



# First Time Ministry Application 2019

\*\*Ministry applications, Criminal Record Checks and Reference Forms can be printed but not filled out 'online' (bethelgospelcamp.ca)

## **CHECK LIST:**

1. **REFERENCES:** Have your **three references** fill out the reference forms and: (A) Send to Bethel Gospel Camp  
Box 2583  
Meadow Lake, Sask.  
S9X 1Z6  
**or**  
(B) Give them to one of your **camp reps** **or** (C) drop them in the **Bethel Camp mailbox** in one of the sponsoring churches (Alliance, Efree, Compass, Northwest Community Church)
2. **CRIMINAL RECORD CHECK:** Read the instructions for the attached **Criminal Record Check** (a 'filled out' **CRC** is included in this pkg. to help you if needed)  
(A) Fill it out and take it to the **RCMP** by **Tues.** at 4:00 pm and pick it up on **Friday** **or**  
(B) Give it to one of your **camp reps** **or** (C) Put it in the **Bethel Camp mailbox** and **David Blatz** will deliver it to the RCMP and pick it up.
3. **SEND:** (A) Send the **completed application** along with your **Criminal Record Check** to the Bethel address (above in #1C) or use the **Camp Mailbox** in your church.  
**Or** (B) If **David Blatz** has your Criminal Record Check, just send in your **application**.
4. We will confirm with you our decision.
5. **Thank you** for being willing to go through this lengthy process to work at Bethel Gospel Camp.

See you this summer!



# Ministry Application Form 2019

*For those applying for the first time to serve at Bethel Gospel Camp  
(Information received is strictly confidential)*

We recognize that this Ministry Application Form is extensive. We wish we did not have to ask many of these questions. However, to adhere to our insurance conditions, and to minimize the risk of abuse within BGC ministries, we believe this information is necessary to protect our campers and our staff. Thank you in advance for your understanding and thank you for giving your time and for using your gifts and abilities to further God's kingdom.

Full name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Date of birth \_\_\_\_\_ Hospitalization # \_\_\_\_\_

Single \_\_\_ Married \_\_\_ Engaged \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Widow/Widower \_\_\_

Spouse's name (if applicable) \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

Grade completed \_\_\_ Post-secondary: Years completed \_\_\_ Degree received \_\_\_\_\_

Present occupation and/or employer \_\_\_\_\_

Hobbies, interests, or skills \_\_\_\_\_

Are there additional courses or training that you have received that would better equip you for this ministry?

\_\_\_\_\_  
\_\_\_\_\_

Position you are applying for \_\_\_\_\_

Indicate whether you are applying as a: Volunteer \_\_\_\_\_ or Paid Staff \_\_\_\_\_

### **Position you are applying for**

- |                  |                     |
|------------------|---------------------|
| ___ Cabin leader | ___ Jr Cabin Leader |
| ___ Kitchen      | ___ Dining Hall     |
| ___ Maintenance  | ___ Janitor         |
| ___ Speaker      |                     |

### Camp dates you are applying for (note some dates overlap):

#### **Bethel Camp (Jeanette Lake)**

- |  |   |
|--|---|
| DIY Work Camp (June 27-30) _____               | Children's 3 (July 29-Aug 2) _____        |
| Senior Teen (July 1-5) _____ <b>NEW DATE!!</b> | Teddy Bear 2 (August 7-9) _____           |
| Teddy Bear #1 (July 10-12) _____               | Children's 4 (August 12-16) _____         |
| Children's 1 (July 15-19) _____                | Junior Teen (August 19-23) _____          |
| Children's 2 (July 22-26) _____                | <b>Senior Teen Canoe (Aug. 5-9) _____</b> |

**\*\* Staff Training is yet to be determined. This is mandatory for ALL cabin leaders and open to other staff.**

Do you attend a church? \_\_\_\_\_ If 'yes' what church do you attend? \_\_\_\_\_

How long have you attended? \_\_\_\_\_ Do you attend regularly (2 or more services a month)? \_\_\_\_\_

When did you accept Christ as your Saviour? \_\_\_\_\_ Have you been baptized? Yes \_\_\_\_ No \_\_\_\_

In a brief paragraph, please outline your spiritual journey: (If space is inadequate please attach separate page)

List your spiritual gifts (if you know them) you or others have identified in your life \_\_\_\_\_

Areas of ministry you are interested in \_\_\_\_\_

Please list present and previous ministry involvement (include previous experience with BGC):

1. Name of church or organization \_\_\_\_\_

Date and description of ministry \_\_\_\_\_

2. Name of church or organization \_\_\_\_\_

Date and description of ministry \_\_\_\_\_

3. Name of church or organization \_\_\_\_\_

Date and description of ministry \_\_\_\_\_

4. Other \_\_\_\_\_

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In order to provide a safe and secure environment for our children, we believe it is necessary to include the following questions as part of our application process. All information will be kept confidential (police may access this information under warrant if requested). Answering "yes" to any of the questions does not necessarily preclude your involvement in ministry. Thank you for your understanding.

