



# 2025 Worker Application Form

Please return completed form along with \$308 non-refundable deposit by June 16<sup>th</sup>, 2025 to:

**Brad Brede Ministries**  
**PO Box 393**  
**Alexandria, MN 56308**

Worker Application, current background check and Pastoral Recommendation form must be received by June 16<sup>th</sup>. A \$25 late fee will be added to each application postmarked after June 16<sup>th</sup>.

If you have questions regarding this form, please contact us at:  
**Phone: 320-815-3314 E-mail: [youthcamp@xtremeministry.com](mailto:youthcamp@xtremeministry.com)**

**Office Use Only**

Application Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Application Fee Received By: \_\_\_\_\_ Check #: \_\_\_\_\_

Pastor Evaluation Received By: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Background Check Received By: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Workers Manual Sent By: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Position Requested: \_\_\_\_\_

**Please Read Carefully**

- A Pastoral Recommendation Form must be completed and sent to Brad Brede Ministries at the above address
- A background check completed within the past 5 years must be submitted
- Email a 192 x 226-pixel head & shoulders photograph to [youthcamp@xtremeministry.com](mailto:youthcamp@xtremeministry.com)
- This is an application only and not a guarantee of acceptance to serve at the Xtreme Passion 2025 Youth Camp
- All workers are expected to abide by worker manual policies including remaining on the premises for the duration of camp
- Your application will not be processed until all the above information and fees have been received

**Personal And Family Information**

Name: \_\_\_\_\_ Birth Gender:  Male  Female

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

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

Date Of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's License Number and State: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_ lbs.

E-mail: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How did you hear about Xtreme Passion Youth Camp? \_\_\_\_\_

Why do you want to serve at Xtreme Passion Youth Camp? \_\_\_\_\_

Date you were saved: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Briefly state how you know you are saved: \_\_\_\_\_

Since your salvation experience, has there been a period when you did not live for the Lord?  Yes  No

If you answered Yes to the above question, briefly indicate the approximate date of your decision to fully commit your life to The Lord:

Are you filled with the Holy Spirit according to Acts 2:4?  Yes  No

What year did you begin speaking in tongues? \_\_\_\_\_

Briefly describe your present relationship with The Lord and your walk with Him: \_\_\_\_\_

Please indicate which areas in which you prefer to provide assistance. All volunteer positions are subject to approval by the executive committee.  Team Captain  Medic  Security Officer  General Helper

List any applicable formal training below:

Indicate your highest level of education attained:  High School or GED  Some College  College Graduate  
 Master's  Doctorate  Other

Can you read and write the English language?  Yes  No

Have you ever been arrested?  Yes  No If you answered yes, provide details including dates and locations:

Have you ever been jailed?  Yes  No If you answered yes, provide details including dates and location:

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Have you ever been fined for a criminal charge excluding traffic violations?  Yes  No

If you answered yes, provide details including dates and locations:

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Have you ever been placed on probation?  Yes  No

If you answered yes, provide details including dates and locations:

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Have you ever been accused, questioned or investigated for child abuse/neglect or child molestation?  Yes  No

If you answered yes, provide details including dates and locations:

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Have you ever been accused, questioned or investigated for spousal abuse?  Yes  No

If you answered yes, provide details including dates and locations:

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Have you ever used any form of tobacco products?  Yes  No

If you answered Yes to the above question, when was the last time you used them? \_\_\_\_\_

Have you ever used alcohol?  Yes  No

If you answered Yes to the above question, when was the last time you used it? \_\_\_\_\_

Have you ever used illegal or habit-forming drugs?  Yes  No

If you answered Yes to the above question, when was the last time you used them? \_\_\_\_\_

If you answered yes to any of the above tobacco, alcohol and drug related questions and use has occurred within the past year, please give an explanation including dates and details below:

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*We believe that in order for a person to effectively serve within our program, one must abide by the highest standards of personal conduct. This includes abstinence from the use of tobacco, alcohol or illegal drugs.*

Please indicate your current marital status:  Single  Engaged  Married  Remarried  Divorced  
 Widowed  Separated If you indicated you are Separated, please explain below

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If you indicated you are Engaged, Married or Remarried, please complete this section:

