

# VOLUNTEER COUNSELOR or NURSE APPLICATION

Please attach a  
**RECENT SNAPSHOT**  
of yourself.

Note: "Affirmative Action" legislation gives you the right, if you should so choose, to omit certain categories in this application, i.e.: Date of birth, sex, Marital Status, Physical Limitations, Photograph. All help in placement but cannot be required.

\_\_\_\_\_  
First Name  
\_\_\_\_\_  
Middle Name  
\_\_\_\_\_  
Last Name  
\_\_\_\_\_  
Any Other Name

Must be at least 19 years of age  
and 1 year out of high school.

Return Completed Application To:

**Covenant Pines Bible Camp**  
43696 245th Place  
McGregor, MN 55760  
(218) 768-2610 Fax: (218) 768-2611  
E-mail: lindsay@covenantpines.org

I am volunteering to be a: (circle one) **Counselor** **Nurse\*** **Other:** \_\_\_\_\_

\*Please include a copy of your license

Camp Session Requested:

KK: \_\_\_ Pathfinders: \_\_\_ TB-OS: \_\_\_ TB1: \_\_\_ TB2: \_\_\_ JH-OS: \_\_\_ JH1: \_\_\_ JH2: \_\_\_ SH1: \_\_\_ SH2: \_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Birthdate: Mo: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Age this June: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_ Church Currently Attending: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Marital status: single: \_\_\_\_\_ married: \_\_\_\_\_ divorced: \_\_\_\_\_ separated: \_\_\_\_\_

In emergency contact: Name \_\_\_\_\_ Relation to you: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Day Phone: ( ) \_\_\_\_\_ Night Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_ if yes, Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT

List below your last three jobs, beginning with the most recent. Covenant Pines may contact them for a reference.

Current Employer Name \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Address \_\_\_\_\_ Date employed: Start \_\_\_\_\_ End \_\_\_\_\_  
Street City State Zip

Immediate Supervisor \_\_\_\_\_ Describe your duties/job \_\_\_\_\_

## MEDICAL

Do you have accident and hospital insurance? Yes \_\_\_ No \_\_\_ If yes, list name of company and policy number \_\_\_\_\_  
\_\_\_\_\_

Explain any serious illnesses or injuries you have had in the past five years: \_\_\_\_\_  
\_\_\_\_\_

Please list any physical, mental, or emotional handicaps: \_\_\_\_\_

Are you allergic to any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

List any activities which you are physically unable to participate: \_\_\_\_\_

**QUESTIONS [NOTE: If you have been a volunteer for a CPBC youth camp in the past two years, please skip to #4**

(1) Have you been a camper or a volunteer (in what capacity) at Covenant Pines before? If not at Pines at another camp?

\_\_\_\_\_  
\_\_\_\_\_

(2) Please state your experience of salvation and commitment to Jesus Christ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) What experiences, skills, or qualifications do possess that would be useful in a camp setting? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Why do you want to volunteer at Covenant Pines? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) What size t-shirt should we order for you? \_\_\_\_\_

(6) What bus stop will you be riding up from? \_\_\_\_\_

**REFERENCES**

Please list two professional people (including your Pastor) or former employers (no relatives, please) who are familiar with your character and qualifications. We may contact these people. You must include the full names and addresses of your references.

Pastor \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_ Phone W ( ) \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_ Phone H ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Title \_\_\_\_\_ Phone W ( ) \_\_\_\_\_

I hereby certify that all of the information that I have provided to Covenant Pines Bible Camp in this application or otherwise is true. I give permission to Covenant Pines and its agents to attempt to verify the information that I have provided by questioning my references, employers, schools, friends, family members, and anyone else who is contacted by Covenant Pines or its agents to release all information that they possess about me to Covenant Pines or its agents. I understand that if, in the sole opinion of Covenant Pines I have provided false, misleading, or incomplete information, my application will be rejected or if it has already been accepted, I will be terminated.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicant is under 18 years of age, a parent or custodial guardian must sign below.

Parent or Guardian Signature \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**Covenant Pines Mission Statement**

Covenant Pines, a ministry of the Twin Cities Covenant Churches, exists to reach people of all ages with the Gospel message of Jesus Christ through an experience in a Christian environment located in a natural setting.

This could be the best year of your life! When you join the staff at Covenant Pines, you join a family that grows closer in victories, defeats, joys, and tears. We at Covenant Pines are committed to this kind of growth. We work for it. We expect it. But as in any family, we realize that this kind of closeness only takes place as members are drawn closer to Christ. Our commitment to and adoration of Jesus Christ must be continually stretched and challenged. Regular time of staff worship, Bible study and sharing are essential ingredients of our Program.

**Facts You May Want To Know**

Medical Care-The camp provides only Worker's Comp.

Linens-Staff members must provide their own twin bed linens, sleeping bags, towels, etc. Laundry facilities are available for staff use.

Personal Conduct- Smoking, use of tobacco, alcoholic beverages, and illegal drugs are not permitted. Use of any of these items will be cause for dismissal.

Dismissal- The camp reserves the right to dismiss an employee for incompetence, misconduct, or failure to comply with camp policies