

# APPLICATION FOR MINISTRY

Camp Lebanon  
PO Box 99 Upsala MN 56384  
320-573-2125  
E-Mail: pmades@camplebanon.org

Full Name \_\_\_\_\_ E-mail \_\_\_\_\_

Current Address

\_\_\_\_\_ street address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Legal Address

\_\_\_\_\_ street address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ U.S. Citizen  Yes  No

Church Attending \_\_\_\_\_ City/State/ Phone # \_\_\_\_\_

What is the best way to get summer information to you? (Circle) Email USPS Mail  
Please email a recent picture of yourself to: pmades@camplebanon.org

### EDUCATIONAL BACKGROUND:

Name/City

Dates

Major/Minor

High School \_\_\_\_\_

College \_\_\_\_\_

Classification at end of current or last completed term (Fresh-Senior ) \_\_\_\_\_ G.P.A. \_\_\_\_\_

Scholastic honors, school related activities and offices held (past and present):

**The following items on this page are optional. While helpful for Camp in becoming better acquainted with you, your decision to by-pass them will not hurt your employment chances.**

Male  Female Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Married Y N

Physical disabilities: \_\_\_\_\_

Describe any other health restrictions or limitations that might limit your performance or participation in camp activities:

Parents \_\_\_\_\_ Phone AC (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

List immediate family members. (Please include any that are deceased.)

NAME AGE RELATION OCCUPATION

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_



PLEASE ATTACH THE FOLLOWING INFORMATION:

**SPIRITUAL JOURNEY:**

1. How did you come to Christ? Give a biographical sketch of your Christian life, including things such as conversion, milestones, growth, etc. . .
2. Describe how someone becomes a Christian. Support with Scripture.
3. Share why you want to serve at Camp Lebanon.
4. How are you presently pursuing Christ?
5. Are you involved in a ministry? Why or why not? Where?

**PERSONAL BELIEFS AND VALUES:**

Candidly state your convictions about the topics below.

1. Alcohol, tobacco, and drugs
2. Music (secular and Christian)
3. Premarital and homosexual activity
4. Movies, sports, and other forms of entertainment
5. Abortion, euthanasia, and the sanctity of life
6. The role (or existence) of absolute truth

**SPIRITUAL BACKGROUND:**

1. State your beliefs concerning the Bible, its purpose, and its relevance.
2. Identify the three qualities that should be most evident in a Christian's life.

**CAMPING MINISTRY:**

1. What do you think the purpose and value of Christian camping is?
2. Why do you want to work with children and teens?
3. What truths or teachings would you like to pass on to the campers?
3. Describe your experiences in working with children between the ages of 7 and 17.
4. Describe your camping experiences and training (eg. dates as camper, staff, etc.).
5. How did you hear about Camp Lebanon?

**AREA OF SERVICE:**

**Please mark all areas that you are interested in, indicating your top three choices.**

- Maintenance       Office       Healthcare       Photography/Blogger
- Waterfront Supervisor    Lifeguard/Recreation       Crafts       Chapel / Music
- Counselor       LIT Supervisor       Kitchen Assistant       Maintenance/Night Watch
- Ministry to Junior Staff:    Maintenance Supervisor       Housekeeping Supervisor       Dining Hall Supervisor

**Dates Available for ministry:**

**Do you have any questions for Camp Lebanon?**

**DOCTRINAL STATEMENT:**

The Cedar Lake Baptist Assembly, Inc., which owns and operates Camp Lebanon, willingly and fervently declares its doctrinal belief as follows:

We believe the **Bible** to be inspired, the only infallible, authoritative Word of God.

We believe there is one **God**, eternally existent in three persons: Father, Son, and Holy Ghost.

We believe in the deity of our **Lord Jesus Christ**, in His Virgin Birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal, premillennial return in power and glory.

We believe that for the salvation of lost and sinful men **regeneration by the Holy Spirit** is absolutely essential.

We believe in the present ministry of the **Holy Spirit** by Whose indwelling the Christian is able to live a godly life.

We believe in the **resurrection** of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.

We believe the **true living Church** is composed of all regenerated believers and its supreme mission is to fulfill Christ's Great Commission in preaching the Gospel to all people.

We believe that believers are to observe the ordinances of **baptism** (by immersion) and the **Lord's Supper** and to unite in evangelical churches and to continue faithfully in this fellowship.

**I am in full agreement with the above Statement of Faith**     Yes     No

*(If no, please explain on separate sheet of paper)*

I affirm that I have completed this application truthfully and grant permission for Camp personnel to confer with references:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:** Three written references must also be received as part of the application process. Sources must know you well, have current contact with you, and can not be family members. They must include 1) *a Spiritual Leader* 2) *an Employer or Teacher* and 3) *One who has observed you in ministry or working with children*. Forms are available on Camp's website. When this information is received, you will be contacted to set up an interview. Please contact Camp if you have any questions or need further assistance. Thank you for your prayerful consideration of this very important ministry!

# CAMP LEBANON SENIOR STAFF REFERENCE

APPLICANT \_\_\_\_\_ Position \_\_\_\_\_ Desired \_\_\_\_\_

*I hereby release any individual, firm, partnership, corporation, or entity from liability for providing information to Camp Lebanon regarding my previous employment, veracity, skills, and/or abilities. I also waive all rights to view this confidential document.*

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

REFERENCE \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Because of Camp Lebanon's camper-centered philosophy of ministry, our program is only as strong as the team joined in loving young people into a richer experience of Christianity. Thank you for your honest evaluation of the applicant.**

How long have you known this applicant and in what capacity?

Does the applicant demonstrate a consistent lifestyle of commitment to Jesus Christ? YES NO Please explain.

What would you consider to be the applicant's strengths?

What would you consider to be the applicant's weaknesses?

**With 1 being the lowest (extremely poor) and 5 being highest (excellent), please evaluate the applicant.**

First Impression	1	2	3	4	5	Sense of Humor	1	2	3	4	5
Appearance	1	2	3	4	5	Enthusiasm	1	2	3	4	5
Teammanship	1	2	3	4	5	Spiritual discipline and maturity	1	2	3	4	5
Flexibility	1	2	3	4	5	Communicates Christ's love	1	2	3	4	5
Emotional Stability	1	2	3	4	5	Scriptural Knowledge	1	2	3	4	5
Temper Control	1	2	3	4	5	Teachability	1	2	3	4	5
Response to Authority	1	2	3	4	5	Willingness to Serve	1	2	3	4	5
Joyful	1	2	3	4	5	Leadership with Children	1	2	3	4	5
Responsibility	1	2	3	4	5	Leadership with Teens	1	2	3	4	5
Physical Stamina	1	2	3	4	5	Relationships with Peers	1	2	3	4	5
Integrity	1	2	3	4	5	Lifestyle that honors Christ	1	2	3	4	5

Would you feel comfortable having this applicant serve as your child's counselor? YES NO

Would you recommend without hesitation the applicant for the position desired? YES NO

*If "no" to either, please explain on the backside.*

Are you aware of any past or current criminal behavior, immoral conduct, or inappropriate relationships? YES NO

*If "yes", please explain on back side. Feel free to add any additional comments.*

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

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