If applicable please provide the name of spouse or fiancé(e): \_\_\_\_\_

Is your spouse or fiancé(e) serving The Lord?  Yes  No

Is your spouse or fiancé(e) in agreement with you serving at Xtreme Passion Youth Camp?  Yes  No

Will your spouse or fiancé(e) be attending Xtreme Passion Youth Camp?  Yes  No

Are you a US citizen?  Yes  No

If you are not a US citizen, are a resident alien or do not have a permit to work within the US, please contact us.  
Permanent residents, please provide a front back copy of your resident alien card or work permit and the following info:

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

### Church Affiliation and References

Current Church's Name: \_\_\_\_\_

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

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

Pastor's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

Do you consider this church your home church?  Yes  No

Are you a member?  Yes  No Do you attend regularly?  Yes  No

My Pastoral Recommendation Form was given to \_\_\_\_\_.

If you are related to the above pastor, please have a non-related pastor or lay leader complete this form.

If you have attended your present church less than one year, please list the name of your former church, pastor and dates of attendance.

Former Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please list all church activities you are currently or have previously been involved with:

**Current church activities you are involved with:**

**How long have you been involved?**

_____	_____
_____	_____
_____	_____

**Previous church activities you were involved with:**

**How long have you been involved?**

_____	_____
_____	_____
_____	_____

If you are not currently involved in your local church, please briefly explain why below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check all that apply:     I am licensed     I am ordained

Please list all organizations that you are licensed or ordained with and the corresponding dates: \_\_\_\_\_

\_\_\_\_\_

In what capacity have you been involved in youth ministry? \_\_\_\_\_

\_\_\_\_\_

Please list any other gifts, callings, training, education or other factors that may have prepared you for youth ministry:

\_\_\_\_\_

Please list as references two fellow church members or regular attendees, other than a relative, who have known you for a year or more.

Reference 1 Name: \_\_\_\_\_

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Reference 2 Name: \_\_\_\_\_

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

### Statement of Belief

Do you believe The Bible is the inspired Word of God and the only infallible guide in matters pertaining to conduct and doctrine?  Yes  No

Do you believe in the Holy Trinity, that our God is one, but manifested in three persons: The Father, The Son and The Holy Spirit?  Yes  No

Do you believe in the deity of The Lord Jesus Christ, that He is God made flesh and He is the only Mediator between God and man?  Yes  No

Do you believe that Jesus Christ is God's Son and the only sacrifice for sin?  Yes  No

Do you believe that Jesus Christ arose bodily from the dead?  Yes  No

Do you believe that all mankind must be born again before physical death to receive eternal life?  Yes  No

Do you believe in the in-filling of the Holy Spirit with the evidence of speaking in tongues?  Yes  No

Do you believe that divine healing is part of our redemption and is God's will for all who believe?  Yes  No

Do you believe in the rapture of The Church prior to the seven-year tribulation?  Yes  No

Do you believe that Jesus is coming again to receive His bride, The Church, and after the tribulation return to earth to reign a thousand years?  Yes  No

## Medical Information

Please rate your general health.  Excellent  Good  Fair  Poor

Please rate the general health of each of these areas:

Eyes  Excellent  Good  Fair  Poor

Ears  Excellent  Good  Fair  Poor

Heart  Excellent  Good  Fair  Poor

Lungs  Excellent  Good  Fair  Poor

Please indicate which category best describes your level of fitness:

Exercise 4 times per week  Exercise 2 times per week  Exercise bi-weekly  Little to no exercise

Have you ever been a patient in a mental hospital or sanitarium?  Yes  No

Have you ever received treatment for a psychiatric disorder?  Yes  No

Do you have disabilities that would require special accommodations?  Yes  No

If you answered Yes to the above question, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any known drug allergies?  Yes  No

If you answered Yes to the above question, please explain: \_\_\_\_\_

\_\_\_\_\_

List any physical handicaps or conditions which may prevent you from performing certain types of activities related to youth work.

