

# Galilee Bible Camp

## Volunteer Staff Application



### Personal Data

**Please Attach Photo for ID Purposes**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Permanent/School Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

Work Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:  Male  Female

Marital Status:  Single  Engaged  Married  
 Ever Divorced  Widowed

Email Address: \_\_\_\_\_

Facebook Address: \_\_\_\_\_

Other Social Media Address: \_\_\_\_\_

Church Attending: \_\_\_\_\_

High School Attending: \_\_\_\_\_

College Attending: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Work Phone # \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_  
 (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

Number of Years a Camper @ GBC \_\_\_\_\_

Number of Years a Staffer @ GBC \_\_\_\_\_

Shirt Size: \_\_\_\_\_ (Adult Sizes)

### Personal Response

(Please print or type)

Please attach a separate sheet with your responses to these questions:

1. Give a summary of your Christian experience, including your conversion, your current devotional habits, and your current spiritual growth.
2. Why do you want to serve at Galilee Bible Camp this year?
3. What qualities do you have that make you a good summer staff team member?
4. What Christian ministry service have you been involved in this past year?

### References

**Do Not List Relatives**

(Please have references fill out and return appropriate pages)

**Pastor / Youth Leader** Reference Checked

Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

**Employer / Teacher** Reference Checked

Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

**Personal Reference (Must Be Over Age 18)** Reference Checked

Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

### Position Preference

Please mark the position(s) in which you are interested:

- |   |   |
|---|---|
| <input type="checkbox"/> Cabin Leader             | <input type="checkbox"/> Lifeguard            |
| <input type="checkbox"/> Assistant Cabin Leader   | <input type="checkbox"/> Recreation           |
| <input type="checkbox"/> Medical Staff            | <input type="checkbox"/> Crafts               |
| <input type="checkbox"/> Lead Cook                | <input type="checkbox"/> Music/Worship Leader |
| <input type="checkbox"/> Kitchen Help / Prep Cook | <input type="checkbox"/> Other                |

List any skill(s) that would contribute to the ministry of Galilee Bible Camp while you are serving (crafts, hobbies, outdoor skills, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check the ministry(ies) you would like to volunteer for:**

- |  |   |
|--|---|
| <input type="checkbox"/> Wilderness Camp     | <input type="checkbox"/> Super Saturday |
| <input type="checkbox"/> High School Camp    | <input type="checkbox"/> Teen Retreat   |
| <input type="checkbox"/> Day Camp            | <input type="checkbox"/> Day Camp       |
| <input type="checkbox"/> Children's Two Camp | <input type="checkbox"/> _____          |
| <input type="checkbox"/> Middle School Camp  | <input type="checkbox"/> _____          |
| <input type="checkbox"/> Children's One Camp | <input type="checkbox"/> _____          |

**Contact Galilee Bible Camp about required Staff Training Classes**

**Staff Commitment**

I understand as a volunteer, I will be required to abide by all camp policies, standards and rules. I also understand that as a volunteer, when my service is completed, I must return all GBC property in my possession.

I hereby authorize GBC to contact my employers and references listed herein to verify all information provided to obtain any and all information related to my character and work performance. I further hereby release all references from any liability for information provided in good faith.

I hereby affirm that I have read the Galilee Bible Camp’s Statement of Faith. I hereby agree not to promote personal beliefs and doctrines that may differ from this statement, nor to exhibit conduct which is contrary to it.

I affirm that I have never been convicted of, nor am I the subject of pending charges for any offense involving actual or attempted child abuse or sexual molestation in any jurisdiction.

I understand that this is an application for **volunteer service** and that no employment contract is being offered.

I understand that GBC is a tobacco free, alcohol free, weapon free, and drug free environment.

I hereby affirm and acknowledge, by signing immediately below, that all of the information provided and all my answers to the foregoing questions are true and complete, and that any misrepresentation may be grounds for rejection and/or dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Media Release**

I hereby give permission for any/all media of myself, captured at any/all camp activities through, but not limited to, video, photo, and audio, to be used solely for the purposes of Galilee Bible Camp and American Missionary Fellowship, in our publications and promotions (newsletters, brochures, videos, web sites, etc.), and waive any rights of compensation or ownership thereto.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Media Agreement**

I hereby agree, as a volunteer at Galilee Bible Camp, not to use any media of campers and staff on the internet (such as, but not limited to, Facebook, Twitter, etc.).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Self Evaluation**

Please rate yourself on these qualities using a scale of 1-10. One if it is least true about you, and ten being most true about you.

**Leadership**

1 2 3 4 5 6 7 8 9 10

**Initiative**

1 2 3 4 5 6 7 8 9 10

**Respecting Authority**

1 2 3 4 5 6 7 8 9 10

**Encouraging**

1 2 3 4 5 6 7 8 9 10

**Problem Solving**

1 2 3 4 5 6 7 8 9 10

**Servant Attitude**

1 2 3 4 5 6 7 8 9 10

**Diligence**

1 2 3 4 5 6 7 8 9 10

**Daily Walk With God (Bible Reading / Prayer)**

1 2 3 4 5 6 7 8 9 10

**Statement of Faith**

Please visit our web site at  
[www.GalileeBibleCamp.org](http://www.GalileeBibleCamp.org)  
or  
[www.AmericanMissionary.org](http://www.AmericanMissionary.org)  
to read our complete Statement of Faith.

