



Twin Lakes Camp & Conference Center

1451 E. Twin Lakes Rd.
Hillsboro, IN 47949
Ph: 765-798-4000 Fax: 765-798-4010
email: outdoors@twinlakescamp.com
web address: twinlakescamp.com



*SUMMER STAFF APPLIATION
FOR HIGH SCHOOL STUDENTS*

(PLEASE PRINT)

APPLICATION FOR CIT WITH INTEREST IN THE FOLLOWING SUPPORT AREAS (PLEASE LIST IN ORDER OF PREFERENCE):

_____ MAINTENANCE _____ HOUSE KEEPING/CAMP STORE _____ LIFE GUARD/HOUSEKEEPING (MUST HAVE CERTIFICATION)
_____ KITCHEN _____ DINING HALL _____ DISH PIT

PERSONAL

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ HOME PHONE _____

SOCIAL SECURITY NO. _____ GENDER: MALE; FEMALE

PARENTS' NAMES _____ DO YOU LIVE WITH YOUR PARENTS? YES NO

ARE YOU A CHURCH MEMBER? YES NO CHURCH NAME _____

CHURCH ADDRESS _____

PASTOR'S NAME _____ CHURCH PHONE No. _____

SCHOOL INFORMATION

SCHOOL NAME _____ CITY/STATE _____

SCHOOL ADDRESS _____

SCHOOL PHONE No. (MAIN OFFICE) _____

LAST DATE OF CLASSES _____ GRADUATION DATE (IF APPLICABLE) _____

EDUCATION

CURRENT YEAR IN SCHOOL _____ CURRENT GPA _____

POST-HIGH SCHOOL PLANS _____

ANY SPECIAL TRAINING? _____

CURRENT ACTIVITIES (BAND, SPORT TEAMS, ETC.) _____

CHARACTER

- HAVE YOU USED TOBACCO IN THE LAST 12 MONTHS? YES NO
- HAVE YOU CONSUMED ALCOHOLIC BEVERAGES IN THE LAST 12 MONTHS? YES NO
- HAVE YOU USED ILLEGAL DRUGS IN THE LAST 12 MONTHS? YES NO
- HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION? YES NO
- HAVE YOU EVER BEEN CONVICTED OF A SEX CRIME? YES NO
- HAVE YOU WILLINGLY HAD SEX OUTSIDE OF MARRIAGE YES NO

• IF "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN ON A SEPARATE PIECE OF PAPER.

WHAT VALUE IS THE BIBLE TO YOU? _____

DESCRIBE HOW YOU USE YOUR BIBLE ON A REGULAR DAY. _____

BACKGROUND

PLEASE LIST CAMPS THAT YOU HAVE EITHER WORKED AT OR ATTENDED:

Camp Name	City	State	Worked/Attended	Position

PLEASE LIST YOUR PAST EMPLOYMENT OPPORTUNITIES:

Employer	City	State	Position	Dates

DO YOU SING: SOLOS YES NO; SMALL GROUPS YES NO; CHOIRS YES NO; PART _____

DO YOU LEAD SINGING YES NO EXPERIENCE _____

DO YOU PLAY THE PIANO OR KEYBOARD YES NO YEARS _____ ABILITY _____

LIST ALL OTHER INSTRUMENTS YOU PLAN, AND INDICATE ABILITY. _____

_____ ARE YOU WILLING TO PLAY THIS INSTRUMENT AT CAMP YES NO

DO YOU HAVE SKILLS IN (CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> ARCHERY | <input type="checkbox"/> BOATING | <input type="checkbox"/> PHOTOGRAPHY |
| <input type="checkbox"/> LOW ROPES INSTRUCTION | <input type="checkbox"/> HIGH ROPES INSTRUCTION | <input type="checkbox"/> CLIMBING TOWERS |
| <input type="checkbox"/> PAINTBALL | <input type="checkbox"/> SWIMMING | <input type="checkbox"/> BACKPACKING |
| <input type="checkbox"/> HIKING | <input type="checkbox"/> GENERAL CAMPING | <input type="checkbox"/> WILDERNESS CAMPING |
| <input type="checkbox"/> WILDLIFE TRACKING/OBSERVATION | <input type="checkbox"/> FIRST AID | <input type="checkbox"/> LIFE GUARD |
| <input type="checkbox"/> BICYCLE REPAIR | <input type="checkbox"/> CAMP FIRE BUILDING | <input type="checkbox"/> MOUNTAIN BIKING |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

REFERENCES

NAME OF THREE ADULT PERSONS, NOT RELATIVES OR YOUR CURRENT PASTOR, WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS:

Name	Street Address	City	State/Zip	Phone

TESTIMONY

WRITE A PARAGRAPH IN REGARD TO YOUR CONVERSION AND BAPTISM (USE ADDITIONAL PAPER IF NECESSARY).

IF YOU WERE TO STAND AT THE GATES OF HEAVEN AND GOD THE FATHER WERE TO ASK YOU, "WHY SHOULD I LET YOU INTO MY KINGDOM?" WHAT WOULD YOU SAY? (USE ADDITIONAL PAPER IF NECESSARY)

WRITE A PARAGRAPH IN REGARD TO WHY YOU WANT TO WORK AT TWIN LAKES CAMP (USE ADDITIONAL PAPER IF NECESSARY).

WRITE A PARAGRAPH DESCRIBING YOUR CURRENT WALK WITH THE LORD (USE ADDITIONAL PAPER IF NECESSARY).

HAVE YOU READ THE CAMP'S ARTICLE'S OF FAITH? YES; NO
ARE YOU IN AGREEMENT WITH THE CAMP'S ARTICLES OF FAITH? YES; KIND OF (PLEASE EXPLAIN); NO

WHAT DO YOU EXPECT FROM A SUMMER AT TWIN LAKES CAMP AND CONFERENCE CENTER? HOW CAN THE CAMP HELP YOU ACHIEVE YOUR PERSONAL, EDUCATIONAL AND/OR OCCUPATIONAL GOALS?

WHAT ARE YOUR VOCATIONAL PLANS?

WHAT DO YOUR PARENTS THINK ABOUT THIS OPPORTUNITY (IN YOUR OWN WORDS).

"I CERTIFY THAT EVERYTHING IN THIS APPLICATION IS CORRECT AND TRUTHFUL. I UNDERSTAND THAT PAST EMPLOYERS AND REFERENCES WILL BE CONTACTED BY TWIN LAKES CAMP. I ALSO AUTHORIZE TWIN LAKES CAMP TO DO A CRIMINAL RECORD CHECK TO ENSURE THAT THAT ALL APPLICANTS HAVE NO HISTORY OF CHILD ABUSE OR CHILD NEGLECT. I ALSO UNDERSTAND THAT TWIN LAKES CAMP AND CONFERENCE CENTER MAY REQUEST MORE INFORMATION FROM ITS APPLICANTS."

APPLICANT'S SIGNATURE _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____
(REQUIRED FOR THOSE APPLICANTS UNDER THE AGE OF 18)