

Name _____

Date _____

2011 Staff Application Overview

There are two primary categories of summer staff positions available at Hickory Cove:

- Full-Time Summer Staff
- Summer Volunteers

Full-Time Summer Staff

- 16 years and older
- Attend Staff Training Week (June 12-18)
- Work from June 19 through August 12 (with one optional unpaid week off)
- Will serve as Lead Counselors, Programming Facilitators, etc.
- Have the option of raising missionary support for their work at camp. Staff members will provide us a list of names and addresses we will send a letter of introduction and request to your donors on their behalf. In addition we will send a letter to our complete mailing list on behalf of all staff members.

Summer Volunteers

- 14 years and older
- Attend Staff Training Week (June 12-18)
- Will serve as Counselors (16 and up), Kitchen Assistants, Maintenance Assistants, etc.

General Staff Qualifications:

Each staff member, Full-Time or Volunteer, must meet the following qualifications:

- Is a confessing Christian committed to serve the Lord at Hickory Cove Bible Camp.
- Have a sincere love for the Lord and a desire to see campers come to know and grow in Him.
- Be in agreement with the camp mission statement, goals, and policies; willing to sign the doctrinal statement.
- Be eager to learn, love campers, and show a consistent walk with God.
- Be flexible and able to work with campers and other staff members in a team environment.
- Have a servant's spirit (Phil. 2:5-8) and be able to submit to authority (Rom. 13:1-5).

Positions Available

Counselor: Counselors are responsible for the overall care of the campers in their charge during that camp session. They are responsible to the Program Director for their session of camp.

- Must be 16 years or older.
- Have a deep love and concern for the well-being of children.
- Have leadership experience with young people and demonstrate an ability to communicate basic Christian truths in understandable ways.

Cook: Cooks are responsible for assisting the Food Service Manager in the preparation and clean-up of all meals during a particular week. The Cook is directly responsible to the Food Service Manager of Hickory Cove.

- Must be at least 18 years old.
- Have experience with industrial kitchen equipment but not mandatory.
- Experience cooking in an institutional kitchen preferred but not mandatory.

Kitchen Assistant: Kitchen Assistants are responsible to assist in all aspects of meal preparation, serving, and clean-up. They are responsible to the Food Service Manager.

- Must be 14 years or older.
- Previous kitchen experience preferred but not mandatory.

Maintenance Assistant: Maintenance Assistants are responsible to assist in maintenance and housekeeping. They are responsible to the Property Manager.

- Must be 14 years or older.

Program Facilitator: Program Facilitators lead activities and assist all aspects of the program during camp sessions. These areas include but are not limited to swimming, canoeing, archery, life guarding, low ropes, zip line, paintball, music, boat driving, athletics, game facilitation, crafts, etc. They are responsible to the Programming Coordinator. (Lifeguards are responsible to the Head Lifeguard in relation to life guarding duties.)

- Lifeguards must have current certifications and be at least 16 years old.
- Must have certification and/or verifiable experience in activity area.
- Must be at least 18 years old to lead in activity areas.

Health Care Specialist: Health Care Specialists will provide first aid and medical care for staff and campers for a particular week. They are directly responsible to the Health Care Manager.

- Must be certified in one of the following areas:
 - Doctor
 - Registered Nurse
 - LPN
 - Paramedic
 - EMT
 - First Aid
- Must hold a current CPR certificate.
- Must be at least 21 years of age or older.



2011 Staff Application

170 Ferguson Lane, Taylorsville, NC 28681
Phone: (828) 632-2987 • Fax (828) 632-6550
info@hickorycove.org • www.hickorycove.org

1. Name: _____ Preferred Name: _____

2. Address: _____

Primary Phone: _____ Email: _____

3. Personal Information:

Birthday: _____ Gender: Male Female Marital Status: Single Married
Shirt Size: Small Medium Large X-Large XX-Large

4. Parents' or Guardians' Names (if you are under 18): _____

Home Address: _____

Phone: _____

5. Church: _____ Location: _____

6. Education: High School: _____ Grade: 9th 10th 11th 12th

College: _____ Major: _____

7. Camp Experience:

Camp Name

Role (Camper, Staff, etc.)

