



2024 Camp Grace Volunteer Staff Renewal Application

You will be notified as to which camp/s you will be working at and which positions you will have.

Name _____ Age _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____ Sex: M/F
Health: Good ___ Fair ___ Poor ___ Status: Single ___ Engaged ___ Married ___ Divorced ___ Separated ___

Check the weeks of camp you would like to help:

- Teen Camp Gr. 9-12 July 22-26/**Monday-Friday**
- Junior Camp Gr. 3-5 July 29-August 1/**Monday-Thursday**
- Interm. Camp Gr. 6-8 August 5-9/**Monday-Friday**

Do you have a FaceBook Account? Y/N If yes, all staff must friend us at John Cindy Rempel Gardiner.

Check which positions in which you would be willing to serve:

- Cabin Leader Cook Kitchen Help Craft Assistant Nurse
- Lifeguard Music Recreation Photographer/Videographer

Are you willing to help in any position necessary? Y/N

Are you currently using tobacco products? Y/N

Have you ever been convicted of any offense other than minor traffic violations? Y/N

*If yes, please provide details of the conviction (date, type of conviction, how it was resolved, ect.). Please use additional paper if needed.

Have you ever been dismissed from rendering services to children or youth for reasons other than the expiration of the normal term of such service? Y/N

*If yes, please state the name of the institution involved, its location, the name of the director, and the time and nature of the circumstance under which you were dismissed.

Child abuse is as old as the history of mankind. It has many ugly forms and is a problem of severe magnitude and shocking implications. The spiritual atmosphere, which InFaith attempts to provide, may be one of the best deterrents possible. When, however, an instance of child abuse is suspected or reported, our leadership must do everything it can to help those in need as quickly as possible along the best spiritual and professional guidelines. A position paper concerning child abuse has been adopted by InFaith. If you have not been given a copy, please request and familiarize yourself with it. You will be functioning under the requirements of it, and it is imperative that you follow the guidelines.

I have read and agree with the Statement of Faith. Y/N

Camp Grace is an interdenominational Bible camp, working with young people from many different church backgrounds. We do not put down the beliefs of others; but teach the Bible and present Jesus Christ as the Savior and the Answer to all people's needs and problems.

I agree to abide by the Camp and staff rules and submit to the camp leadership.

I have read and fully understand all questions requested in this application. I certify that all answers given by me are true, accurate and complete. I understand that the completion and/or execution of this application does not insure me a volunteer position, nor does it obligate me or the organization in any way. I fully understand that the omission and/or misrepresentation of facts requested may be cause for immediate dismissal without prior notice. I authorize the organization to request and obtain information concerning my previous employment, and contact the personal references listed herein. I further authorize the Department of State Police Central Records Division of this state to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction, an furnish a response to InFaith. If accepted for service, I agree to abide by all the rules and regulations of InFaith. I have read, understand, and agree to the above.

******Please have the 3 enclosed confidential recommendation forms completed and sent to John by adult, non-relatives; one being from a pastor or spiritual mentor. If additional forms are needed, they can be printed from the camp website, www.campgracemn.org.**

Applicant's Signature

Date

Please return this application to: **Camp Grace**
% John Gardiner
PO Box 521
Mt. Lake, MN 56159

STATEMENT OF FAITH

The ministry of InFaith is built upon what we believe. What we believe is based on the Word of God and our personal faith in Jesus Christ. We hold to the great foundational truths of the historic Christian faith, held in common by like-minded evangelical Christians with whom we share both fellowship and the mission mandate.

We believe that there is one God, creator and sustainer of the universe, existing in three persons: Father, Son and Holy Spirit.

We believe that the Bible is the verbally inspired Word of God, is inerrant in the original manuscripts and uniquely infallible, our only authority for faith and practice.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His substitutionary sacrifice upon the cross, in His bodily resurrection, in His victory over sin and His enemy Satan, in His present exaltation at His Father's right hand, and in His personal return, at any time, in power and great glory.

We believe in the fall and lostness of man, whose total depravity requires that he be regenerated by the Holy Spirit for his salvation.

We believe that salvation consists of the forgiveness of sins, the imputations of Christ's righteousness, and the gift of eternal life, received by grace through faith alone, entirely apart from works.

We believe in the ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life, and by whom the Church, the Body of Christ, is gifted and equipped to serve and glorify God.

We believe in the bodily resurrection of all mankind; those who have trusted in Christ, the ultimate Judge, will receive everlasting life and blessedness in heaven; those who have not will receive everlasting punishment and separation from the presence of God.

We believe that Christ has commanded His church to preach the gospel to all people, and that this mandate should be a primary concern of all Christians.

MEDICAL EMERGENCY FORM – This must be filled out completely and signed.

Name _____ Sex: M/F Age _____ DOB _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of Doctor _____ Phone _____

Insurance Company _____ Policy # _____

Your family medical insurance plan is primary coverage. The camp's insurance will pay costs above your medical plan coverage; or if you are not insured.

Date of last tetanus _____

Allergies, medications or other concerns _____

I hereby give permission for myself (or my child) to receive medical treatment in the event of an emergency.

Applicant's Signature

Parent or Guardian's Signature
(if applicant is under 18)

LASER TAG

There will be one afternoon of laser tag for ALL camp weeks. This activity can be paid for Monday morning of each week by anyone who would like to participate. The cost is \$30 for each time.

T-Shirts Order Form

Name _____

Youth Sizes ___ M ___ L ___ XL

Adult Sizes ___ S ___ M ___ L ___ XL ___ XXL

Your shirt is courtesy of Camp Grace but must be requested by June 21th to receive desired size.

Technology Agreement

I, _____, promise to turn in ALL technology, including, but not limited to, phones, tablets, smart watches, iPods, ect, to the camp nurse before each session of camp. Exceptions will be made only to those with express permission from the camp director.

Staff signature

Date

***Every staff person working directly with campers will be required to have this signed and on file before being assigned a position.

***If you cannot comply, others will be assigned to the available positions.

Dress Policy

_____ I agree to comply with the Camp Grace dress policy as stated in the "Dress Policy" insert.
initials