## SUMMER STAFF APPLICATION 2024



## **PERSONAL INFORMATION** Name: D.O.B.: E-Mail: S.S.N.: Address: City: State: Zip Code: School: P/0 Box #: Major: Junior Year: Freshman Sophomore Senior Cell Phone #: T-shirt Size: Pastor: Home Church: **POSITION PREFERENCES/SKILLS AND CERTIFICATES** Which position(s) are you interested in? (check one or more) Program Counselor Office Tech/Photography Retail Kitchen Housekeeping Health Maintenance/Grounds List any skills or certificates that would be utilized during summer camp. (i.e. Lifeguard, CPR, instruments, vocals, photography, etc.) **HEALTH INFORMATION:** Do you have any physical limitations that would prohibit you from being involved in all camp No Yes activities? If yes, please explain: List any known allergies:

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## **BACKGROUND CHECKS**

Signature of Applicant

Do you give Northland consent to run a background check on you? (If your answer is no, you will not be our staff team.)  Yes  No	able to join
Have you ever been convicted of a crime, felony, misdemeanor, forfeiture, or other criminal offense? attach an explanation describing the charge(s), legal jurisdiction, and date.	If "yes,"
Yes	
No	
Have you ever been convicted of an offense involving a minor, or endangering the welfare of a child suabuse, child neglect, etc. or an offense against a person, such as assault? If "yes," attach an explanation describing the charge(s), legal jurisdiction, and date.	
No No	
s there anything which prevents you from legally working in the United States? If "yes," provide an exp	lanation.
Yes	
No No	
SIGNATURE	
hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresental omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furtherm understood that this application and records become the property of Northland Camp, which reserves the right to accept it further agree to abide by all rules, regulations, and policies of the camp. I agree to any medical examination or drug testing required upon offer of employment and understand that my employment is contingent upon successful completion of the cunderstand that employment is "at will" and may be terminated by Northland Camp or myself at any time.  I have applied to Northland Camp as summer staff and authorize them to contact references, pastor or present employers, source of information which may be relevant to my application. I authorize these references, employers, and sources to fur all information requested. Furthermore, I hold harmless and release the same from all liability for any damage associated we this information. This agreement voids any prior or written agreements limiting the release of said information. I understand Northland Camp is a conservative Christian camp.  By submitting this form, I understand that, if given the opportunity to serve, I will receive a weekly stipend for serving at Northland contact the land other expenses. I also understand that, if given the opportunity to serve, I will provide proof of health insurance upon a Northland.	ore, it is t or reject it. I which may be examination. I , and any other rnish any and with providing and that orthland Camp Ip cover college

Date