

## GRACE Camp 2024 Staff Application

Name \_\_\_\_\_

Would like to be called \_\_\_\_\_ at camp.

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Present place of employment \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

T Shirt Size: S M L XL XXL      Sex: M F      Ethnicity: w B H A Other \_\_\_\_\_

**If you have a GRACE CAMP T-shirt that DOESN'T have signatures, please bring it to camp.**

Skills or interest that would be useful at GRACE Camp \_\_\_\_\_

Please list any special needs or limitations (dietary, physical, etc.) that you may have that will be relevant at camp \_\_\_\_\_

As you may expect, a camp setting requires a lot of walking. Is this a problem for you: Y N

Are you a Veteran GRACE Camp staffer? Y N

If yes, number of years you have served: \_\_\_\_

Are you active in your church, or any other Christian ministry/service? Y N

Please give a brief description of your activities in Christian ministry/services. \_\_\_\_\_

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



## G.R.A.C.E. Camp Staff Application Signature Sheet

Please initial and then sign the bottom of this form.

\_\_\_\_\_ I understand that serving on G.R.A.C.E. Camp, Inc. staff is a voluntary service in which I will give of my time and my talents for the purpose of bringing God's love to needy, at-risk children.

\_\_\_\_\_ I understand that G.R.A.C.E. Camp staff serves as a team with individuals being given certain areas of responsibility, and that all members of the team serve under the direction of the Director(s).

\_\_\_\_\_ I understand there may be classes the Director may require (safety, mandated reporting) and that I am willing to take the classes & furnish certificates for them at no cost to me.

\_\_\_\_\_ I agree not to hold G.R.A.C.E. Camp, Inc., the Director, or the campground, any church or any of their representatives liable for any accident, injury, or illness which may occur while participating in any activity or event held during camp.

\_\_\_\_\_ Given the sensitive issues associated with serving children at GRACE Camp, I certify that I have never been *accused/found guilty* of any offenses against children /others.

\_\_\_\_\_ I understand that a background check will be conducted to verify that I have not engaged in any illegal or questionable activities.

\_\_\_\_\_ I understand that my application does not guarantee a place on staff.

Printed Name: \_\_\_\_\_

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

Please return this signed application to: Carol Bates

3070 Fm 1004 W

Kirbyville, TX 75956

Or email it to: [carolbates1959@gmail.com](mailto:carolbates1959@gmail.com)