



Workers Application 2022

For Office Use Only

Application Received ___/___/___

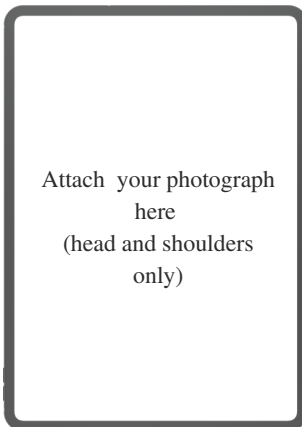
Application Fee Received by _____ Check # _____

Pastor Evaluation Received by _____ Date ___/___/___

Background Check Received by _____ Date ___/___/___

Workers Manual Sent by _____ Date ___/___/___

Position Requested _____



Please Read Carefully

(Please complete all steps before submitting this application)

- Attach a current photograph matching the dimensions of the box provided.
- Enclose the \$250 application fee made payable to Brad Brede Ministries.
- The pastor's recommendation form must be completed by your pastor and sent to Brad Brede Ministries by your pastor.
- Enclose a copy of your national background check (not a county/state check).
- Fill in all blanks. If a question does not apply, write DNA. Your application may be returned if any area is left blank or unreadable. Please print clearly.
- Your application will not be processed until the picture, application fee, background check, pastor's recommendation, and all required materials are received.

PERSONAL AND FAMILY INFORMATION

Full Legal Name _____

Date of Birth ___/___/___

E-mail-Address _____

Address _____ City _____ State _____ Zip _____ Age _____

Home Phone (____) - ____- ____ Work Phone (____) - ____- ____ Cell Phone (____) - ____- ____

Social Security Number _____ Driver's License Number and State _____

Male ___ Female ___ Height: ___Ft. ___Inches Weight: ___lbs. U.S. Citizen? Yes ___ No ___

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

Country of Birth _____ Country of Citizenship _____

Social Security Number _____ Please indicate what status you presently hold: Marital Status (check one): Single ___ Engaged ___ Married ___ Remarried ___ Divorced ___ Widowed ___ Separated* _____

*Give complete details using the notes section on page 6 of this application.

Name of Spouse or Fiancée _____ Is your spouse or fiancée serving the Lord? _____
Is your spouse or fiancée in agreement with you serving at Xtreme Passion Youth Camp? Will your spouse or fiancée be attending Xtreme Passion Youth Camp? _____

CHURCH AFFILIATION AND REFERENCES

Church You Currently Attend _____ Address _____ City _____
State _____ Zip _____ Pastor’s Name _____ Church Phone (____) - ____ - ____

How long have you attended this church? _____ year(s) _____ month(s)

Do you consider this church your home church? Are you a member? _____ Do you attend regularly? _____

Pastor’s recommendation form given to: (Name of current pastor) _____

If you have attended your present church less than one year, state the reason and include the name of your former church, pastor, and dates of attendance using the notes section on page 6 of this application.

In what church activities are you currently involved? _____ In what church activities were you formerly involved? _____

	How long?		How long?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are not currently involved in your local church, please briefly explain why in the notes section on page 6 of this application.

Are you a licensed minister? _____ Do you have a current ordination certificate? _____ Date Issued: _____

If so, with what Denomination/Organization? _____

In what capacity have you been involved in youth ministry? _____

List any gifts, callings, training, education or other factors that have prepared you for youth ministry: _____

Personal references: (Someone other than a relative who has known you well for a year or more.)

Fellow church member or regular attendee:

Name _____ Address _____ City _____
State _____ Zip _____ Phone (____) - ____ - ____

Employer:

Name _____ Address _____ City _____
State _____ Zip _____ Phone (____) - ____ - ____

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 ____

ENLISTMENT INFORMATION

How did you hear about Xtreme Passion Youth Camp? _____

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

mm dd yy

Date you were saved: / / Briefly state how you know you are saved: _____

In the time since your salvation experience, has there been a period when you did not live for the Lord? If yes, please explain briefly and 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? ____ Year you began to speak in tongues: ____

Briefly describe your present relationship with the Lord and your walk with Him. _____

AREAS OF INTEREST

Please indicate one or more of the following areas in which you prefer to provide assistance. All volunteer positions are subject to approval by the executive committee. Team Captain ____ Enforcer (security) ____ Medic ____ Facilitator (general helper) ____ Lifeguard ____ List any formal training that has prepared you to serve in these areas: _____

EDUCATIONAL HISTORY

Please circle the highest level of education attained: 1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical 1 2 College 1 2 3 4 Master's Specialist Doctorate Other _____

Can you read, write, and comprehend the English language? Yes ____ No ____

CRIMINAL RECORD

Have you ever been arrested? Yes ____ No ____ If yes, give details on page 6 of this application. When? _____ Where? _____ Why? _____ Date(s): _____

Have you ever been jailed? Yes ____ No ____ If yes, give details on page 6 of this application.

When? _____ Where? _____ Why? _____ Date(s): _____

Have you ever been fined for a criminal charge (excluding traffic violations)? Yes No If yes, give details. When? _____ Where? _____ Why? _____ Amount Fined: _____

Have you ever been placed on probation? Yes No If yes, give details on page 6 of this application. When? _____ Where? _____ Why? _____ Date Released: _____

Have you ever been accused, questioned, or investigated for child abuse/neglect, or child molestation? Yes ___ No ___ If yes, give details on page 6 of this application.

Have you ever been accused, questioned, or investigated for spousal abuse? Yes ___ No ___ If yes, give details. We must be informed of any changes that take place after we receive your application.