8. Camp Experience: Check the areas where you have experience.

Canoeing Archery Paintball Song Leading
 Photography Drama Low Ropes Instrument(s) _____

9. **Certification:** Indicate certification held and give dates of expiration.

Expiration Date:

- Life Guard Training _____
- Water Safety Instructor (WSI) _____
- Standard First Aid _____
- Advanced First Aid _____
- CPR _____
- EMT _____
- LPN _____
- RN _____
- ServSafe _____
- Other (_____) _____

A copy of your license or certification will be required upon your arrival at Camp.

10. **Camp Service Interests:** Check the areas where you're interested in serving at Hickory Cove.

- Counselor Food Service Assistant Kitchen Assistant
- Health Care Specialist Program Facilitator Maintenance Assistant

11. Check weeks/weekends for which you are applying:

- | | |
|---|---|
| <input type="checkbox"/> Work Week – March 18-26 | <input type="checkbox"/> Biltmore Baptist – July 24-29 |
| <input type="checkbox"/> Spring Adventure – April 1-3 | <input type="checkbox"/> 9th-12th Grade – July 31-August 5 |
| <input type="checkbox"/> North Hills Community Church – June 7-10 | <input type="checkbox"/> 3rd-5th Grade – August 7-12 |
| <input type="checkbox"/> Staff Training – June 11-18 | <input type="checkbox"/> Iglesia Luz de Vida – August 14-19 |
| <input type="checkbox"/> Grace Covenant Church – June 20-24 | <input type="checkbox"/> Lumberjack Weekend – October 7-9 |
| <input type="checkbox"/> Grace Covenant Church – June 27-July 1 | <input type="checkbox"/> Young Adult Weekend – October 14-16 |
| <input type="checkbox"/> Hendersonville First Baptist – July 3-8 | <input type="checkbox"/> Winter Middle School Camp – Dec. 27-30 |
| <input type="checkbox"/> 6th-8th Grade – July 10-15 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 3rd-5th Grade – July 17-22 | <input type="checkbox"/> Other _____ |

11. **Work/Employment History** (please list your last two employers other than Hickory Cove):

- A. Company: _____ Position: _____ Supervisor: _____
 Phone: _____ Dates Employed: _____
- B. Company: _____ Position: _____ Supervisor: _____
 Phone: _____ Dates Employed: _____

12. Describe any previous experience you have had working with children between the ages of 8-18:

13. Health: To the best of your knowledge, are there any health reasons that would limit your ability to perform any of the functions of the job for which you are applying? Yes No

If "yes," elaborate _____

14. References: Included with this application are two reference forms and envelopes. Please fill out the two top lines and distribute these forms with an envelope to your pastor, mentor, spiritual leader, personal acquaintance or any other individual who know you well and can speak to the items included on the form. Please, do not give a form to a relative. The person filling out the form should place the completed form inside the envelope and send it directly to us or return it to you to be mailed. Your application cannot be considered until all reference forms have been received. Please follow up with your references to make sure they send in the forms.

15. I understand that by signing my name below that I am affirming that the information contained in this application for employment is accurate to the best of my knowledge. I also understand that (1) any false information given in this application will result in its cancellation and, if I am accepted on staff, may be cause for immediate dismissal; (2) employment is subject to satisfactory reference checks, and(3) employment is subject to compliance with the requirements of the Immigration Reform and Control Act of 1986. I also acknowledge that I have read the Hickory Cove Bible Camp Statement of Faith on the following page and will support the statement in its entirety. I hereby give Hickory Cove Bible Camp staff permission to verify any and all information in this application by contacting any person or organization to obtain information concerning me. I release and agree to hold harmless from liability any person or organization (whether listed in the application or not) who provides information or reference about me to the camp or its employees, or agents. I also hereby release and agree to hold harmless the camp and its Directors, officers and employees with respect to the obtaining of such information about me. I waive any and all rights I might have to inspect the reference provided on my behalf.

