



# Workers Application 2023

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 return your completed application before **June 12th, 2023** to:

**Brad Brede Ministries  
P.O. Box 393  
Alexandria, MN 56308**

If you have any questions regarding this application, please contact Jenny at:  
**Phone: 320-815-3314 or E-mail: xpcampmn@gmail.com**

### Please Read Carefully

**(Please complete all steps before submitting this application)**

Email a current photograph matching the dimensions of the box provided.

Enclose the \$275 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 \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Driver's License Number and State \_\_\_\_\_

Age \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Height \_\_\_\_ Ft \_\_\_\_ Inches Weight \_\_\_\_\_ 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 \_\_\_\_\_

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**

Current Church \_\_\_\_\_ 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.

Church activities you are currently doing? _____	How long? _____	Church activities you were formerly doing? _____	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:	Employer:
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (____) _____ - _____	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? \_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

**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: \_\_\_\_\_

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

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? Name of Insurance Agency: \_\_\_\_\_

Policy # \_\_\_\_\_ Agent's Name: \_\_\_\_\_ Agent's Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If no health coverage, you are responsible for all expenses.

### **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 \$25.00 late fee for all applications postmarked after the June 12, 2023 deadline.**

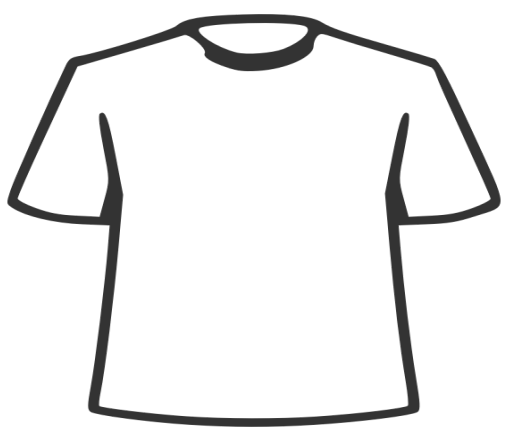
**NOTES**

Please note the page and give a description of questions you are answering: \_\_\_\_\_  
 \_\_\_\_\_  
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**Camp T-Shirts**  
 Color: TBD

**Shirts must be ordered by June 5th, 2023**

**\$14.00 Sm-XL      \$16.00 XXL-5XL**



Size	Sm	Med	Lg	XL
Quantity				
Price				

Size	XXL	3XL	4XL	5XL
Quantity				
Price				

**Total Quantity** \_\_\_\_\_  
**Total Price** \_\_\_\_\_