

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

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, Instagram, 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 website):

Who referred you to Twin Peaks? _____

Your reason for applying: _____

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: _____

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): _____

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

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: _____

Personal Spiritual Evaluation

Using Scripture, please, address the following topics. Feel free to include responses on separate paper.

Please share your salvation testimony: _____

Briefly explain the Gospel: _____

Give your view on the following topics:
Alcohol: _____

Drugs: _____

Tobacco: _____

Premarital sex: _____

Divorce: _____

Speaking in tongues: _____

Homosexuality: _____

Pornography, sexting: _____

VOLUNTEER AGREEMENT FOR TWIN PEAKS BIBLE CAMP

PLEASE RESPOND TO THE FOLLOWING STATEMENTS	YES/ NO	INITIAL
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 NOT been convicted of any charge of child abuse or neglect, unlawful sexual offense or felony.		
I am NOT currently under indictment or on probation for a crime.		
I am NOT a part of nor have I EVER 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

APPLICANT'S NAME: _____

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
HEALTH						
SPIRITUALITY						
PERSONAL APPEARANCE						
LEADERSHIP						
RESPONSIBILITY						
EMOTIONAL						
HABITS						
MORALS						
SOCIAL BEHAVIOR						
WORK ETHIC						
WORKS WELL WITH AUTHORITY						
SAFE TO WORK WITH CHILDREN						

Other comments: _____

Signature of person filling out form: _____ Date: _____
 Printed Name: _____ Phone: _____
 Address: _____ E-MAIL: _____

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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SAFE TO WORK WITH CHILDREN						

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