

Twin Peaks Bible Camp  
P.O. Box 907  
Grand Junction, CO 81502-0907  
(970) 523-9077 (office)  
(970) 487-3891 (camp)π

# Twin Peaks Bible Camp Staff/ Volunteer

For office use only

Date Received: \_\_\_\_\_  
Weeks of Service: \_\_\_\_\_  
Director Approval: \_\_\_\_\_

## PERSONAL INFORMATION

**NAME** (First, Middle, Last): \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Your blog sites: (Facebook, Myspace, others): \_\_\_\_\_

Drivers license or other valid I.D.: \_\_\_\_\_

Are you a US citizen? \_\_\_\_\_ If no, what country: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Phone: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

Marital Status (check one): Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Number of Children: \_\_\_\_\_ If so what ages: \_\_\_\_\_

Do you need to bring your children with you? \_\_\_\_\_

### Educational experience:

High School: \_\_\_\_\_ Grade completed and date \_\_\_\_\_

College: \_\_\_\_\_ Degree Grade completed and date \_\_\_\_\_

Graduate: \_\_\_\_\_ Degree Grade completed and date \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

### References

Please list three character references (*not related to you*) that we may contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# OTHER INFORMATION ABOUT ME

## Camp Experience

Position that you are applying for: \_\_\_\_\_

How did you find out about Twin Peaks Bible Camp?: \_\_\_\_\_

Did or do you attend Twin Peaks as a camper? \_\_\_\_\_ How many years? \_\_\_\_\_

Please list any other camping experience that you have (include camp name, location, phone number and/or website):

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Who referred you to Twin Peaks? \_\_\_\_\_

Your reason for applying: \_\_\_\_\_

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## Availability

Are you willing to serve in other areas if needed? \_\_\_\_\_

List dates you are able to serve: \_\_\_\_\_

## Limitations

List any health problems, disabilities or special housing needs: \_\_\_\_\_

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## Special Training

List any First Aid Certificate or higher level of training: \_\_\_\_\_

List any any other certification or training that you may have (include certification and expiration dates): \_\_\_\_\_

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Please tell us what skills, gifts & talents you have to help you in the position for which you are applying: \_\_\_\_\_

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## Church Affiliation

Church home (*Name and denomination*): \_\_\_\_\_

How long have you attended?: \_\_\_\_\_ Are you a member?: \_\_\_\_\_ If so how long?: \_\_\_\_\_

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

Pastor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Church website: \_\_\_\_\_



# VOLUNTEER AGREEMENT FOR TWIN PEAKS BIBLE CAMP

<b>PLEASE RESPOND TO THE FOLLOWING STATEMENTS</b>	<b>YES/ NO</b>	<b>INITIAL</b>
I have read and am able to meet the requirements in the Twin Peaks Bible Camp Staff Handbook.		
I agree to serve for Twin Peaks Bible Camp without pay for the entire time of service. (The camp staff is on duty 24 hours a day - every effort will be made not to exceed 10 hours a day)		
I have read the Twin Peaks Bible Camp Doctrinal statement and agree with it and will uphold it.		
I agree to follow Twin Peaks Bible Camp rules and maintain a Christ-like example. I understand that if I do not abide by these rules, I may be asked, by the Camp Director, to leave.		
I understand, in accordance with state law, that I must have a health form, properly completed, with a physician signature, on the first day of camp.		
I have <b>NOT</b> been convicted of any charge of child abuse or neglect, unlawful sexual offense or felony.		
I am <b>NOT</b> currently under indictment or on probation for a crime.		
I am <b>NOT</b> a part of nor have I <b>EVER</b> accepted a plea agreement.		
I grant Twin Peaks Bible Camp management permission to look up and obtain a copy of any criminal record I may have.		
I grant Twin Peaks Bible Camp management permission to perform appropriate background checks regarding my person and character.		
I have read and understand the following perjury statement: 7.701.8 PERJURY STATEMENT. "ANY APPLICANT WHO KNOWINGLY OR WILLFULLY MAKES A FALSE STATEMENT OF ANY MATERIAL FACT OR THING IN THE APPLICATION IS GUILTY OF PERJURY IN THE SECOND DEGREE AS DEFINED IN SECTION 18-8-503, C.R.S., AND UPON CONVICTION THEREOF, SHALL BE PUNISHED ACCORDINGLY."		
I understand that I have a responsibility to report abuse to the camp director or proper authorities. Section 19-3-304 "...upon receiving such information, report or cause a report to be made of such fact to the county department or local law enforcement agency."		

## **PARENTAL CONSENT**

Parent or guardian, please complete and sign the following permission for this child to be a volunteer at Twin Peaks Bible Camp, if they are under 18 years of age.

I, \_\_\_\_\_, hereby give \_\_\_\_\_, permission to serve as a volunteer at Twin Peaks Bible Camp. Date: \_\_\_\_\_

## **VOLUNTEER CONSENT**

I, \_\_\_\_\_, declare that the information contained in this application is truthful and accurate. I authorize Twin Peaks Bible Camp to contact any references or employers listed within this application to verify information given and to obtain any and all information related to my character and past work history. I also release all references and employers from any liability for information provided in good faith. I also authorize Twin Peaks Bible Camp to obtain any criminal records I may have.

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

# TWIN PEAKS BIBLE CAMP PASTORAL REFERENCE FORM

THE STATE OF COLORADO REQUIRES A CHARACTER REFERENCE FOR ALL PERSONNEL SERVING AT YOUTH CAMPS.

The person listed below has applied to be volunteer/staff at  
TWIN PEAKS BIBLE CAMP. Please complete the form below and return to:

Attention: Camp Director  
TWIN PEAKS BIBLE CAMP  
P.O. BOX 907  
GRAND JUNCTION, CO 81502-0907

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Please rate on a scale of 1-5 (*5 being highest, 1 being lowest*) the above stated person in the following areas:  
(*If you give a rating of a 1 or a 5 for a characteristic please explain.*)

	N/A	1	2	3	4	5
<b>HEALTH</b>						
<b>SPIRITUALITY</b>						
<b>PERSONAL APPEARANCE</b>						
<b>LEADERSHIP</b>						
<b>RESPONSIBILITY</b>						
<b>EMOTIONAL</b>						
<b>HABITS</b>						
<b>MORALS</b>						
<b>SOCIAL BEHAVIOR</b>						
<b>WORK ETHIC</b>						
<b>WORKS WELL WITH AUTHORITY</b>						
<b>SAFE TO WORK WITH CHILDREN</b>						

Other comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*ALL ABOVE INFORMATION IS CONFIDENTIAL AND WILL ONLY BE AVAILABLE TO THE CAMP  
DIRECTOR AND THE STATE CAMP INSPECTOR.*

# TWIN PEAKS BIBLE CAMP PERSONAL REFERENCE FORM

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<b>SOCIAL BEHAVIOR</b>						
<b>WORK ETHIC</b>						
<b>WORKS WELL WITH AUTHORITY</b>						
<b>SAFE TO WORK WITH CHILDREN</b>						

Other comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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<b>WORK ETHIC</b>						
<b>WORKS WELL WITH AUTHORITY</b>						
<b>SAFE TO WORK WITH CHILDREN</b>						

Other comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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