



Summer Intern Application

Last Name: _____
First: _____ M.I.: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Sex: M or F Birth Date: ____/____/____ Age: _____
MM / DD / YY Home Phone: (____) _____
Cell Phone: (____) _____
Email _____
Emergency Contact: _____
Relationship to Candidate: _____
Home Phone: (____) _____ Cell: (____) _____
Work Phone: (____) _____
HEALTH INFORMATION: Health Condition: _____ Excellent _____ Fair _____ Good
Health Insurance Carrier: _____
Policy #: _____ Group #: _____
Insurance Billing Address: _____
City: _____ State: _____ Zip: _____
Personal Physician Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: (____) _____
Date of Last Physical Exam: (Mon./Yr.) _____
Height: _____ Weight: _____
Recent illnesses, injuries, or surgeries (what/when): _____

Recent exposure to contagious or infectious disease (what/when): _____

Restrictions on camp activities: _____ None _____ Strenuous Activities _____ Swimming _____
Other information that would be helpful: _____
Special dietary restrictions: _____
Date of last Polio-vaccine: (Mon./Yr.) _____ Oral? _____ Yes _____ No
Date of last Tetanus shot: (Mon./Yr.) _____
Allergies: _____ Hay Fever _____ Aspirin _____ Sulfa _____ Penicillin _____ Tetanus Shots
_____ Dust _____ Poison Ivy/Oak _____ Bee/Insect Stings
Other: _____
History of or presently under the care for: _____ Heart Condition _____ Arthritis _____ High Blood
Pressure _____ Bronchitis _____ Appendicitis _____ Low Blood Pressure _____ Hernia _____ Skin Ulcer
_____ Digestive Disorder _____ Skin Disease _____ Fainting _____ Nervous Disorder _____ Exhaustion
_____ Asthma _____ Epilepsy/Seizures _____ Diabetes/Hypoglycemia _____ Tonsillitis _____ Athlete's
Foot _____ Other: _____
Subject to: _____ Homesickness _____ Fainting _____ Headache _____ Sleepwalking _____ Sore Throat
_____ Cramps _____ Cold/Pneumonia _____ Stomach aches _____ Hyperactivity _____ Ear aches _____
Swimmer's Ear _____ Exhaustion _____ Tooth aches _____ Nosebleeds _____ Bed wetting _____
Other: _____

REFERENCES: Please list complete name/ address of three people who would speak as a reference for you and your character:

1) Minister (of the congregation you attend or home church - Required)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Home Phone: _____ Relationship: _____

Email: _____

2) Your choice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Home Phone: _____ Relationship: _____

Email: _____

3) Your choice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Home Phone: _____ Relationship: _____

Email: _____

Work and/or Education: List work or schools in reverse order (start with most recent and list back 5 years):

Name of School/business: Dates attended/worked: Major or Duties:

Please Attach an Essay of 1-2 paragraphs (200-300 words) including:

- 1.) My faith story (i.e., Church, Camp, Mission Trips, etc.)
- 2.) Why I want to serve as a Summer Camp Intern.
- 3.) What I plan to do in the next ten years.
- 4.) Describe your preferred work style (single-handed, as two person team, larger group, etc.) and illustrate (with examples) how you can fit into a summer team.
- 5.) Describe how you handle frustrations (conflict, dissatisfactions, etc.) and what skills and experience you possess which helps resolve these.
- 6.) Illustrate with examples some of the experiences you have had which you believe will make your presence in the Summer Intern Program an asset to the camp program.

Interviews:

An in-person interview is preferable. However, if this is not possible, telephone interviews will be scheduled.

Note:

There will be a 2-3 week probationary period when the camp may determine an individual is not “the right fit” in which the Intern may be dismissed.

Child Abuse Statement: Have you ever been convicted of child abuse, or of a crime involving actual or attempted sexual molestation of a minor: _____ NO _____ YES

If yes, please explain:

General Release and Signature: The information contained in this application is correct to the best of my knowledge. I authorize any reference listed in this application to give any information they may have regarding my character and fitness for working around children, youth or others in the church. I release all such reference from liability for any damage that may result from furnishing such evaluations; and, I waive my right to inspect references provided on my behalf. Should my application be accepted, I agree to abide by the best ethical behavior becoming of a minister/leader, and will abide by the policies pertaining to the Christian Church in Kansas Outdoor Ministries program, and to the Ministerial Code of Ethics.

Signature _____ Date _____

RETURN COMPLETED FORM by 03/01/2011 to:

Christian Church in Kansas (Disciples of Christ) c/o Rev. Steven Martin

2914 SW MacVicar Topeka, KS 66611

Questions? Call 785-266-2914