

**NABNW CAMP TAPAWINGO**  
**SUMMER STAFF APPLICATION- Returning Applicant**

Please type or print and mail to:  
 Lynn Oehler, Camp Coordinator  
 1183 Harritt Dr. NW  
 Salem, OR 97304

<p><b>For Office Use Only</b>                  Note date paperwork received  <input type="checkbox"/> Staff Application _____  <input type="checkbox"/> Health Form _____  <input type="checkbox"/> References contacted _____  <input type="checkbox"/> Participation Agreement/ Waiver _____  <input type="checkbox"/> C.I.T. fee enclosed _____</p>
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This application is for returning applicants only. If you have never served at Camp Tapawingo, please complete the "new staff" application form (available on the web-site). *Please answer all questions on the application and all other forms completely and thoughtfully. This includes completing the "Staff health form" and the "Participation Agreement/ Release Waiver" which are available on the camp website.*  
Your application will not be processed until all forms are received.

NAME \_\_\_\_\_  
*Last First Middle (Maiden if applicable)*

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER  MALE  FEMALE

WHAT CHURCH DO YOU ATTEND? \_\_\_\_\_

T-Shirt Size (circle one): YS YM YL Adult: S M L XL Other: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ SCHOOL/EMPLOYER \_\_\_\_\_

To which camp(s)/ position(s) are you applying? Remember, you may only serve at or attend a total of 2 camps. (See "Application process form" for clarification)

- Mini-Camp  Counselor  Counselor-in-Training (CIT)
- Junior Camp  Counselor  Counselor-in-Training (CIT)
- Middle School Camp  Counselor  Counselor-in-Training (CIT)
- High School Camp  Counselor  Counselor-in-Training (CIT)

Enclose your registration fee if you are applying for a CIT position. It is a separate fee for each camp to which you are applying. \$10.00 for Mini-Camp \_\_\_\_\_ \$20.00 for Junior Camp \_\_\_\_\_  
 \$20.00 Middle School Camp \_\_\_\_\_ \$20.00 High School Camp \_\_\_\_\_ TOTAL AMOUNT ENCLOSED \_\_\_\_\_

\*\*If you are chosen as a counselor for a camp that you have a child attending, do you want to be the counselor for your child's cabin? \_\_\_yes \_\_\_no \_\_\_not applicable

\*\*Are you registered to attend or did you attend the Training Retreat (April 30 -May 1, 2010) for Camp Tapawingo staff? \_\_\_yes \_\_\_no  
 (See "Application process form" for more information; Registration for Training Retreat is available on the web-site)

PARENT/GUARDIAN (if under 18)

\_\_\_\_\_  
*Name Relationship*

\_\_\_\_\_  
*Address Phone*

**EMERGENCY CONTACT INFORMATION**

Person to be notified in an emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ GROUP ID# \_\_\_\_\_

DOCTOR \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Please note any health or medical history that we should be aware of (i.e. allergies, physical limitations)

\_\_\_\_\_  
\_\_\_\_\_  
(Complete "Staff Health Form" available on web-site and return with your application)

I have training in:	Exp. Date		Exp. Date
<input type="checkbox"/> Basic First Aid	_____	<input type="checkbox"/> SRT	_____
<input type="checkbox"/> Advanced First Aid	_____	<input type="checkbox"/> Lifeguard	_____
<input type="checkbox"/> Food Handlers Card	_____	<input type="checkbox"/> Wilderness Leadership	_____
<input type="checkbox"/> CPR	_____	<input type="checkbox"/> Rock climbing	_____
<input type="checkbox"/> EMT	_____	<input type="checkbox"/> Ropes Course	_____
		Other	_____

Please attach copies of certification which you have marked above

1. Describe your current relationship with God. Include your present devotional practice (Bible study, prayer life.) What has God taught you this past year?

2. What ministry activities have you been involved in this past year?

3. What do you see as your greatest strength? What do you see as the greatest challenge in your life?

The following 2 people will pledge their **Prayer Support** for me while I am a summer worker at Camp Tapawingo:

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**COMMITMENT OF APPLICANT:**

- I understand that if I disregard any NABNW or Camp Tapawingo policy or procedure that I may be subject to review of my volunteer status by the NABNW Camping Leadership.
- I authorize NABNW Camping Board to contact all prior employers and any references listed herein to verify information provided and to obtain any and all information related to my character and past work performance. I further hereby release all references and prior employers from any liability for information provided in good faith.
- I authorize NABNW Camping Board to conduct a Criminal Investigation Check. **(If your church has completed a criminal background check on you in the past year, please include a copy of the results with your application)**
- I affirm that I have neither been convicted of, nor am I the subject of pending charges for any offense involving actual or attempted child abuse or sexual molestation in any jurisdiction.
- I understand that this is only an application and does not in any way bind NABNW and Camp Tapawingo.
- I hereby affirm and acknowledge, by signing below, that all of the information provided and all of my answers to the foregoing questions are true and complete, and that any misrepresentation or omission may be grounds for dismissal.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**References:** Please provide the following information. The Camp Program Coordinator and/or Camp Director will be in contact with your 2 references.

1. Your Pastor's name \_\_\_\_\_  
Is this your senior pastor or youth pastor? \_\_\_\_\_  
Day time phone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

2. An employer/ teacher/ adult friend  
Name: \_\_\_\_\_  
Day time phone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_