\_\_\_\_\_

\_\_\_\_\_

Please indicate whether or not you currently or formerly have had any of the following medical conditions (please circle):

Heart Trouble	Yes	No	Asthma	Yes	No
Food Allergies	Yes	No	ADD/Hyperactivity	Yes	No
Bedwetting	Yes	No	Seizures	Yes	No
Ear Trouble	Yes	No	Activity Limitations	Yes	No
Environmental	Yes	No	Allergies	Yes	No
Menstrual Problems	Yes	No	Diabetes	Yes	No

If you had or have one of the medical conditions mentioned above or something else not mentioned above that we should know about, please explain below.

\_\_\_\_\_

\_\_\_\_\_

## Medication Form

All prescription and over-the-counter medications need to be turned in to the camp nurse at the beginning of camp. Please list all medications and dosage information below.

Medication Name	Purpose	Dosage	Frequency/Time of Day
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate any over-the-counter medications you may need to take from the camp nurse:

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Antacids | <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Allergy Medication |
|                                   | <input type="checkbox"/> Ibuprofen     | <input type="checkbox"/> Other              |

If you indicated Other, please specify: \_\_\_\_\_

## Allergies

Please list any food or medication allergies below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list an emergency contact. If your spouse is attending camp please list someone other than your spouse

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

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

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

Relation to You: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The Applicant's health insurance must pay for accidents and illness while at camp. If the Applicant has no health coverage, they are responsible to pay for all expenses.

Do you have health insurance:     Yes     No

Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_



I, the undersigned, do hereby state that on the date indicated, I do grant full and complete permission to Northland Christian Center Inc., aka. Brad Brede Ministries, dba. Xtreme Passion Youth Camp, it's employees or designate, or any related or consulting physician to render or give emergency medical aid, care, treatment, or assistance that could or would be deemed required or necessary. I also state that should hospitalization be required; I grant full and complete permission for such care and treatment. This consent I give freely and voluntarily, fully knowing and understanding all the above and its relation to and effect upon me.

I agree to abide by the policy on tobacco, alcohol and illegal drug use and that if Northland Christian Center Inc., aka. Brad Brede Ministries, dba. Xtreme Passion Youth Camp is notified that I have violated the above stated policy, it will be grounds for denial of acceptance into camp or dismissal from camp.

I authorize any personal references or churches listed in this application, and government agencies to give you information they may have regarding my character and fitness for work with minors. I release all such references from liability for any damage that may result from furnishing such evaluations and I waive any right that I have to inspect the references provided on my behalf. I understand that all information provided will be kept confidential. I understand that all items submitted to Northland Christian Center Inc., aka. Brad Brede Ministries, dba. Xtreme Passion Youth Camp as part of the application process become the permanent property of Northland Christian Center Inc., aka. Brad Brede Ministries, dba. Xtreme Passion Youth Camp and will not be returned or copied for Applicant's use.

Should my application be accepted, I agree to be bound by the constitution, by-laws and policies of Northland Christian Center Inc., aka. Brad Brede Ministries, dba. Xtreme Passion Youth Camp and to refrain from unscriptural conduct in the performance of my services on behalf of Northland Christian Center Inc., aka. Brad Brede Ministries, dba. Xtreme Passion Youth Camp. I understand that violating the policies of Xtreme Passion Youth Camp is grounds for immediate dismissal from camp.

I hereby state that all the information contained on this application is correct and true. If Northland Christian Center Inc., aka. Brad Brede Ministries, dba. Xtreme Passion Youth Camp is notified that any of the information contained on the application is false, it will be grounds for dismissal from camp.

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*Print Name*

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*Applicant's Signature*

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*Date*



## Camp T-Shirt

2025 camp t-shirts will be available via pre-order. Shirt design will be revealed on [bradbredministries.org](http://bradbredministries.org) and social media as camp approaches. **Orders for shirts must be post-marked by June 9<sup>th</sup>, 2025.** Please complete the information below and indicate size and quantity of shirts and include a separate check for the shirt fee(s) with your registration.

Worker's Name: \_\_\_\_\_

Church's Name: \_\_\_\_\_

Size	Sm	Med	Lg	XL	XXL	3XL	4XL	5XL
Quantity								
Price (ea.)	\$15.00 ea.	\$15.00 ea.	\$15.00 ea.	\$15.00 ea.	\$20.00 ea.	\$20.00 ea.	\$20.00 ea.	\$20.00 ea.