**Return Completed Application to:**

Galilee Bible Camp  
586 Camp Galilee Rd  
LaFollette, TN 37766  
423.562.4910  
GBC@GalileeBibleCamp.org

Application available on the web at:  
[www.GalileeBibleCamp.org](http://www.GalileeBibleCamp.org)





# Galilee Bible Camp Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize Galilee Bible Camp and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Galilee Bible Camp or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Galilee Bible Camp and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

\_\_\_\_\_ By initialing the line to the left, I also authorize annual background checks without prior notice.

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

# GALILEE BIBLE CAMP

## REFERENCE FORM — PASTOR / YOUTH LEADER

\_\_\_\_\_ has applied to our camp for the position of \_\_\_\_\_ and has given your name as a reference. Please return this form as soon as possible to the address below.

To whom it may concern:

I, \_\_\_\_\_, have applied to be on volunteer staff at Galilee Bible Camp. I authorize the camp to contact any person or organization to obtain information concerning me, including, but not limited to, the employers, organizations, supervisors, and references that I listed in my application. I hereby release and agree to hold harmless from liability any person or organization (whether listed in my employment application or not) who provide information or references about me to the camp or its employees or agents. I also hereby release and agree to hold harmless the camp and its past, present, and future directors, officers, employees, volunteers, and agents with respect to the obtaining of such information about me. I waive any right I might have to inspect the references provided on my behalf. A copy of this release shall be effective as a signed original.

I have read this release and authorization for release of information and enter it freely and voluntarily.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

How long have you known this person? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Would you want this person in charge of your children? \_\_\_\_\_

Would you consider this person to be a good role model for children and teens in the following areas:

Control of emotions \_\_\_\_\_ Attitude toward authority \_\_\_\_\_

Work habits \_\_\_\_\_ Handling responsibility \_\_\_\_\_

Personal habits \_\_\_\_\_ Relationships to peers \_\_\_\_\_

Relationships with the opposite sex \_\_\_\_\_ General attitudes \_\_\_\_\_

If you answered no to any of these, please explain here: \_\_\_\_\_

What do you see as this person's greatest strengths? \_\_\_\_\_

What do you see as this person's greatest weaknesses? \_\_\_\_\_

Galilee Bible Camp is a Christian camp where the staff members work with children of all ages and may be the main supervisors of the campers. What is your feeling about hiring this person for that type of position?

\_\_\_\_\_ Highly recommend \_\_\_\_\_ Recommend with reservations \_\_\_\_\_ Might do O.K. \_\_\_\_\_ Would not recommend

Please us other side for additional comments.

Name and phone number of someone else who know the applicant:

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signed: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Return to: Galilee Bible Camp  
586 Camp Galilee Rd  
LaFollette TN 37766  
423.562.4910



# GALILEE BIBLE CAMP

## REFERENCE FORM — EMPLOYER / TEACHER

\_\_\_\_\_ has applied to our camp for the position of \_\_\_\_\_ and has given your name as a reference. Please return this form as soon as possible to the address below.

To whom it may concern:

I, \_\_\_\_\_, have applied to be on volunteer staff at Galilee Bible Camp. I authorize the camp to contact any person or organization to obtain information concerning me, including, but not limited to, the employers, organizations, supervisors, and references that I listed in my application. I hereby release and agree to hold harmless from liability any person or organization (whether listed in my employment application or not) who provide information or references about me to the camp or its employees or agents. I also hereby release and agree to hold harmless the camp and its past, present, and future directors, officers, employees, volunteers, and agents with respect to the obtaining of such information about me. I waive any right I might have to inspect the references provided on my behalf. A copy of this release shall be effective as a signed original.

I have read this release and authorization for release of information and enter it freely and voluntarily.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

How long have you known this person? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Would you want this person in charge of your children? \_\_\_\_\_

Would you consider this person to be a good role model for children and teens in the following areas:

Control of emotions \_\_\_\_\_ Attitude toward authority \_\_\_\_\_

Work habits \_\_\_\_\_ Handling responsibility \_\_\_\_\_

Personal habits \_\_\_\_\_ Relationships to peers \_\_\_\_\_

Relationships with the opposite sex \_\_\_\_\_ General attitudes \_\_\_\_\_

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\_\_\_\_\_ Highly recommend    \_\_\_\_\_ Recommend with reservations    \_\_\_\_\_ Might do O.K.    \_\_\_\_\_ Would not recommend

Please us other side for additional comments.

Name and phone number of someone else who know the applicant:

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signed: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Return to: Galilee Bible Camp  
586 Camp Galilee Rd  
LaFollette TN 37766  
423.562.4910



# GALILEE BIBLE CAMP

## REFERENCE FORM — PERSONAL REFERENCE (Must Be Over Age 18)

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I have read this release and authorization for release of information and enter it freely and voluntarily.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signed: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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