

# Ponca Bible Camp Volunteer Staff Application

## I. Applicant Contact Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Church: \_\_\_\_\_ Church Phone No.: \_\_\_\_\_  
Pastor(s): \_\_\_\_\_ Pastor's Contact No.: \_\_\_\_\_

All staff members receive a free Ponca Bible Camp T-shirt.

T-shirt Size (*Check one*): Adult Size  S  M  L  XL  XXL  XXXL

### Minimum Requirements for Serving as Camp Staff:

Week 1 - must be at least one full year out of High School.

Week 2 - must be out of High School

Weeks 3 thru 6 - must be going into his/her junior year in High School.

## II. Availability - Week(s) you are available and would like to volunteer (maximum of 3 weeks):

Week 1  Week 2  Week 3  
 Week 4  Week 5  Week 6

### Position(s) you are interested in: (*Check all that apply*)

Cook  First Aid Attendant  Maintenance  Counselor  Jr. Counselor  Camp Director

### List all certifications, and training which would benefit this ministry:

For example: RN, LPN, EMT, CPR Certified, First Aid Training, Lifeguard

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### List all occupations, and experiences which would benefit this camping ministry:

For example: Teaching (Public, Private, Sunday School), Bible Study Group Leader, Worship Team, Sports

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**ALL APPLICANTS are asked to fill out the entire application, including References and Faith Issues, even if you have a prior application on file. Also, we will perform background checks on all volunteers. Attached is a Permission form for 2017 for you to complete, sign and return to us. Thank you.**

## III. Pastor/Youth Leader/ Mentor

List two References whom we may contact concerning your application and Christian walk. References must be a Pastor, Youth Leader or Christian Mentor.

### Reference #1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Position: \_\_\_\_\_

### Reference #2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IV. Experience

**Education** – please circle your highest, grade level completed:

High School: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>      College: 1 2 3 4 +

**Camping Experience** - Indicate number of previous weeks spent as a:

**Camper:**

\_\_\_\_\_ weeks at Ponca

\_\_\_\_\_ weeks at other camps

**Staff Member:**

\_\_\_\_\_ weeks at Ponca

\_\_\_\_\_ weeks at other camps

Names of camps: \_\_\_\_\_

Staff positions filled: \_\_\_\_\_

## V. Faith Issues

*On a separate sheet of paper, briefly respond to each of the following: (Please include Scripture References)*

1. Who or what is Jesus Christ?
2. What do you believe about the Bible?  
Is there a higher or equal authority than the Bible? Please explain.  
Is the Bible totally true for everyone? Please explain.  
Does the Bible contain errors and problems? Please explain.
3. What does “salvation” mean and to who does the need for salvation apply?
4. Outline or explain how you would use scripture to lead someone to Christ.
5. Is it possible for a person to lose his or her salvation? Please explain.
6. Briefly write out your own personal testimony.  
Include:
  - a) How and when you accepted Christ
  - b) How you have grown since that point
  - c) How specifically God has been working in your life this past year.
  - d) How often do you attend church, and elaborate on how you are involved in your church.
7. Why do you want to serve at Ponca Bible Camp this year, and what possible goals (1 or 2) do you have in mind for yourself as you serve this summer? What age group do you work with most effectively?

## VI. Statement of Agreement

**Statement of Purpose** - The purpose of Ponca Bible Camp Incorporated shall be to lead all campers to a saving knowledge of Jesus Christ; to develop in campers a desire to conform to the image of Christ; to lead campers onto a deeper knowledge of God's Word; to challenge campers to discover God's will for their lives, and carry out that will in full dedication.

### **Doctrinal Statement:**

1. We believe the Bible to be verbally inspired in the original, the only infallible, authoritative Word of God.
2. We believe in One God, eternally existing in three persons; Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in the bodily resurrection, in His ascension to the right hand of God the Father, and in His personal imminent return.
4. We believe that all men are sinners and totally depraved and are in need of personal repentance and regeneration work of the Holy Spirit.

