

**IEBA Kids Camps 2017  
Staff Application Packet  
DUE ASAP**

Dear Brother or Sister in Christ,

Do you have plans for the summer? Do any of those plans include serving the Lord using your gifts and skills? If not, we have a great opportunity for you!

IEBA Kids Camps have been ministering to children in the Inland Northwest for a number of years now. Our goal is for each kid to learn what John 3:16 means and how they can share God's story and their own story to make a difference in the world for Jesus Christ.

There are two kinds of camp staff that we need. The first area of service available is to be a Cabin Group Leader or assistant. A Cabin Group Leader will be assigned a group of young people who will become his or her Cabin Group throughout the week. Cabin Group Leaders stay in the same room as the students, lead in nightly Cabin Group Devotions, participate in their Track Times, and are with their kids for almost every moment of the camp. The most important job of a Cabin Group Leader is to connect one-on-one with each student and help them to know John 3:16 and its implications for their lives.

Also, there is a Program Staff that will lead in the following areas: Bible Study, Worship, Drama, Recreation, and Track Times. This offers you a great chance to get some experience ministering using your personal gifts as you impact the lives of these kids for Christ. These people must be up-front leaders with great enthusiasm and leadership skills.

We need people just like you to make this happen. We have set a goal of recruiting at least 20 staff members. These staff members can be any of the following: adults, college students, and high school seniors or juniors. These are not paid positions, but the camp budget and registration fees will cover the cost of your food, room, and various ministry needs. Each staff member must be a mature Christian and must complete this Application Packet to be considered. Below you will find a checklist of the items you will need to turn in with your application.

Thank you for taking time to pray about this great opportunity and I hope you will consider serving with us this summer.

Caleb Stapp  
Camp Director  
509-939-6443; calebstapp@gmail.com

<p>Mail the following to apply:</p> <ul style="list-style-type: none"><li>_____ Staff Application Form</li><li>_____ Personal Testimony Sheet</li><li>_____ Areas of Ministry Sheet</li><li>_____ Personal Reference</li><li>_____ Pastoral Reference</li><li>_____ Background Check Info</li></ul>	<p>When completed, please mail to:</p> <p>Caleb Stapp PO BOX 2104 Deer Park, WA 99006 Or email: calebstapp@gmail.com</p>
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**IEBA Kids Camp 2017  
Staff Application**

Full Name (include middle): \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Where do you attend church?: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Year in school: \_\_\_\_\_ School (entering Sept. 2016): \_\_\_\_\_

**Health Info**

Medications being taken (including over-the counter medications taken daily):

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

List any allergies to medicine or foods: \_\_\_\_\_

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

List any known physical concerns (asthma, allergies, seizures, heart ailments, etc.):

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

Other health related information: \_\_\_\_\_

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

**Legal Info**

Have you ever been accused of a crime against children? Yes / No

If Yes, explain:

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

Social Security Number (for background check): \_\_\_\_\_

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

**IEBA Kids Camp 2017  
Areas Of Ministry**

**Staff Positions: (please circle the position you would like to take part in):**

**Program Staff**

**Cabin Group Leader**

**I could do either**

**Areas of ministry**

**(please circle the areas you are most comfortable leading/participating):**

**Bible Study Teacher: Grade: 4th / 5th / 6th / 7th**

**Worship Team Musical Talent: \_\_\_\_\_**

**Tech Team**

**Recreation**

**Drama/Skits**

**Administration**

**Lifeguard**

**Each day the kids will participate in Track Times. Below are some suggested Track Time activities, but we are not LIMITED to just these. Really, Track Times are anything that kids can participate in, have fun with, and maybe even learn something. Please circle or write-in any activities below that you would be comfortable leading!**

**Crafts**

**Volleyball**

**Basketball**

**Hiking**

**Missions**

**Music**

**Field Sports**

**Frisbee Games**

**Water Games**

**Weird Science**

**Table Games**

**Kickball**

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\_\_\_\_\_

**Please share anything else about yourself that you would like us to know as we prepare for Camp:**

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# IEBA Kids Camp 2017 Pastoral Reference

Dear Pastor,

\_\_\_\_\_ has applied to be a staff member of the IEBA Kids Camp during the summer of 2017. We appreciate you taking a few moments to fill out this reference form and sending it to us as soon as possible. Without this on file, the applicant will not be allowed to be a member of the staff.

Thank you. If you have any questions please contact the camp director, Caleb Stapp, at 509-939-6443 or calebstapp@gmail.com.

Approximately how long have you known the applicant? \_\_\_\_\_

How well do you know him/her?

\_\_\_ extremely well    \_\_\_ moderately well    \_\_\_ not well at all    \_\_\_ not at all

To the best of your knowledge, answer the following questions:

- |   |     |     |     |    |
|---|-----|-----|-----|----|
| 1. Has this person received Jesus as Lord of their life?            | ___ | yes | ___ | no |
| 2. Does this person submit well to authority?                       | ___ | yes | ___ | no |
| 3. Does this person use tobacco, alcohol, or illegal drugs?         | ___ | yes | ___ | no |
| 4. Would you recommend this person to work with children?           | ___ | yes | ___ | no |
| 5. Would you consider this person mature in their walk with Christ? | ___ | yes | ___ | no |
| 6. Would you consider this person teachable?                        | ___ | yes | ___ | no |

In your opinion, what are his/her greatest assets and strengths?

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Do you have any concerns about this person that we should be aware of?

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

Please mail to:  
Caleb Stapp  
PO BOX 2104  
Deer Park, WA 99006

**Your phone number in case I have questions:** \_\_\_\_\_

# IEBA Kids Camp 2017 Personal Reference

Dear Friend,

\_\_\_\_\_ has applied to be a staff member of the IEBA Kids Camp during the summer of 2017. We appreciate you taking a few moments to fill out this reference form and sending it to us as soon as possible. Without this on file, the applicant will not be allowed to be a member of the staff.

Thank you. If you have any questions please contact the camp director, Caleb Stapp, at 509-939-6443 or calebstapp@gmail.com.

Approximately how long have you known the applicant? \_\_\_\_\_

How well do you know him/her?

\_\_\_ extremely well    \_\_\_ moderately well    \_\_\_ not well at all    \_\_\_ not at all

In what capacity do you know him/her?

\_\_\_\_\_

To the best of your knowledge, answer the following questions:

- |   |         |        |
|---|---------|--------|
| 1. Has this person received Jesus as Lord of their life?    | ___ yes | ___ no |
| 2. Does this person submit well to authority?               | ___ yes | ___ no |
| 3. Does this person use tobacco, alcohol, or illegal drugs? | ___ yes | ___ no |
| 4. Would you recommend this person to work with children?   | ___ yes | ___ no |

In your opinion, what are his/her greatest assets and strengths?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about this person that we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Please mail to:  
Caleb Stapp  
PO BOX 2104  
Deer Park, WA 99006

**DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION**

In connection with my application for employment or to serve as a volunteer with **Inland Empire Baptist Association**, I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com).

**Acknowledgement and Authorization**

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

**Residents of Washington State only:**

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect My Ministry directly.

I wish to receive a copy of any report on me that is requested.

\_\_\_\_\_  
Signature TODAY'S DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SSN \_\_\_\_\_ D/L or STATE ID \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

For identification purposes only, please provide FULL DOB: \_\_\_\_\_

Please List Other Names Used, i.e. maiden name, etc. \_\_\_\_\_