

PATHWAYS LUTHERAN OUTDOOR MINISTRIES SUMMER MINISTRY TEAM APPLICATION



Name _____ Date of application _____

Email Address _____

Date of Birth (optional) _____ Sex M F Year in School _____

Current Address (if applicable) _____

Current Phone _____

Permanent Address _____

Permanent Phone _____

POSITION APPLYING FOR

(If applying for more than one position, rank in preference order with 1 being the highest preference)

- | | |
|-----------------------------------|---|
| _____ Summer Program Director* | _____ Assistant Cook |
| _____ High Adventure Director* | _____ Wet & WILDerness Counselor |
| _____ Assistant Program Director* | _____ Counselor |
| _____ Health Care Coordinator | _____ Media Specialist |
| _____ Maintenance | _____ Day Camp Counselor/Camp Assistant |

Employment for non leadership positions with Pathways begins May 27 and ends August 12.

*Employment for leaderships positions begin May 20 and ends August 12.

Please list any foreseen conflicts between any of these dates, including weekends:

Please Initial:

_____ I have read the Pathways Ministry Team Descriptions for the position(s) I am applying for.

_____ I have read the outline of Pathways Personnel Policies and will abide by these policies.

EDUCATION

	<i>Name & Location</i>	<i>Graduated</i>	<i>Area of Study</i>
High School	_____	Y N	
College/University	_____	Y N	_____

Extracurricular activities, organization memberships, interests and hobbies:

CHURCH MEMBERSHIP

Current church _____ Town _____

Denomination _____ Pastor _____ Phone _____

Home church _____ Town _____

Denomination _____ Pastor _____ Phone _____

CAMP EXPERIENCE

Camp(s) attended _____

When _____

Describe your experience:

Have you been employed by another camp? Is so, please list which one, what jobs you held & supervisor's contact information. Please use additional paper if necessary.

CERTIFICATIONS

Do you hold any current certifications in courses that would apply to camp?
(first aid, life guarding, ropes course, etc. Give expiration dates.)

EMPLOYMENT

List most recent employer first.

<i>Employer's Name</i>	<i>City</i>	<i>Phone</i>	<i>Dates</i>	<i>Position</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MINISTRY SKILLS

Please circle or highlight your ministry skills.

Lead singing	Bible studies	Smiling	Environmental
Guitar	Storytelling	Worship leading	Small group leading
Clowning	Drama	Group games	Piano
Arts & Crafts	Swimming	Tent camping	Outdoor cooking
Backpacking	Public speaking	Fishing	Laughing
Love kids	Singing	Listening	Canoeing
Musical Instruments _____	Other _____		

ESSAY QUESTIONS

Please answer on a separate sheet of paper.

1. Why do you wish to be involved in the ministry of Pathways this summer?
2. What is your Christian faith like today? What has been important in this growth?
3. What skills, talents, or experience do you have that would be an asset to Pathways?
4. What are some areas in which you would like to grow or expand?
5. Anything else you would like to tell us.

REFERENCES

Please list 3 (non-related) people for references. Please give them the reference form and ask them to send it to Pathways as soon as possible.

Name: _____ Phone: _____
Relationship: _____ Email Address: _____
Name: _____ Phone: _____
Relationship: _____ Email Address: _____
Name: _____ Phone: _____
Relationship: _____ Email Address: _____

Camp life is very strenuous. Do you have any health conditions that would affect your job performance or be aggravated while carrying out your job responsibilities? No ___ Yes___ (Explain on separate sheet of paper).

During the past five years, have you served a sentence in jail or prison or been convicted of a misdemeanor, felony, child abuse or sexual abuse offense? No ___ Yes___ If yes, please attach a separate sheet with explanation. (Information concerning this question will not automatically bar you from employment but may be used to direct your interest to areas less related to the area of your conviction.)

I declare that any statement of information provided in this application is true and complete. I authorize Pathways to contact references and/or current or former employers regarding my application.

Date _____ Signature _____

May we share this application form and references with other camps needing applicants? YES ___NO___

PLEASE RETURN APPLICATION TO: PATHWAYS MINISTRY TEAM P.O. Box 627 Moorhead, MN 56561
QUESTIONS: Pathways@PathwaysBibleCamps.com or 218-227-5107
