

TRIUMPHANT LIFE CAMP, INC.

P.O. Box 7156 Eureka, CA 95502 707-445-CAMP (2267)

Summer Staff Application

PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Sex: Male Female Birthdate: _____

Home Phone: _____ Cell Phone: _____

Email: _____

T-Shirt Size: Youth XL Small Medium Large X-Large 2X Large 3X Large

School currently attending: _____

Year of Graduation: _____ Major (if applicable): _____

Phone at School: _____

Emergency Contact: _____ Phone: _____

Relation to applicant: _____

CHURCH AFFILIATION

Church currently attending: _____ Phone: _____

Pastor's Name: _____ How long have you attended? _____

Describe your involvement: _____

What is a Christian? _____

How do you know you are a Christian? _____

CAMP EXPERIENCE

Have you been a camper at TLC? _____ Which year(s)? _____

Have you been a staff member at TLC? _____ When and what position? _____

Please indicate the week(s) and position(s) you are applying for:

4th & 5th Grade Camp _____

6th & 7th Grade Camp _____

8th & 9th Grade Camp _____

10th - 12th Grade Camp _____

Why are you applying for this position? _____

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

If yes, in what other position would you be willing to serve? _____

What is your greatest strength? _____

What is your greatest weakness? _____

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 for the job applied for? Yes No

If Yes, please describe the condition and explain work limitations.

Have you read the TLC Statement of Faith 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. All of the above information is true and accurate to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Please mail, fax, or email your completed application (**all necessary pages**) to:

Triumphant Life Camp
P.O. Box 7156 Eureka, CA 95502
Office: 707-445-CAMP fax: 707-444-8564
Email: summercamp@tlc-camp.org
Website: www.tlc-camp.org

Summer Staff Medical Release Form

Medical History

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Height: _____ ft. _____ in. Weight: _____ Date of Birth: _____

Date of Last Tetanus Immunization: _____

Allergies: _____

Known Health Restrictions: _____

Activity Restrictions: _____

Medications taken regularly: _____

Permission to administer over the counter medicine (i.e. Tylenol, Sudafed, etc.) Yes No

Please send all medications in the original container with dispensing instructions. Notify TLC if staff member is exposed to any communicable illness or pest during the three weeks prior to their week of camp.

Insurance Information

Insurance Company: _____

Policy Number: _____ Group #: _____

Subscriber's Name: _____ Relation: _____

Emergency Contact Information

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

Hospital or Clinic: _____ Phone: _____

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 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 the TLC only carries secondary insurance for staff member and that I will take primary 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 an insurance policy, TLC will provide primary coverage.

Signature: _____ Date: _____

If Staff member is under 18 yrs. old:

Parent Signature: _____ Date: _____

TRIUMPHANT LIFE CAMP, INC.

Permission to Obtain a Background Check

(18 and older only)

This form authorizes the Triumphant Life Camp, Inc. (TLC) to obtain background information and must be completed by the applicant. TLC must keep this completed form on file for at least five years after requesting a background check.

Identifying Information for Background Information Agency (also known as “Consumer Reporting Agency”)

Print Name: _____
 First Middle Last

Other Names Used (alias, maiden, nickname): _____

Gender: _____ Birthdate: _____

Social Security Number: _____ Daytime Telephone Number: _____

Current Address: _____
 Street /P. O. Box City State Zip Code County
Dates at this address: _____

Former Address: _____
 Street /P. O. Box City State Zip Code County
Dates at this address: _____

I the undersigned applicant (also known as “consumer”), authorize TLC through its independent contractor, First Advantage, to procure background information (also known as a “consumer report” and/or an “investigative consumer report”) about me. This report may include a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records. I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to TLC, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

TRIUMPHANT LIFE CAMP, INC.

PURPOSE STATEMENT

The purpose of Triumphant Life Camp, Inc. 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.