

**KIDZ KAMP 2011  
STAFFER APPLICATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Church \_\_\_\_\_ City \_\_\_\_\_

Youth or College Minister \_\_\_\_\_

Address of Youth Minister \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever attended KIDZ KAMP before? \_\_\_\_\_

If so, when was it? \_\_\_\_\_

Have you ever been a KIDZ KAMP Staffer? \_\_\_\_\_

If so, what year(s)? \_\_\_\_\_

Get real with us...

Why do you want to be a staffer?

What will you be willing to do to prepare yourself to be a KIDZ KAMP staffer??

What youth group activities are you involved in now with your local church?

Do you have a Daily Quiet Time now? \_\_\_\_\_ What are you doing daily as a part of your Daily Quiet time alone with God?

Please share your Personal Salvation Testimony:

**Your life Before Christ:**

**Events that led to your conversion:**

**Please describe your actual conversion experience: (date, month, year, details)**

**If you are a first time staffer please describe what God is doing in your life since this experience, or if you have staffed before, what has God done in your life since last year at Kidz Kamp?**

**Very important questions: Please be real with us!**

**Is there anything going on in your life now that would eliminate you as a prospective staffer? Illegal activities? Drugs? Alcohol ? Sexual activity? Addictions? Lifestyles & Conduct? If yes, be honest!**

***If you want to be a staffer* – you need to:**

- 1. Fill out this application;**
- 2. Get (2) two letters of recommendation sent to me by May 13<sup>th</sup>, 2011.**

**Joshua Freeman –Kidz Kamp Staffer Trainer**

**First Landmark Baptist Church**

**402 West Center St.**

**Sheridan, AR 72150**

**(870)-917-0232 (cell)**

**[indeedjfree@gmail.com](mailto:indeedjfree@gmail.com) (home)**

**[indeedjfree@yahoo.com](mailto:indeedjfree@yahoo.com) (work)**

***\*you can also find me on facebook***

**KIDZ KAMP**  
**Staffer Recommendation Form**

I \_\_\_\_\_ do agree and affirm that all the information below is true to the best of my knowledge and is accurate concerning this prospective Kidz Kamp Staffer.

Name of Applicant \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_
2. What is your relationship to the applicant? \_\_\_\_\_
3. Would you feel comfortable placing the applicant in a leadership role with your own children? \_\_\_\_\_ If no, please explain why:  
\_\_\_\_\_.
4. Is the applicant faithfully involved in a local church? \_\_\_\_\_ Which church? \_\_\_\_\_
5. To the best of your knowledge, does the applicant use:  
Alcohol?                     Yes             No  
Tobacco products?         Yes             No  
Drugs?                         Yes             No  
Profanity/Vulgarity         Yes             No
6. To the best of your knowledge, Is the applicant sexually active?  
\_\_\_\_\_
7. To the best of your knowledge, has the applicant shown a history of any homosexual activities? \_\_\_\_\_

**\*\*\*Please know that we ask questions 5-7 only to insure the safety of all campers and staffers.**

8. Please rate the applicant from 1-10 in the following areas:  
(1-3 Below Average; 4-6 Average; 7-10 Excellent)

Leadership	_____	Honesty	_____
Initiative	_____	Patience	_____
Creativity	_____	Servant Heart	_____
Team Work	_____	Emotional Stable	_____
Spiritual Mature	_____	Teachable/Obedient	_____

**9. Is there any additional information about the applicant you would like to add that would help us in our consideration of this young person as a Kidz Kamp Staffer?**

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**Thank you for sharing this vital information with us. It will help us in our selection process for Kidz Kamp Staffers.**

**Your Name** \_\_\_\_\_

**Your Title** \_\_\_\_\_

**Your Phone Number** \_\_\_\_\_

**Your Address** \_\_\_\_\_

# KIDZ KAMP

## Staffer Recommendation Form

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5. To the best of your knowledge, does the applicant use:  
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Tobacco products?         Yes             No  
Drugs?                         Yes             No  
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**Your Title** \_\_\_\_\_

**Your Phone Number** \_\_\_\_\_

**Your Address** \_\_\_\_\_