



## Camp Application

### Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Permanent Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

College Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
*(if applicable)*  
\_\_\_\_\_  
*City State ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell or Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M  F

Marital Status:  Single  Married  Separated  Divorced

Will you need housing? YES  NO

Will you be bringing a vehicle? YES  NO

### Parent / Guardian Information (if under 18) Emergency Contact Information (if 18 or over; only 1 needed)

Mother  Legal Guardian  
 Emergency Contact

Father  Legal Guardian  
 Emergency Contact

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Home Telephone: ( ) \_\_\_\_\_  
Work Telephone: ( ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Home Telephone: ( ) \_\_\_\_\_  
Work Telephone: ( ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Background Information

Name of church you attend: \_\_\_\_\_

Denomination: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you ever used illegal drugs? YES  NO

If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? YES  NO

If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

### Education

Beginning with the most recent, list all high schools, colleges/universities you have attended.

Name of School	City/State	Dates Attended	Degree

### Previous Camp Staff Experience

Beginning with the most recent, list any involvement you have had as a camp staff member.

Name of Organization	City/State	Dates of Participation	Your Role

### Sports Related Experience

Beginning with the most recent, list the experience you have had with sports.

Name of School/Club	City/State	Number of Years	Playing	Coaching
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

### Health

Do you have any health conditions that require special attention? YES NO  
   
If Yes, please list:

Does your insurance offer international coverage? YES NO  
   
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Personal References

Please provide the following information on persons (non-family members) that we may contact for reference.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

### Camp Selection

Please check all weeks you are interested in working.

- |                                     |   |                                      |                                       |                                       |
|-------------------------------------|---|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 18-22 | <input type="checkbox"/> June 25-29       | <input type="checkbox"/> July 2-6    | <input type="checkbox"/> July 9-13    | <input type="checkbox"/> July 16-20   |
| <input type="checkbox"/> July 23-27 | <input type="checkbox"/> July 30-August-3 | <input type="checkbox"/> August 6-10 | <input type="checkbox"/> August 13-17 | <input type="checkbox"/> August 20-24 |

Please check all the sports camps you are interested in coaching.

- |                                   |                                     |                                       |  |                                       |
|-----------------------------------|-------------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Martial Arts |
| <input type="checkbox"/> Soccer   | <input type="checkbox"/> Softball   | <input type="checkbox"/> Volleyball   | <input type="checkbox"/> All-Sports    |                                       |

Please check all the age groups you feel comfortable coaching.

- |                                   |                                    |                                     |                                     |
|-----------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Ages 4-6 | <input type="checkbox"/> Ages 6-10 | <input type="checkbox"/> Ages 10-13 | <input type="checkbox"/> Ages 13-16 |
|-----------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
- Are you willing to work camps in which the staff will be staying overnight on location?  Yes  No

Please fill out the essay questions below

## Essay

Please provide an essay of no more than 150 words for each of the following:

1. Share your salvation testimony and briefly describe how God is currently working in your life. What has He been teaching you recently?
2. Describe the ministries in which you have been involved with over the past three years and how you were used by the Lord in those ministries.
3. Share why you believe God is leading you to serve at Push The Rock.
4. How will your spiritual gifts and abilities impact the ministry of Push The Rock?
5. What areas are you hoping to grow in spiritually during your time at Push The Rock?
6. What are some of your strengths and weaknesses and how will the Lord use them?
7. How would you describe yourself in terms of your ability to work as a member of a team?

## Liability Release

*In submitting my application I agree to abide by all rules, guidelines for conduct and security, and decisions made by Push The Rock for the duration of my employment.*

### AGREEMENT

Please sign and date this application, stating that the information given is both true and correct.

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

### PARENT/LEGAL GUARDIAN AGREEMENT (if under 18)

Please sign and date this application, stating that the information given is both true and correct and that your child has permission to work for Push The Rock.

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

**PLEASE EMAIL THIS COMPLETED APPLICATION TO: [DUSTIN@PUSHTHEROCK.ORG](mailto:DUSTIN@PUSHTHEROCK.ORG)**