

Statement of Faith

- I believe the Scripture of the Old Testament and New Testament are verbally inspired of God, inerrant in the original writings, and that they are the supreme and final authority in faith and practice.
- I believe there is one God, eternally existent in three co-equal persons—Father, Son, and Holy Spirit.
- I believe Jesus Christ, who is God the Son, became man, begotten by the Holy Spirit, and born of the virgin Mary, and that through eternity He continues to be true God and true man.
- I believe man was created in the image of God; man sinned and thereby incurred both physical and spiritual death; all men are born with a sinful nature and consequently become sinners in thought, word, and deed.
- I believe the Lord Jesus Christ died for our sins, according to the Scriptures, as a substitutionary sacrifice; all who believe in Him are saved on the grounds of His death and resurrection.
- I believe the crucified body of our Lord was resurrected; He ascended into heaven and lives there as our High Priest Advocate before the Father.
- I believe all who receive by faith the Lord Jesus Christ are born of the Holy Spirit and thereby become the children of God.
- I believe those who are born of the Spirit are to live the Christian life solely by the power of the indwelling Holy Spirit, according to the inspired Word of God.
- I believe the true living Church, the Body of Christ, is composed of all regenerated believers, and its supreme mission is to fulfill Christ's Great Commission, in preaching the Gospel to all people. This mission is fulfilled through local churches composed of baptized believers working together for this purpose.
- I believe believers are to observe the ordinances of baptism by immersion and the Lord's Supper and are to unite with churches true to the Word of God and to continue faithfully in this fellowship.
- I believe the Lord and Savior, Jesus Christ, will return to the earth personally, bodily, visibly, and gloriously; and all believers should look for His pre-millennial coming, which is the blessed hope of the church.
- I believe the bodies of the dead, both of the just and the unjust, will be resurrected; the saved to enjoy everlasting blessedness, and the lost to endure everlasting, conscious punishment.

I concur with the Chetek Baptist Assembly Statement of Faith.

Signature of Applicant

Date

Colossians 3:22-24 states: *"Servants, obey in all things your masters according to the flesh; not with eyeservice, as menpleasers; but in singleness of heart, fearing God: And whatsoever ye do, do it heartily, as to the Lord, and not unto men."*

Do you think this verse would include you if you should serve at Camp Chetek. Yes No

To the best of my knowledge, all questions in this application have been answered accurately. I realize that any of the names mentioned in this application may be contacted and used as references.

Signature of Applicant

Date

Please submit completed application to: Camp Chetek • Summer Staff Recruitment • PO Box 26 • Chetek, WI 54728

Office Use Only

Re: _____ CS: _____ CR: _____

Camp Chetek

"A Mountain of Hope in the Valley of Souls"

PO Box 26 • Chetek, WI 54728
(715) 924-3236 • www.campchetek.org

Summer Staff Application

Position Applying For

Number 3 in order of preference, 1 being your first choice.

- | | | |
|---|---|---|
| <input type="checkbox"/> Camper Counselor | <input type="checkbox"/> T.E.A.M. Counselor | <input type="checkbox"/> Wrangler |
| <input type="checkbox"/> Lead Counselor | <input type="checkbox"/> Hospitality Host/Hostess | <input type="checkbox"/> Health Services Worker |
| <input type="checkbox"/> Program Staff | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Office Worker |
| <input type="checkbox"/> Cook Staff | <input type="checkbox"/> Camp Store Worker | <input type="checkbox"/> Place me where needed |

Previous Camp Chetek summer staff experience

Position	Dates
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Previous camp experience at other camps

Position	Camp
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Personal Information

Name	Age	Date of Birth (MM/DD/YY) ____/____/____	Gender Male Female
Social Security Number ____-____-____	Current College Status FR SO JR SR GRAD	What is your major? If none yet, what are your interests?	
College Mailing Address: Street	City	State	Zip
College Phone Number (____) _____-_____ ext. _____	College Email Address		
Home Mailing Address: Street	City	State	Zip
Home Phone Number (____) _____-_____	Home Email Address		
Are you a past Camp Chetek camper? If yes, for how many years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who recommended Camp Chetek to you?		
Check your level of interest in working at Camp Chetek <input type="checkbox"/> Definitely want to come <input type="checkbox"/> Strong consideration <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Considering several options			
If considering several ministry/employment options, please list them below.			Will you be bringing a car to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Name	Father's Occupation		
Mother's Name	Mother's Occupation		
Do your parents approve of your working at Camp Chetek?			

Please attach a recent photo of yourself.

Experience and Abilities

Instrument(s) you play	
Years studied	
Rate your instrumental ability (1 being poor and 5 being excellent)	Vocal Range (Circle one)
Poor 1 2 3 4 5	S A T B
Briefly describe your musical ability, including any music groups in which you have been involved	
Other special talents that could be used at camp	
Are you certified in First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date _____	Are you a certified Life Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date _____

Health Information

Do you have any restrictions that would make it difficult for you to engage in any sport or activity included in a full camp schedule? If yes, please explain.		
List any allergies or allergic reactions		
Mark any doctor-diagnosed illnesses or ailments that apply		
<input type="checkbox"/> Chronic Back Pain <input type="checkbox"/> Epilepsy <input type="checkbox"/> AIDS <input type="checkbox"/> Seizures <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Other _____	<input type="checkbox"/> Sleeping Disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Chronic Fatigue Syndrome <input type="checkbox"/> Cardiovascular Disorder	<input type="checkbox"/> Carpal Tunnel <input type="checkbox"/> Tendinitis <input type="checkbox"/> Arthritis <input type="checkbox"/> Migraines <input type="checkbox"/> Mental Illness
Other medical issues or concerns		
List reasons for medication		
Emergency Contact	Relationship to you	Phone Number (_____) _____ - _____

College Credit

Will your ministry at camp fulfill a course requirement for your college? <input type="checkbox"/> Yes <input type="checkbox"/> No

Character Information

Why do you feel that God would have you minister at Camp Chetek?
What is your greatest character strength?
What is your greatest character weakness?
Briefly relate your personal testimony
How have you grown in your relationship with Christ this year?
What is the greatest lesson that you have learned this year?
Please explain the length of your relationship with your local church, consistency in attendance, and type and extent of your involvement
Have you ever been convicted of an offence involving a minor or endangering the welfare of a child such as child abuse, child neglect, etc., or any offense against a person such as assault, etc.? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any thing other than a traffic violation? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been dismissed from college or high school or disciplined out of a local church? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No

Pastor Contact Information

Pastor's Name	Church Phone Number (_____) _____ - _____	Home Phone Number (_____) _____ - _____
Church Name	Church Mailing Address	City, State, ZIP

Referrals

We ask for two referrals from people who would know your abilities well enough to recommend you to fulfill a summer position at Camp Chetek. A former summer staff member who knows you well would be the best person for this reference. If not a camp staff member, select someone in a position of leadership. Please use the enclosed evaluation forms.