



Christian Camp and  
Conference Association



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Kingsport, TN 37660  
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Photo  
Preferred

**PERSONAL INFORMATION**

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

**PERMANENT/HOME ADDRESS**

Street/Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

**PRESENT ADDRESS**

Street/Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_

\*\*Applicant must be 17 years of age or older

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Marital Status: \_\_\_\_\_

Social Security # \_\_\_\_\_  
Drivers License # \_\_\_\_\_ State \_\_\_\_\_

**EDUCATION**

Circle year or grade you will have completed by June: High School 9-10-11-12      GPA \_\_\_\_\_  
College 1-2-3-4      Post Grad 1-2      GPA \_\_\_\_\_

Years	School	Major	Degree Granted

# CHRISTIAN FELLOWSHIP

Are you a member of a church? Yes \_\_\_\_\_ No \_\_\_\_\_

How often do you attend? \_\_\_\_\_

Name of home church \_\_\_\_\_

City, State \_\_\_\_\_ Pastor's name \_\_\_\_\_

Name of church presently attending \_\_\_\_\_

City, State \_\_\_\_\_ Pastor's name \_\_\_\_\_

List any involvement in Christian organizations (FCA, Young Life...) \_\_\_\_\_

**The following information must be completed by applicant  
(attach paper for additional space if required)**

**Personal Testimony:** Describe how, when and where you accepted Jesus Christ as your personal Savior.

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What are the steps you would use to lead a camper to Christ? **Include Bible verses to support your answer.**

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**Bible Knowledge:** In your own words, briefly describe the following subjects. **Use Scripture to support your answers.**

The Trinity \_\_\_\_\_

The Virgin Birth \_\_\_\_\_

Death, Burial, Resurrection of Jesus \_\_\_\_\_

Salvation \_\_\_\_\_

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Explain what II Timothy 3:16 means \_\_\_\_\_

Once you are saved, are you always saved? \_\_\_\_\_

**Please complete the following questions prayerfully---**

We want to know how you honestly feel, not what you think we want to hear

Why do you want to work at Pathfinders? \_\_\_\_\_

What struggles have you had since accepting the Lord as Savior? \_\_\_\_\_

Describe your personal Bible study and prayer time \_\_\_\_\_

Are you currently memorizing Scripture on a regular basis? \_\_\_\_\_

Do you feel it is acceptable to date non-Christians? \_\_\_\_\_

What are your thoughts on the following?

Sex before marriage \_\_\_\_\_

Drugs/Tobacco (any form) \_\_\_\_\_

Movies/TV/MTV \_\_\_\_\_

Music (types you like/dislike) \_\_\_\_\_

Homosexuality \_\_\_\_\_

**WORK EXPERIENCE**

Dates	Employer	Address/Phone	Type of Work

## CAMP EXPERIENCE

Dates	Camp Worked/Attended	Position/Duties

## SKILLS

To which organized activities or groups do you belong? \_\_\_\_\_  
 Do you have musical talent? \_\_\_\_\_ vocal \_\_\_\_\_  
 instrument \_\_\_\_\_ Can you swim? \_\_\_\_\_

Cabin Leader age staff will be asked to teach or assist in the recreation classes listed below. To let us know how you can help, please circle: teach assist interest. If you circle teach, include your qualifications to teach that class in the space below.

Archery  
Teach/assist/interest

Arts & Crafts  
Teach/assist/interest

Basketball  
Teach/assist/interest

Canoeing  
Teach/assist/interest

Mountain Boarding  
Teach/assist/interest

Drama  
Teach/assist/interest

Flag Football  
Teach/assist/interest

Media  
Teach/assist/interest

Wide Games  
Teach/assist/interest

Musical/Vocal  
Teach/assist/interest

Paintball  
Teach/assist/interest

Riflery  
Teach/assist/interest

Rock Climbing  
Teach/assist/interest

Ropes Course  
Teach/assist/interest

Horsemanship  
Teach/assist/interest

Soccer  
Teach/assist/interest

Softball/Baseball  
Teach/assist/interest

Swimming  
Teach/assist/interest

Volleyball  
Teach/assist/interest

Wilderness Survival  
Teach/assist/interest

Certifications: Pathfinders encourages staff to earn certifications in safety, first aid and lifeguard training. These certifications sometimes will influence where you may be assigned. Please indicate any certifications below:

Red Cross \_\_\_\_\_ First Aid \_\_\_\_\_ CPR \_\_\_\_\_  
Lifeguard Training \_\_\_\_\_ Wilderness Survival/First Responder \_\_\_\_\_

## MEDICAL HISTORY

Health Condition \_\_\_\_\_ Do  
you have any physical limitations? \_\_\_\_\_ Please specify: \_\_\_\_\_  
Presently on medication? Yes No If yes, please specify: \_\_\_\_\_