SUBSTANCE ABUSE

Have you ever used any form of tobacco products? Yes ___ No ___ If so, when did you last use them? _____

Have you ever used alcohol? Yes ___ No ___ If so, when did you last use it? _____

Have you ever used illegal or habit-forming drugs? Yes ___ No ___ If so, when did you last use them? _____

What drugs did you use? _____ For how long? _____

If you answered yes to any of the above questions and use has occurred within the past year, please give an explanation including dates and details using the notes section on page 6 of this application. We believe that in order for a person to effectively serve within our program he or she must abide by the highest standards of personal conduct. This includes abstinence from the use of tobacco, alcohol, or illegal drugs. Understanding our position on this matter, please indicate below your decision concerning our policy:

I will abide by this policy ___ I cannot abide by this policy ___ I understand that if Xtreme Passion is notified that I have violated the above stated policy, it will be grounds for denial of acceptance into camp or dismissal from camp.

Signature _____ Date _____

If any changes occur after you sign this application, you must immediately inform our office with details and explanation in writing.

HEALTH

Circle those illnesses or conditions you have had or now have. Circle all that apply: F-Formerly P-Presently If none apply, write "DNA" here: _____

Asthma	F P	Seizures	F P
Diabetes	F P	Nervous Disorder	F P
Mental Disorder	F P	Eye Disease	F P
Rheumatism	F P	Tuberculosis	F P
Cancer	F P	Spinal Disease	F P
Hernia	F P	Contagious Diseases	F P
Paralysis	F P	Transmittable Diseases	F P
Typhoid	F P	Muscular Dystrophy	F P
Allergies	F P	Stomach Disorder	F P
Kidney Disease	F P	Abnormal Blood Pressure	F P
Rheumatic Fever	F P	Genito-urinary Disease	F P
Nephritis	F P	Anorexia Nervosa/Bulimia	F P
Heart Disease	F P	Other (attach letter explaining)	F P
Epilepsy	F P	Acquired Immune Deficiency-	F P
Multiple Sclerosis	F P	Syndrome (AIDS)	

Of those circled above, briefly state the nature and length of illness, place of hospitalization, date of occurrence, and any permanent effects using the notes section on page 6 of this application.

Have you ever been a patient (committed or voluntary) in a mental hospital or sanitarium? Yes ____ No ____

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

Please rate your general health (circle one): Excellent (E) Good (G) Fair (F) Poor (P)

Please designate with E, G, F, or P the condition of your: Eyes ____ Ears ____ Heart ____ Lungs ____

Fitness category that best describes you: Active (exercise 4 times per week) ____ Semi-active (2x per week) ____ Inactive (biweekly) ____ Comatose (little to no exercise) ____

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

Do you have any disabilities that would require special facilities? Yes ____ No ____ If so, what: _____

Do you have any known drug allergies? Yes ____ No ____ If so, what: _____

Relative (besides spouse) to be notified in case of emergency. The person listed must have a telephone.

Name _____ Relationship To You _____ Address _____ City _____

State ____ Zip ____ Home Phone (____) - ____ - ____ Work Phone (____) - ____ - ____ Cell Phone (____) - ____ - ____

MEDICAL CONSENT

I, the undersigned, do hereby state that on the date indicated, I do grant full and complete permission to Xtreme Passion Youth Camp, its 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 extended or required 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. Yes ____ No ____

Applicant's Signature _____ Date _____

Do you have a national health insurance policy? Yes ____ No ____ Name of Insurance Agency: _____

Policy # _____ Agent's Name: _____ Agent's Phone (____) - ____ - ____

BACKGROUND CHECK

You are required to have a current national (not a county/state) criminal background check performed through the Accufax Incorporation. If you already have national criminal background check information that was performed through an organization other than Accufax Inc., you must contact our office and gain approval from the executive committee of Xtreme Passion Youth Camp to accept such criminal background check information. You must provide detailed information about the criminal history record provider and a copy of the information received concerning the applicant. You will not be approved to attend Xtreme Passion Youth Camp without a completed criminal background check. To complete your criminal background check contact Accufax Inc., 9432 E 51st, Tulsa, OK 74145, Telephone 800-256-8898. A minimal fee will be charged to you. Attach a copy of your background check to this application before submitting it. Your application will be considered incomplete if it is submitted without the completed background check.

STATEMENT OF TRUTH

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 to you 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 Xtreme Passion Youth Camp as part of the application process become the permanent property of Brad Brede Ministries 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., a.k.a. Brad Brede Ministries, and the Xtreme Passion Youth Camp and to refrain from unscriptural conduct in the performance of my services on behalf of the Xtreme Passion Youth Camp. I hereby state that all the information contained on this application is correct and true. If Brad Brede Ministries is notified that any of the information contained on the application is false, it will be grounds for dismissal from camp.

Applicant's Signature _____ Date _____

Be sure to review your application before mailing. Incomplete applications will be returned to you for completion, thus taking longer to process. All questions must be answered and blank spaces filled. There will be a \$20.00 late fee for all applications postmarked after the June 11th, 2022 deadline.

NOTES

Please note the page and give a description of questions you are answering:

CAMP T-SHIRTS

Color: dark maroon w/white logo

Shirts must be ordered by **June 11th, 2022**

\$12.00 Sm-XL

Size	Sm	Med	Lg	XL
Quantity				
Price				

\$15.00 XXL-5XL

Size	XXL	3XL	4XL	5XL
Quantity				
Price				



Total Quantity _____

Total Price _____