Camp Sagola background reports on myself through the Adventist Screening Verification process.

The information contained in this application is correct to the best of my knowledge. I authorize any references, employers, or pastors listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for ministry to campers. In consideration of the receipt and evaluation of this application by Camp Sagola, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the mission, philosophy, goals, and policies of Camp Sagola, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of Camp Sagola. If I violate these guidelines, I understand that my status as a staff member may be terminated.

**By signing this application, I state that all of the information given about myself is true, that I have carefully read the foregoing release and know and understand the contents thereof, and I sign this release as my own act. This is a legally binding agreement, which I have read and understand.**

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for considering to be a part of the ministries of Camp Sagola! You will be in our prayers as we ask the Lord to lead in our decision-making.---Camp Sagola Directors*

Office Use Only:		
Character Reference Called	Date	Time
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____