## **VI. Statement of Agreement (continued)**

### **Doctrinal Statement (continued):**

5. We believe that the Holy Spirit is a person possessing all the divine attributes and that He indwells Christians, enabling them to live a life of victory over sin. We are not in agreement with the contemporary charismatic movement.
6. We believe in the bodily resurrection of the saved to eternal blessedness and of the bodily resurrection of the lost to eternal conscious torment.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.
8. We believe that a Christian should live in accordance with Biblical principle, which emphasize holiness of life and separating of walk. (2 Corinthians 6:14; 7:1)
9. We believe in the reality and personality of Satan, who deceived the whole world and is the enemy of all believers. He is not equal with God and has been defeated through Christ's death and resurrection.

## **VII. Personal Questions (Confidential)**

1. Do you have a prison or police record?  Yes  No If yes, please explain the details.
  
2. Do you consume alcoholic beverages?  Sometimes  No  
In what situations and how often do you consume alcohol?  
  
Would you consider this an area in which you struggle?
  
3. In the last 12 months, have you used narcotics, hallucinogens, or drugs not prescribed by a physician?  
 Yes  No If yes, explain the details below.
  
4. Have you ever been charged with a crime against a minor?  Yes  No If yes, explain below.
  
5. Have you ever been convicted of a felony or an offense involving moral misconduct?  Yes  No  
If yes, please explain.
  
6. Were you ever the victim of abuse or molestation while a minor?

### VIII. Counselor Basic Guidelines -

If you desire to be a Counselor this year you desire a good thing! We would like you to remember:

1. There are lots of times for you to interact with your campers. Although this is not an exhaustive list, here are times you can and, in many cases, should be interacting with your campers:
  - a. Free Time
  - b. Swim Time
  - c. Climbing Wall
  - d. Camper/Counselor Time
  - e. Game Time
  - f. Bible Bowl or substitute activity
  - g. Devotion time
  - h. One-on-One Time
  - i. Hikes
  - j. Meals
  - k. KP
  - l. Chapel
  - m. Cabin Clean-up
  - n. God-and-I Time (the first time you may need to have your group together and share with them a simple way to read the Bible and pray so that your campers' God-and-I time is meaningful to them.
  
2. Although all of us who desire to be Counselors strive to do our best, sometimes there can be "distracters" that hinder us from doing our best. Some of these "distracters" are:
  - a. Spending more time with fellow counselors than with your campers. There are many places where that can happen: after staff devotions, during meals, KP, God-and-I time, chapel, swim time, canteen, game times, etc.
  - b. Taking advantage of special "set-aside" times—like taking too long in the shower, or starting devotions too late because you hung out too long together instead of attending to your campers, and other similar things.
  - c. Not observing or sliding the curfews at night to go hang out with fellow counselors (not related to serious discussions that might follow devotions).
  - d. Doing things without first getting permission like hanging back from swim time or during free time to take a nap or relax, leaving early from swim time for personal reasons, going down the hill to check emails.

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I hereby certify the fore-written information is accurate and complete. This application accurately reflects my beliefs on the above Faith Issues. I have read and agree with Ponca Bible Camp's Statement of Purpose and Doctrinal Statement. I have read and commit to adhering and promoting the Volunteer Staff & Counselor Basic Guidelines.

**Applicant's Signature:** X \_\_\_\_\_  
(Required)

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

**Mail completed application to:**

*Ponca Bible Camp  
Attn: Camp Staff Committee  
P O Box 32  
Ponca, AR 72670*

**Non-camper Children Arrangements:**

Due to limited staff accommodations, bringing non-camper children to camp is strongly discouraged.

**Number of Weeks of Service:**

Volunteer Staff (not on the Leadership Team) can serve a total of 3 weeks. (Due to how strenuous camp can be we limit the 3 weeks to no more than 2 consecutive weeks without at least a week's break.)