Any allergies? \_\_\_\_\_ Dietary needs? \_\_\_\_\_  
Have you ever received medical treatment for nervous breakdown or other mental disorders? \_\_\_\_\_  
Specify: \_\_\_\_\_

Circle all that apply:  
Seizures    Headaches    Heart Condition    Fainting spells    Stomach problems  
Eczema    Recent Mono    Chicken Pox    Diabetes    Hypoglycemia  
Hypothyroid    Hyperthyroid    Tuberculosis    Eating Disorder    Asthma  
STD's    HIV positive    Sleepwalking    Other (list below)

List any surgeries or procedures in the last two years: \_\_\_\_\_

List any illnesses/injuries in the last two years: \_\_\_\_\_

List any other information or pre-existing conditions: \_\_\_\_\_

Are you prone to: Self-pity \_\_\_\_\_ Homesickness \_\_\_\_\_ Hypochondria \_\_\_\_\_ Any  
family history of: Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Heart Disease \_\_\_\_\_ Have you  
had the following immunizations? MMR \_\_\_\_\_ Tetanus (date) \_\_\_\_\_

<b>Insurance Information:</b>	
Your insurance will be considered primary.	
Insurance	Co. _____
Address: _____	
Policy #:	_____
Group #:	_____
Phone #: _____	

## FAMILY BACKGROUND

Man in home? (Name): \_\_\_\_\_ Relation to you: \_\_\_\_\_

Woman in home? (Name): \_\_\_\_\_ Relation to you: \_\_\_\_\_

Are your parents/guardians born again believers? \_\_\_\_\_

Do they attend church? \_\_\_\_\_ Regularly? \_\_\_\_\_ Denomination? \_\_\_\_\_

Father/guardian's occupation: \_\_\_\_\_

Mother/guardian's occupation: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## REFERENCES

These people need to be familiar with your character and qualifications. We may contact them. Your signature on the final page is your authorization for release of information by them.

1. Previous Employer:

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

2. School Professional: (teacher, professor, counselor)

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

3. Church Professional: (pastor, ss teacher, youth leader)

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

4. Friend: (camp friend, counselor, family friend)

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Have you ever been convicted or are you now under charges for any offense against the law?

Yes \_\_\_\_\_ No \_\_\_\_\_ please explain \_\_\_\_\_ Are

you now or have you ever been charged with sexual abuse toward a minor: Yes \_\_\_\_\_ No

\_\_\_\_\_ please explain \_\_\_\_\_ If

asked to take a drug test, would you be willing to do so upon initial arrival? Yes \_\_\_\_\_

No \_\_\_\_\_ or if you were suspected by the administration for any reason during your

employment here? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you used drugs, tobacco (any form), or alcoholic beverages in the last twelve months?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ please explain \_\_\_\_\_ Do  
 we have your permission to do a criminal background check? Yes \_\_\_\_\_ No \_\_\_\_\_

Check the position for which you feel qualified. The mission staff reserves the right to assign you to the position best suited for the overall operation of the camp program.

- \_\_\_\_\_ Counselor (minimum age 17)
- \_\_\_\_\_ Counselor in Training
- \_\_\_\_\_ Maintenance and Grounds (J-Staff)
- \_\_\_\_\_ Kitchen, Dining Room Help, Cleaning (J-Staff)
- \_\_\_\_\_ Adventure Staff (minimum age 16)
- \_\_\_\_\_ Life Guard
- \_\_\_\_\_ Program Assistant
- \_\_\_\_\_ Day Camp Staff
- \_\_\_\_\_ Praise and Worship Leader
- \_\_\_\_\_ Recreation Director (college age)
- \_\_\_\_\_ Multimedia Technician

Please provide us with information below on why you feel qualified to fill the positions checked. Use additional paper if needed.

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Please check all the dates you will be able to serve this summer:

May 24-29	Counselor/Staff Orientation***	
May 31-June 5	Camp Prep-Week	
June 7- 12	Camp	
June 14-19	Retreat	
June 21-26	Camp	
June 28-July 3	Retreat	
July 5-12	Camp	
July 14- 17	Retreat	
July 19-24	Camp	
July 26-31	Retreat	

Weekends off begin on Saturday afternoon (3:00ish) and you must return by Monday at 8:00 AM. Any changes in times of departure or return must be approved by the Camp Director.

## For applicants under 18 years of age—

Parents please read the following before signing. The health information and history is correct as far as I know and the above applicant has my permission to engage in all prescribed camp/staff activities. If I cannot be reached in an emergency, I hereby give permission to Pathfinders to secure proper medical treatment. I have read the application, I agree to the background check.

Signature of Parent/Guardian: \_\_\_\_\_

**\*\*\* All staff members are required to be at Orientation\*\*\***

First day for staff: **May 24**

Last day for staff: **July 31**

I understand that I will be working under supervision of the Pathfinders Staff and I am subject to the rules and regulations of the camp. I promise to obey all of the Pathfinders rules, day and night, and I understand that I will be sent home if I fail to do so.

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