I declare under penalty of perjury under the laws of the state of _____ that the foregoing information is true and correct.

Signed this ____ day of _____, 2011, in _____ (city), _____ (state).

(Print name)

(Applicant signature)



Hickory Cove Bible Camp Statement of Faith

1. We believe in the Eternal Godhead, composed of the Trinity, consisting of the eternal relationships of God the Father, God the Son, and God the Holy Spirit.
2. We believe in the entire Bible as the inspired Word of God and as the only basis of authority in all matters of Christian faith and practice.
3. We believe in the Virgin birth of the Lord Jesus Christ, who is truly man and truly God.
4. We believe that, when the Lord Jesus Christ died on Calvary's Cross, He died for the whole world through His substitutionary atonement on the Cross. All who accept Him as their personal Savior have, by faith in Him, eternal life as a free gift from God. There is no salvation in any other way, and all who reject Him as their vicarious Savior are eternally lost and doomed to eternal punishment in Hell.
5. We believe in the convicting, regenerating, and guiding power of the Holy Spirit.
6. We believe in the bodily resurrection of the Lord Jesus Christ and also in the bodily resurrection of the believer at the coming of the Lord Jesus Christ for His Church.
7. We believe in the imminent and premillennial coming of the Lord Jesus Christ for His Church and, thereafter, in His personal and visible return to the earth to set up His kingdom in righteousness.

Recognizing that no one individual or organization within the Christian faith has complete understanding of all of God's Truth, we respectfully request that you do not teach any doctrine that contradicts the above positions while at Camp.

Spiritual Autobiography

1. At this point in your life, what is God teaching you?

2. What are you doing spiritually to prepare yourself for the next step in life?

3. What do you think will be your biggest challenges at camp this year?

4. If someone were to ask you "How can I become a Christian?" what would you say?
(Not required for returning staff members.)

5. In what ways do you believe God has gifted you, spiritually and otherwise, to serve the people around you? *(Not required for returning staff members.)*

6. Why do you want to work at Hickory Cove Bible Camp? What contribution do you feel you can make? *(Not required for returning staff members.)*

<i>For Office Use Only</i>		Date:	
Q #1		Q #3	
Q #2		Q #4	
Ob. Of Ind.		HCBC Staff Init.	

CONFIDENTIAL MEDICAL INFORMATION FORM

Effective 1/14/11

The following information is not part of the camper or staff acceptance process, but is gathered only to assist in identifying appropriate care.

Full Name of Camper/Staff Member: _____

Date of Birth: _____

List any conditions requiring restrictions from activities or other considerations while at camp. Please give full details and initial below (use back for more details): _____

Please list all current medications being taken and reason for taking them: _____

(NOTE: All medications for campers must be turned over to Camp medical personnel during on-site camp check-in and ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER FROM PHARMACY.)

Record of Past Medical Treatment: *(Indicate approximate date)*

Frequent Problems or Disease

- ___ Frequent Ear Infections
- ___ Frequent Headaches
- ___ Frequent Sore Throat
- ___ Heart Defect/Disease
- ___ Bedwetting
- ___ Sleepwalking

- ___ Bleeding/Clotting
- ___ Seizures
- ___ Diabetes
- ___ Asthma
- ___ Other _____
- _____
- _____

Allergies

- ___ Hay Fever
- ___ Ivy Poisoning
- ___ Insect Stings
- ___ Chlorine
- ___ Drugs _____
- ___ Food _____
- ___ Other: _____

Immunizations

Immunizations up to date for school?
 Yes _____ No _____
 Date of last Tetanus shot: _____

Operations or serious injuries (dates): _____

Dietary restriction: _____

Name of Family Physician or Health Care Facility: _____ Phone: _____

Date of most recent physical exam: _____ (American Camping Association requires exam date to be within 24 months of camp session.)