**PBC Medical Information/Medical Release**

***For Staff Applicants under the Age of Eighteen***

*To be completed by applicant's parent/legal guardian. Complete the following and sign where indicated.*

**Emergency Contacts and Health Insurance Information**

Applicant's Full Name: \_\_\_\_\_ Gender: Male Female  
Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ Cell or Pager #: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ Cell or Pager #: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent/Guardian's Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Family Insurance Policy**

Ponca Bible Camp has a Limited Accidental Insurance Policy. This provides secondary coverage to the parent's (guarantor's) primary health insurance for medical costs incurred from an accident at camp, (paying for costs not covered by the minor's primary health insurance). Please complete following required information for our records. Thank you.

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Insurance Co. Phone No.: \_\_\_\_\_ Agent's Name: \_\_\_\_\_  
Insurance Co. Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_  
Guarantor's Employer: \_\_\_\_\_ Guarantor's Date of Birth: \_\_\_\_\_ Guarantor's  
Social Security Number: \_\_\_\_\_ (Required at Minor Emergency Facility)

*\*\*A photocopy of your health ins. card, front & back, must be attached to this form or mailed in if you apply on-line.\*\**

**Staff Applicant's Health Information / Medical Release**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of most recent Tetanus (DTP) Vaccination: \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Concerns (*Check all that apply*):

Asthma \_\_\_\_ Bedwetting \_\_\_\_ Diabetes \_\_\_\_ Epilepsy \_\_\_\_ Heart Condition \_\_\_\_  
Seizures \_\_\_\_ Other \_\_\_\_\_

Seasonal Allergies: Yes No Medicinal Allergies: Yes No Food Allergies: Yes No

List All Allergies: \_\_\_\_\_

List Any Dietary Restrictions: \_\_\_\_\_

List Specific Activities to be Restricted: \_\_\_\_\_

*It is important to note, Ponca Bible Camp takes the campers hiking, caving, swimming and provides many outdoor sports. Staff participation is crucial in providing proper camper supervision.*

**Permission to Treat**

Below are the medications PBC keeps in stock at the first aid attendant's station.

Please check the types of medication your child (young person) **may receive**.

\_\_\_\_ Antacid Medicine \_\_\_\_ Antihistamine (allergy) \_\_\_\_ Ibuprofen  
\_\_\_\_ Mylanta \_\_\_\_ Robitussin DM (Cough) \_\_\_\_ Tylenol

**Medical / Liability Release**

I hereby certify the fore-written information is accurate and complete. **Off Camp Release:** The above-mentioned minor has my permission to be transported for medical care or to participate in programs conducted off the Ponca Bible Camp grounds. **Liability Release:** I give permission for the above-mentioned minor to engage in all camp activities, except as noted by me, and am fully aware of the inherent hazards and assume all risks of loss, damage or injury that may be sustained by him or her. Ponca Bible Camp has my permission to use photographs and videos of minor named above taken during camp for promotion purposes. No names will ever be published. I also understand that unclaimed items left behind will be donated to charity after two weeks of the end of my camper's session. **Medical Release:** In case of emergency I authorize Ponca Bible Camp to secure proper medical attention for my child as the camp deems necessary including the possible need for hospitalization, injection, surgery, or any other medical treatment according to the attending physician or other medical professional. I understand that Ponca Bible Camp is at least thirty minutes from a fully equipped hospital facility.

X \_\_\_\_\_  
(Parent/Legal Guardian's Signature)

# Ponca Bible Camp 2018

## Volunteer Staff & Leadership Team Permission to Obtain a Background Check (For Staff Applicants 18 years of age and over)

*(This form authorizes **Ponca Bible Camp** to obtain background information and must be completed by the applicant. **Ponca Bible Camp** must keep this completed form for at least two years after requesting a background check.)*

I, the undersigned applicant (also known as “consumer”), authorize **Ponca Bible Camp** through its independent contractor, Intelius, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former address; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my written request to **Ponca Bible Camp**, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

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

Full Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Other Names Used (alias, nicknames): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/P.O. Box                      City                      State                      Zip Code                      County                      Dates

Former Address: \_\_\_\_\_  
Street/P.O. Box                      City                      State                      Zip Code                      County                      Dates

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      Daytime Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_                      Gender (Male/Female): \_\_\_\_\_

Return to:  
Ponca Bible Camp  
Attn: Camp Staff Committee  
P O Box 32  
Ponca, AR 72670