

NWD KIDS CAMP 2024

STAFF APPLICATION

Name: _____ Birthday: _____

Address: _____ Age: _____ T-shirt size: _____

City, State, Zip: _____ Gender: _____

Phone: _____ Email: _____

Home Church: _____ Church Phone: _____

Senior Pastor: _____

Health Insurance: _____ Group/ID#: _____

Do you have any physical limitations? (Please list below)

On a separate sheet of paper, in paragraph form, please answer each of the following questions:

1. Describe your personal relationship with Jesus Christ and how it has grown over the years.
2. What realistic road blocks might keep you from being part of the NWD Ministry Team?
3. What church activities and ministries are you currently involved in and to what capacity do you serve?
4. Have you supported the NWD Youth Ministries in the past and if so, please list how.
5. Why would you like to be a part of the NWD Ministry Team?

REFERENCES: Signatures of your **Senior Pastor** and two (2) other unrelated people are required.

Senior Pastor (please read and sign)

I hereby verify that the above applicant has faithfully proven to me their commitment to the Body of Christ. They have remained faithful in his/her present duties within the home church and I further believe this individual has the appropriate character and emotional stability to serve the staff position for children 1st - 6th grade. **Criminal clearance, child abuse & FBI fingerprinting is mandatory for all volunteers in the state of Pennsylvania. Since camp is held in Pennsylvania, we must have copies of these current clearances along with this application in order to be considered for a staff position.

Senior Pastor Signature: _____ Phone: _____

REFERENCES (please read and sign)

Having confidence in this applicant's ability in qualifications of education, training, and Christian experience, I recommend the consideration of his/her application for staff at Summer Camp. I further believe this individual has the appropriate character and emotional stability to serve the staff position for children 1st-6th grade.

Name: _____ Relation: _____ Phone: _____

Applicant's Commitment: I pledge myself to a week of cooperative ministry with the directors of the NWD Ministry Team. I will maintain a personal discipline and a spirit that exemplifies Christ at all times. I will put the physical, mental, and spiritual welfare of the campers and staff as first priority.

Applicant's Signature: _____ Date: _____

Send application & clearances to: NWD Kids Ministry, 1136 Jackie Lane, Mayfield Heights, Ohio 44124 or email: nwdkidscamp@gmail.com