Emergency Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Insurance: Do you carry medical/hospital insurance? ___Yes___No

If so, indicate Carrier: _____ Policy Number: _____

The camper, volunteer and/or parent/guardian are responsible for all bills for medical treatments incurred while participating in the Camp program at Hickory Cove Bible Camp.

IMPORTANT: THIS BOX MUST BE READ AND COMPLETED FOR ATTENDANCE

AUTHORIZATION FOR TREATMENT:

By my signature below, I hereby give permission to the medical personnel selected by the Camp Administration to order X-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the above-named camper. In the event I cannot be reached in an emergency or am otherwise unable to communicate with Camp authorities, I hereby give permission to the physician selected by the Camp Administration to secure and administer treatment, including hospitalization, for the camper named above. This completed form may be photocopied. I hereby give permission for the information listed above, as well as any information concerning injury, illness, medical history, consultation, prescription, treatment or policy coverage for and about this camper, to be shared with necessary Camp personnel, outside medical personnel, pharmacists, and appropriate insurance company representatives, at the sole discretion of Hickory Cove Bible Camp, its staff and volunteers. I affirm that the above information is correct to the best of my knowledge, and I understand that it is my responsibility to update any and all information on this form if it changes between now and the start of my child's camp session.

Signature of adult Camper/Staff: _____ Date: _____

Signature of Parent or Guardian of minor Camper/Staff: _____ Date: _____



GENERAL BACKGROUND INQUIRY RELEASE FORM

It is the policy of Hickory Cove Bible Camp to conduct background checks for all people who are working with campers that are under the age of 18. To complete a background check, we must have your permission. Please fill out and sign the form below. All information must be provided. Failure to complete this form will mean that you will not be allowed to serve at Hickory Cove Bible Camp.

In connection with my desire to serve the Lord at Hickory Cove Bible Camp, I understand that investigative background inquiries are to be made of myself. These inquiries may include, but are not limited to, consumer credit, criminal history, driving history, and other reports. Further, I understand that Hickory Cove Bible Camp and its agents will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, credit and other activities.

I hereby consent and authorize without reservation, the release of said information to Hickory Cove Bible Camp through any of its contracted information service providers, including, but not limited to, Southeastern Investigative Services, Inc. and Carolina Information Services, Inc. I understand that Hickory Cove Bible Camp will seek to maintain information obtained from such background checks as confidential as possible pursuant to common business practices.

I understand that, to aid in the proper identification of my files or records, the following information is required.

PLEASE PRINT CLEARLY

Full Name (including middle and/or maiden name) _____

Social Security Number _____ - _____ - _____

Date of Birth ____ / ____ / ____
(MM) (DD) (YYYY)

Current Address _____

City/State/Zip _____

Drivers License Number _____ State _____

Signature _____ Date Signed _____

OFFICE USE ONLY:

Account No. 02-204 Authorized by _____

Sent _____

M F C AA H O MN: Y N Rush: Y N

Completed _____

Search: C MVR SS Other



CONFIDENTIAL DISCLOSURE FORM FOR WORKERS WITH CHILDREN AND YOUTH

Hickory Cove Bible Camp cares about all people, especially about children and youth who are in its care for the duration of our programs. We work hard to insure the well-being of all persons while they are at Camp. Our commitment is to do everything reasonably possible to see that no physical, sexual, emotional or psychological harm comes to those attending a program sponsored by Hickory Cove. Therefore, any person, volunteer or paid, who will potentially be in a position to have contact with campers under the age of 18 at Hickory Cove Bible Camp, or otherwise at the discretion of Hickory Cove Bible Camp, must complete this form.

Full Name _____

Please circle the correct answer to all of the following questions. If you answer “yes” to any question, please fill out the form on the other side of this sheet.

