

Camp Manna Ministries, Inc.  
243 Gibson Way, Mocksville, NC 27028  
www.campmanna.org \* info@campmanna.org

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## CAMP MANNA SUMMER DAY CAMP STAFF/VOLUNTEER APPLICATION

### GENERAL INFORMATION:

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Driver's License Number (if applicable): \_\_\_\_\_

(All applicants subject to background check)

### EMPLOYMENT INFORMATION:

Please list your most recent place of employment

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

### QUALIFICATIONS:

Please list a few qualifications you have for working with children: \_\_\_\_\_

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In a few sentences describe your personality and how it would benefit our summer program: \_\_\_\_\_

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Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

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

### JOB DESCRIPTION:

Applicants should be willing to help with a variety of camp activities, (archery, canoeing, swimming, paddleboating and game times) Specific training will be given during spring counselor training



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## REFERENCE #1

(should be a teacher or previous employer)

Applicant's Name: \_\_\_\_\_ Applicant's Age: \_\_\_\_\_

Your Name (Reference): \_\_\_\_\_

Phone and or email contact: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please fill out the below questionnaire

	Almost Always	Sometimes	Rarely/Never
	(1)	(2)	(3)
1. Do you think the applicant has an over-all positive attitude?	1	2	3
2. Do you think the applicant is suited to work with young children?	1	2	3
3. Do you feel the applicant is responsible?	1	2	3
4. Do you feel the applicant is respectful and has good morals?	1	2	3
5. Do you feel the applicant would have a good work ethic?	1	2	3
6. Do you feel the applicant displays Christ-like attitudes in their life?	1	2	3
7. Would you allow this applicant to watch your children for an Extended time during the day?	1	2	3

Give a brief description of applicant and your thoughts on them working at a Christian Summer Camp.

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NOTE: Our goal is that each counselor and volunteer at Camp Manna have a heart for ministry, a positive attitude and a love for Christ. Thank you for taking the time to help us evaluate this applicant. If you have any questions or concerns, please contact our office 336.284.CAMP (2267) or [info@campmanna.org](mailto:info@campmanna.org). Thank you! **IMPORTANT: please mail this form in the envelope provided by the applicant. This allows your reference to remain confidential.**

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## REFERENCE #2

(Should be a teacher, previous employer, pastor, youth pastor, or coach)

Applicant's Name: \_\_\_\_\_ Applicant's Age: \_\_\_\_\_

Your Name (Reference): \_\_\_\_\_

Phone and or email contact: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please fill out the below questionnaire

	Almost Always	Sometimes	Rarely/Never
	(1)	(2)	(3)
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