

# Summer Camp Intern Application

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_ Sex: M or F  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
MM / DD / YY  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Relationship to Candidate: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_



## HEALTH INFORMATION

Health Condition:    \_\_\_ Excellent   \_\_\_ Fair   \_\_\_ Good   \_\_\_ Poor

Person Responsible for Insurance Coverage: \_\_\_\_\_ Health Insurance Carrier: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Insurance Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Personal Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Date of Last Physical Exam: (Mon./Yr.) \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Recent illnesses, injuries, or surgeries (what,when): \_\_\_\_\_  
Recent exposure to contagious or infectious disease (what,when): \_\_\_\_\_  
Restrictions on camp activities:    \_\_\_ None   \_\_\_ Strenuous Activities   \_\_\_ Swimming  
          \_\_\_ Other information that would be helpful: \_\_\_\_\_  
Special dietary restrictions: \_\_\_\_\_  
Date of last Polio-vaccine: (Mon./Yr.) \_\_\_\_\_ Oral? \_\_\_ Yes \_\_\_ No  
Date of last Tetanus shot: (Mon./Yr.) \_\_\_\_\_

Allergies:    \_\_\_ Hay Fever   \_\_\_ Aspirin   \_\_\_ Sulfa   \_\_\_ Penicillin   \_\_\_ Tetanus Shots   \_\_\_ Dust  
          \_\_\_ Poison Ivy/Oak   \_\_\_ Bee/Insect Stings   \_\_\_ Other: \_\_\_\_\_

History of or presently under the care for: \_\_\_ Heart Condition   \_\_\_ Arthritis   \_\_\_ High Blood Pressure  
          \_\_\_ Bronchitis   \_\_\_ Appendicitis   \_\_\_ Low Blood Pressure   \_\_\_ Hernia   \_\_\_ Skin Ulcer   \_\_\_ Digestive Disorder  
          \_\_\_ Skin Disease   \_\_\_ Fainting   \_\_\_ Nervous Disorder   \_\_\_ Exhaustion   \_\_\_ Asthma   \_\_\_ Epilepsy/Seizures  
          \_\_\_ Diabetes/Hypoglycemia   \_\_\_ Tonsillitis   \_\_\_ Athlete's Foot   \_\_\_ Other: \_\_\_\_\_

Subject to:   \_\_\_ Homesickness   \_\_\_ Fainting   \_\_\_ Headache   \_\_\_ Sleepwalking   \_\_\_ Sore Throat  
          \_\_\_ Cramps   \_\_\_ Cold/Pneumonia   \_\_\_ Stomach aches   \_\_\_ Hyperactivity   \_\_\_ Ear aches   \_\_\_ Swimmer's Ear  
          \_\_\_ Exhaustion   \_\_\_ Tooth aches   \_\_\_ Nosebleeds   \_\_\_ Bed wetting   \_\_\_ Other: \_\_\_\_\_

REFERENCES

**Please list complete names and address of three people you think would speak for you!**

**1 Minister (of the congregation you attend or home church) (Required)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

**2 Your choice**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

**3 Your choice**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Work/Education

List work or schools in reverse order (start with your most recent experience – go back 5 years):

Name of School/business	Dates attended/worked	Major or Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTACH an Essay of 1-2 paragraphs that includes:

1. Why do you want to serve as an intern
2. What is your basic faith history (ie. Church, Camp, Mission Trips)
3. What do plan to do or be in the next ten years?

Child Abuse Statement

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor: \_\_\_\_\_ NO \_\_\_\_\_ YES If yes, please explain: \_\_\_\_\_

General Release and Signature

The information contained in this application is correct to the best of my knowledge. I authorize any reference listed in this application to give you any information they may have regarding my character and fitness for working around children, youth or others in the church. I release all such reference from liability for any damage that may result from furnishing such evaluations to you, and I waive my right that I may have to inspect references provided on my behalf. Should my application be accepted, I agree to abide by the best ethical behavior becoming of a minister and will abide the normal ministerial code of ethics.

RETURN COMPLETED FORM: CHRISTIAN CONFERENCE CENTER, 5064 LINCOLN ST NEWTON IA 50208  
IF ANY QUESTIONS, PLEASE CALL: 641-792-1266