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CAMP JACOB 2020 JUNIOR STAFF APPLICATION

Interested individuals should complete the application and send it to the address above.

Full Name: _____

Preferred Name: _____ Birthdate: _____ Male: _____ Female: _____

Contact Number: _____ Email: _____

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

GENERAL HEALTH

Is your health: excellent _____ good _____ fair _____ poor _____

Have you had a recent major operation or serious illness? _____ if so, explain _____

Allergies: _____

Medication: _____

Do you have a physical disability or require special accommodations? _____ if so, explain _____

Do you have a mental illness or behavioral disorder? _____ if so, explain _____

Which weeks are you wanting to volunteer? _____

SPIRITUAL BACKGROUND

Home Church: _____ City _____ State _____

Pastor's Name _____ Phone _____

At what age did you receive Jesus Christ as your personal Savior? _____

Please briefly share your personal testimony: _____

How comfortable would you be with sharing the Gospel with a child? _____
How would you go about doing so? _____

REFERENCES

Please provide 3 character references.

Name	Relationship	Contact Information

FINAL DETAILS

Please initial beside the following statements indicating your approval.

_____ I authorize Camp Jacob to inquire from church and school personnel about my qualifications and suitability for a staff position.

_____ I understand and authorize Camp Jacob to perform a criminal background check on me (18 years and older).

APPLICANT NAME(PRINT): _____

APPLICANT SIGNATURE: _____ DATE: _____