



\*Can a Christian lose their salvation? If yes, why?

\*What do you believe the Bible teaches regarding homosexuality and do you agree? If no, why?

\*What do you believe the Bible teaches regarding premarital sex and do you agree? If no, why?

\*What do you believe the Bible teaches regarding drinking alcoholic beverages and do you agree? If no, why?

\*What do you believe the Bible teaches regarding illegal drugs and do you agree? If no, why?

\*What do you believe the Bible teaches regarding pornography and do you agree? If no, why?

Are you struggling with any issue that could negatively impact your part in ministry at Camp Rim Rock? If yes, please explain.

Other than traffic violations, have you ever been charged with or convicted of any civic misdemeanor or felony? If yes, please explain.

Have you ever been held liable for civic penalties or damages involving sexual or physical abuse of a child? If yes, please explain.

If asked to teach, or help teach an activity, which one(s) would you choose?

Why do you want to be a part of the Rim Rock Camp team?

If accepted to minister at Camp Rim Rock this summer, what do you expect your role to be and how will you fulfill that?

Please list any camps or activities that you have been involved with that would help you in your position at Rim Rock Camp? (What other Rim Rock position have you served in?)

Do you have First Aid/CPR certification?    YES    NO    Completion Date: \_\_\_\_\_  
Agency Providing Training: \_\_\_\_\_

**Pledges**

I understand that any information given by me in this application will be checked and that any false statement or omission of connected with this application may result in dismissal from Camp Rim Rock if already accepted. Do you agree?

I certify that the answers and statements given on this application are complete and true to the best of my knowledge and belief. Do you agree?

I pledge that, if accepted to minister at Rim Rock, I will willingly follow the rules, policies, and supervision of camp leaders. I shall take advantage of the instruction offered to the best of my ability, and shall endeavor to give myself joyfully in order to serve the Lord fully. Do you agree?

I understand that “modest” and “clean-cut” should come to mind when a camper or camper parent sees me. Do you agree?

You are applying to minister at Camp Rim Rock. This means you will be working and serving strenuously. The phrase “Camp is for the Campers” applies to all staff members. Please realize that you will be expected to serve rather than be served. Being on staff is WORK!

\*Signature\_\_\_\_\_

\*Date\_\_\_\_\_

**Pastoral Recommendation:**

Please have your pastor sign your application as an indication of his recommendation.

Pastor's Name \_\_\_\_\_ Church Phone # \_\_\_\_\_

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

Pastoral Endorsement \_\_\_\_\_ Date \_\_\_\_\_

*Signature*

If under the age of 18, please have parent/guardian fill out and sign below:

The undersigned does hereby give permission to my/our student \_\_\_\_\_ to participate on the Rim Rock Camp staff and all activities related to Camp in July 2011. I/we authorize the camp leader, in whose care the minor has been entrusted, to consent to an x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, by any physician or dentist licensed under the provision of the Medical Practice Act or the medical staff of a licensed hospital, whether diagnosis or treatment is rendered at the office of physician of said hospital. The undersigned does also hereby give permission for my/our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by this North Hills Baptist Camp.

Hospital Insurance? \_\_\_Yes \_\_\_No Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_ Physician \_\_\_\_\_

Physician's Phone # \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any allergies or special medical circumstances your student may have. Thank You!

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_