



# TRIUMPHANT LIFE CAMP

P.O. Box 7156 Eureka, CA 95502  
Office: (707) 445-2267 FAX: (707) 444-8564

## Summer Staff Application

### PERSONAL INFORMATION

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: M\_\_ F\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

T-shirt Size (Circle one): Youth XL Small Medium Large X-Large 2X Large 3XLarge

School currently attending: \_\_\_\_\_ Phone at school: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Major (if applicable): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

### CHURCH AFFILIATION

Church currently attending: \_\_\_\_\_ Phone: \_\_\_\_\_

Pastor: \_\_\_\_\_ How long have you been attending? \_\_\_\_\_

Describe your involvement: \_\_\_\_\_

What is a Christian? \_\_\_\_\_

How do you know you're a Christian? \_\_\_\_\_

### CAMP EXPERIENCE

Have you ever been a camper at TLC? \_\_\_\_\_

Which years? \_\_\_\_\_

Have you ever been a staff member? \_\_\_\_\_

When and what position? \_\_\_\_\_

Please indicate the week and position you are applying for:

- \_\_\_\_\_ July 10 - 15, 2011 (4<sup>th</sup> & 5<sup>th</sup> Grade Camp)
- \_\_\_\_\_ July 17 - 22, 2011 (6<sup>th</sup> & 7<sup>th</sup> Grade Camp)
- \_\_\_\_\_ July 24 - 29, 2011 (8<sup>th</sup> & 9<sup>th</sup> Grade Camp)
- \_\_\_\_\_ July 31 - August 5, 2011 (10<sup>th</sup> - 12<sup>th</sup> Grade Camp)

Why are you applying for the position? \_\_\_\_\_

What is your greatest strength? \_\_\_\_\_

What is your greatest weakness? \_\_\_\_\_

Are you willing to do a different position if the one you are applying for is filled?  **Yes**  **No**

If yes, what other position would you request? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list the two most recent places of employment:

1. \_\_\_\_\_ Position: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Position: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted for other than a minor traffic violation?  **Yes**  **No**

(If yes, please attach an explanation).

Have you ever been convicted of child abuse, sexual abuse or any other crime in which a minor was the victim?  **Yes**  **No** (If yes, please attach an explanation).

Do you have any physical condition that would limit your capacity to do the job you have applied for?  **Yes**  **No**

If yes, please describe the condition and explain the limitations: \_\_\_\_\_

**Have you read the TLC Purpose and Doctrinal statements and are you in agreement?**

**Yes**  **No** (If no, please attach an explanation).

I fully understand that Triumphant Life Camp has certain regulations concerning matters of conduct, leave, safety, etc. If my application is accepted, I can be depended upon for complete cooperation. I further understand the importance of fulfilling the entire obligation of my work agreement. I will assist to the best of my ability during my time of service in maintaining and further developing the Biblical emphasis, Christian values and attitude of service of Triumphant Life Camp. I give permission to have a general criminal background check performed. All of the above information is true and accurate to the best of my knowledge.

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

Please mail or FAX **completed** application to:  
Triumphant Life Camp  
P.O. Box 7156  
Eureka, CA 95502  
Office: (707) 445-2267 Fax: (707)444-8564  
www.tlc-camp.org

# Summer Staff Medical Release Form

## MEDICAL HISTORY

Name: \_\_\_\_\_

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

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## EMERGENCY INFORMATION

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last tetanus Immunization: \_\_\_\_\_

Allergies: \_\_\_\_\_

Known Health Restrictions: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Medicine taken regularly: \_\_\_\_\_

Permission for designated TLC staff to administer over the counter medication (i.e. Tylenol, Sudafed, etc.)  **Yes**  **No**

**Please send all medication in the original container with dispensing instructions. Notify TLC director if staff member has been exposed to any communicable illness or pest in the three weeks prior to camp.**

## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## CONSENT

This health form is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted by me and to be photographed and videoed for TLC promotional use. In case of a medical emergency, I hereby give permission to the physician or healthcare professional selected by the camp director to administer or secure proper emergency treatment and hospitalize, as he/she deems necessary. I understand that TLC only carries secondary insurance for staff members and that I will take responsibility for any charges occurring in the event that the staff member above should need any medical attention at any clinic, facility or hospital. In the event that a staff member is not covered by any insurance policy, TLC will provide primary coverage.

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

**If staff member is under 18 years old:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## TRIUMPHANT LIFE CAMP

### **Purpose Statement**

The purpose of Triumphant Life Camp is to glorify God by organizing, promoting, developing, and conducting Christian camping programs. These programs will provide testimony to God's work, present the Gospel of Jesus Christ, build Christian character, inspire the extended Triumphant Life Camp family, provide a place where Christian young people and adults can devote themselves to Christian service and create an interest in missionary outreach work.

### **Doctrinal Statement**

1. We believe in the Scripture of the Old and New Testament as verbally inspired by God, and inerrant in the original writings, and that they are of supreme and final authority in faith and life.
2. We believe in one God, eternally existing in three persons: Father, Son and Holy Spirit.
3. We believe in the gospel as stated in 1 Corinthians 15:3-4. *“For I delivered unto you first of all that which I also received, how that Christ died for our sins according to the scriptures: And that he was buried, and that he rose again the third day according to the scriptures.”*
4. We believe that all who receive Him by faith are born again of the Holy Spirit and thereby become children of God.