- 1. Have you ever been convicted of any crime against children or other persons?.....Yes No
- 2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?..... Yes No
- 3. Have you ever been found by any court in a domestic relations proceeding to have sexually assaulted or exploited any minor or to have physically abused any minor?...Yes No
- 4. Have you been convicted of the possession, use, or sale of illegal drugs or other controlled substances within the last seven (7) years?.....Yes No
- 5. Have you ever been convicted of any violation of the law or released from prison within the last seven years?..... Yes No
- 6. Do you wish to disclose any other convictions or pending charges at this time, including driving charges other than minor traffic infractions?.....Yes No

If you answered “yes” to any of the above questions, you may disclose any charges below:

<u>DATE</u>	<u>CHARGE</u>	<u>STATUS</u>	<u>DETAILS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 7. Are there any facts or circumstances involving you or your background which would call into question your being entrusted with the supervision, care and guidance of children?.....Yes No
- 8. Within the past 30 days have you abused alcohol, legal or illegal drugs?.....Yes No
- 9. Do you use tobacco in any form?.....Yes No
- 10. Do you drink alcoholic beverages?.....Yes No
- 11. Have you ever been addicted to or treated for chemical dependency?.....Yes No

I hereby certify that the above answers are true and accurate. I understand that any misleading, false or inaccurate information may be cause for immediate dismissal from all of my activities in connection with my work at Hickory Cove Bible Camp. I further understand that any conviction will be evaluated on a case-by-case basis and will not necessarily disqualify me from service at Hickory Cove Bible Camp.

Signed _____ Date _____



Confidential Staff Reference

Required references are such persons as Mentor/Spiritual Leader/Acquaintance, NOT a Relative
Please return this form as soon possible to Hickory Cove Bible Camp, 170 Ferguson Lane,
Taylorsville, NC 28681; the applicant cannot be confirmed until references have been received.

Applicant's Name: _____

The requirements for our counseling staff are demanding. These staff members should demonstrate:

- A Christian testimony that shows an ability to communicate God's love to young people.
- Ability to use and teach Biblical principles as they apply to daily camp and home life situations.
- Willingness to live and grow as a Christian example in day-long involvement with campers.
- Ability to accept responsibility and to submit to authority.
- A very sound and healthy body, capable of a hard week's work.
- Ability to work with and manage children and youth in a camp environment.

Overall, will the applicant be able to perform at an acceptable level in the points above? Yes No

The person for whom you are filling out this form may be working with children in a direct way or in a more peripheral way while camp. It is important for us to know much about all individuals working in the camp environment. We appreciate your prayerful consideration and personal insights into the character and qualifications of this person. Please leave blank any questions that you feel unqualified to answer.

1. How long have you known the applicant? _____ years

In what capacity? _____

2. Describe his/her relationship to Christ, including current spiritual condition and growth:

3. Will he/she be able to communicate their belief in Christ to others? Yes No

Please support your response: _____

4. Will he/she willingly submit to designated authority and standards? Yes No

Continue on other side

5. Has this person been involved in any activity that would prevent them from working with children in a summer camp environment? Yes No

If "yes," please explain: _____

7. What are his/her strengths? _____

8. What are his/her weaknesses? _____

(Note: Weaknesses won't disqualify the applicant! We want to work with staffers in areas of growth.)

9. What characteristics would you like to see developed in this person during the summer?

10. Overall, will this person be able to perform at an acceptable level as listed in the opening 5 points above? Yes No

11. Circle the descriptor that applies to the applicant:

Leadership Quality:

- Makes no effort to lead
- Tries, but lacks ability
- Some promise
- Good ability to lead

Emotional temperament:

- Over-responds
- Can be moody
- Well-balanced

Ability to form, execute and follow through on plans:

- Needs constant supervision
- Meets average expectations
- Good ability to follow through

Personality:

- Reserved
- Outgoing
- Somewhere in between

16. Would you recommend the applicant as a member of our staff? Yes No

17. Would you want your child placed under the direction, charge and influence of this individual for a good percentage of the day? Yes No

Signature: _____ Print Name: _____

Date: _____ Phone Number: _____



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Continue on other side

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Date: _____ Phone Number: _____