Have you had any painful experience (personal abuse in any form) that has better equipped you, or may hinder you from a productive ministry with children or youth? \_\_\_\_\_

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

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Have you had any counselling regarding this circumstance? \_\_\_\_\_

Have you ever pled guilty to or been convicted of the use or sale of drugs? \_\_\_\_\_

If yes, please explain (\*) \_\_\_\_\_

Have you ever been hospitalized or treated for alcohol or substance abuse? \_\_\_\_\_

If yes, please explain (\*) \_\_\_\_\_

Have you ever pled guilty to or been convicted of any sexually related offences? \_\_\_\_\_

If yes, please explain (\*) \_\_\_\_\_

Have you ever pled guilty to or been convicted of any abuse related offences? \_\_\_\_\_

If yes, please explain (\*) \_\_\_\_\_

Are there circumstances involving your lifestyle or background that would call into question your ability to work with children or youth? \_\_\_\_\_

If yes, please explain (\*) \_\_\_\_\_

Do you have a medical or psychiatric history or condition that may be relevant to your working with children and youth? \_\_\_\_\_

If yes, please explain (\*) \_\_\_\_\_

Do you have any physical conditions that would prevent you from performing certain types of activities? (lifting children, playing sports etc.)? \_\_\_\_\_

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

\_\_\_\_\_

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. Include at least one reference from **outside your church**. Please include e-mail addresses if possible. These references may be contacted.

1. Name of reference \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

2. Name of reference \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

3. Name of reference \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

## **BETHEL GOSPEL CAMP**

### **RELEASE OF INFORMATION AND DECLARATION OF INTENT**

I hereby give Bethel Gospel Camp permission to contact persons named as references to ascertain my suitability for ministry. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I also grant permission for Bethel Gospel Camp to perform a personal criminal record check, if deemed necessary, for purposes of my protection against false allegations and for the protection of those I serve. I consent to such an investigation with the understanding that the results will be kept in extreme confidence. I agree to adhere to the protection guidelines as adopted by Bethel Gospel Camp.

I understand that if my character or morals should be deemed inappropriate and/or criminal at any time during my service, Bethel Gospel Camp will be entitled to terminate my position without expressed cause or prior notice regardless of any oral or written statement by Bethel Gospel Camp prior to, at, or following the date of service.

I understand that Bethel Gospel Camp is responsible for the welfare of any person or persons entrusted to my care, and thus I will cooperate fully with the staff in the fulfillment of my duties and will keep all information I encounter in my ministry confidential. If at any time, I find that for any reason I am unable to support the policies, procedures or doctrine of Bethel Gospel Camp, I will graciously and quietly resign my position. If my supervisors find that I am in conflict with any of the policies, procedures, or doctrines and we are not able to resolve the issue, I will graciously and quietly agree to resign my position.

I hereby acknowledge that the information contained in this application for ministry is correct to the best of my knowledge.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of witness \_\_\_\_\_

Date \_\_\_\_\_

Staff Reference Form

\_\_\_\_\_ has applied to work at **Bethel Gospel Camp** and has indicated on his/her application that you might be willing to act as a personal reference. We have a program in our camp called “plan to protect” which is required by all insurance companies and is designed to protect the children and youth as well as the workers. We do a reference check on all workers. Your response will remain confidential. Thank you for your co-operation. Please forward this information to: Bethel Gospel Camp, Box 2583, Meadow Lake, Sask. S9X 1Z6 or drop it in the Bethel Camp mailbox of one of the sponsoring churches.

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_

1. Describe your relationship with this person?

2. How long have you known this person?

3. Please use the following scale to respond to the following:

X – no comment    1- low    2 - below average    3 - average    4 - very good    5 - excellent

How would you rate this individual in the following areas?

A) Ability to work with others    X    1    2    3    4    5

B) Ability to follow through on commitments    X    1    2    3    4    5

C) Ability to relate to children or youth    X    1    2    3    4    5

D) Level of spiritual maturity    X    1    2    3    4    5

4. What are the applicants greatest strengths as you see them?

5. Would you entrust the care of your child or youth to the applicant without concern, reservation or hesitation?

6. Do you have any concerns regarding this person working with children or youth? If so, please explain:

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

Staff Reference Form

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Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_

1. Describe your relationship with this person?

2. How long have you known this person?

3. Please use the following scale to respond to the following:

X – no comment    1- low    2 - below average    3 - average    4 - very good    5 - excellent

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C) Ability to relate to children or youth    X    1    2    3    4    5

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Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_

1. Describe your relationship with this person?

2. How long have you known this person?

3. Please use the following scale to respond to the following:

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C) Ability to relate to children or youth    X    1    2    3    4    5

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





Box 2583  
Meadow Lake, SK  
S9X 1Z6  
Phone: 306-304-7288  
Fax: 306-236-6957

## Criminal Record Check Application Letter

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

Dear Sir or Madam:

\_\_\_\_\_ is applying for a position of trust in our organization. It is our policy to have a Criminal Records Check done on all of our staff and volunteers. I am requesting that a Criminal Records Check be done for this individual in order for him/her to volunteer at Bethel Gospel Camp.

Name of Organization:	Bethel Gospel Camp
Program:	Summer Camp
Contact Person:	David Blatz
Phone:	306-240-7862 (cell)
Fax:	306-236-6957

Thank you for your attention in this matter  
Sincerely,

David Blatz  
Executive Director, Bethel Gospel Camp