



## Foreman Application

Enclose a recent picture  
for your Prayer  
Warriors, please.

### I Personal Data:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Permanent Phone: \_\_\_\_\_ Present Phone: \_\_\_\_\_

Year of H.S. Graduation? \_\_\_\_\_ Email: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

### II Background Information:

Present year in school: \_\_\_\_\_ College Major: \_\_\_\_\_

Name of School: \_\_\_\_\_

What church do you attend regularly? \_\_\_\_\_

Do you have any physical limitations? (Heart condition, diabetes, asthma, epilepsy, back trouble, allergies, etc?) If yes, please explain.

\_\_\_\_\_

Have you ever been convicted of a felony? If yes, please explain.

\_\_\_\_\_

Have you ever received any traffic citations? If yes, please explain.

\_\_\_\_\_

Are you certified in First Aid, CPR, Basic Life guarding, or any other emergency skills? If yes, please list.

\_\_\_\_\_

### III Work Experience

A. List any previous camps where you have been on staff including approximate dates and positions.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

B. List your two most recent employers beginning with the most recent. (You may attach a resume instead.)

1. Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Position \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

2. Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Position \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

*IV Employment Details:*

All foremen must arrive by noon on June 1, 2008. Summer employment runs through 3:00 p.m. on August 22, 2008. (The ending date can be adjusted, if necessary, **but there is a "stay to the end" monetary bonus.**) If there is a special occasion and a special day off is needed, prior arrangements must be made well in advance. Also, please contact Dawn Young if you are interested in earning extra money through extended employment dates.

Reason and Date for early departure, if necessary:

\_\_\_\_\_

Foreman positions you are applying for, in order of preference:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

<p><b>Foremen positions to choose from:</b></p> <p>Barn Foreman          Maintenance Foreman          Kitchen Foreman          Hitching Post Foreman (snack shop)          PR Foreman (receptionist)          Lifeguard Foreman*          Camper Park Foreman*          Program Counselor Foreman*          Assistant Staff Dean*</p> <p>*Requires Red Cross Lifeguard certification or willingness to be trained.</p>
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Lifeguard training is **June 8-11, 2008**. There is a **\$60** book fee which is waived if you are required to take it for your service area.

Do you wish to attend Lifeguard training at Sky Lodge?

Yes       No

*V* References: List three people who are willing to serve as personal references. Do not include family members or peers. The referents must include a Christian Worker (pastor, youth pastor, etc.), an Employer (related to the area for which you are applying, if possible), and a Personal Friend. Please list their complete address and phone number, as your application will not be considered until all three references have been received.

1. Christian Worker \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

2. Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

3. Personal Friend \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

VI Questions: **Answer** each of the following questions in paragraph form.

A. Christian Testimony:

1. Share your testimony as a child of God from when you were adopted until the present day. Include significant moments, influential people and lessons learned.
2. If you were sharing the Gospel of Jesus Christ with a friend, what are the essential points you would cover?
3. According to Scripture, what is your understanding of the process of spiritual formation?
4. What is your current involvement in ministry at home or school?

B. General Questions:

1. Why do you desire to be a Zone Foreman this summer? What circumstances, etc. led to your decision to fill out this application?
2. As a Zone Foreman, you would intentionally be taking on the role of discipler to high school students. How do you feel about taking on that role? In your opinion, what are the essentials of effective discipling?
3. Please state the reasons you feel qualified for the service area for which you are applying.
4. When you are in a position of authority, how do you handle someone under you being insubordinate?  
What dangers or temptations come with having authority? How would you deal with them?

C. Resident Assistant Questions: (These should be answered by everyone.)

1. Would you like to be considered for one of the resident assistant positions? Why or why not? (If no, you need not answer the following questions.)
2. In your opinion, what are the three most important qualities of a resident assistant? Why?
3. What do you think would be the most intimidating responsibility of being a R.A.?
4. In your opinion, what things (if any) should not be sacrificed for the purpose of "having fun?" How do you judge whether something fun is appropriate?
5. The Resident Assistants have significant influence on the relationship between the guys and girls in the Zone. What are some ways you would use that influence for the good (in general and specifically).

**Return completed application by March 14th to:**

Sky Lodge Christian Camp  
Attn: Dawn Young  
N4855 County Road Y  
Montello, WI 53949

**Read and sign the Zone Covenant and Release Form on the next page.**

## *Covenant for Sky Lodge Christian Camp Zone Members*

I understand that working at Sky Lodge Christian Camp is a direct service to the Lord within a community that requires sacrificing personal desires in the interest of others. In light of that, I have carefully examined my personal motives, sought God's guidance in the matter and answered all the questions on the application with complete honesty. I promise that, with God's help, I will do my best to set a Christian example at all times.

Furthermore, upon acceptance of my Zone assignment, I will actively strive to:

- remain until the ending date and time of my contract.
- participate only in those activities consistent with a consistent Christian testimony while on or off the camp property (which includes, but is not limited to, refraining from all forms of alcohol, tobacco, and drugs).
- perform my duties to the best of my ability.
- treat all camp property and other's personal property with care and respect.
- submit to the authority of my superiors.
- enthusiastically support my fellow workers.

I further understand and agree that breaking the above agreement merits my dismissal from the privilege of serving the Lord at Sky Lodge Christian Camp.

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Name

Date

### **Camp Release Form**

IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THIS RELEASE. IF AFFECTS LEGAL RIGHTS YOU MAY HAVE.

*If you will not be 18 years of age before May 1st of the year you are applying, your parent(s) or guardian(s) must complete the following Release.*

*If you are, or will be 18 years of age before May 1st of the year you are applying, then you, as applicant, must complete the Release and the words "custodial parent(s)/guardian(s)" shall be read as "I" and "Child" shall be read as "me."*

As the custodial parent(s)/guardian(s) of \_\_\_\_\_, (the "Child"), whose date of birth is \_\_\_\_\_, for and in consideration of the opportunity of the Child to work and participate in the Sky Lodge Christian Camp (the "Camp") program, the adequacy of such consideration which is hereby acknowledged, I/we do hereby:

- Represent that I/we are the custodial parent(s) / guardian(s) of the child, and I/we have full and complete authority to execute this Release. I/We on behalf of the Child shall hold harmless and indemnify the Camp from any and all claims related to the execution of this Release or related in any way to the Child attending or otherwise being present at the Camp.
- Grant permission to the Camp, and the licensed physician selected by the Camp, to secure proper treatment, hospital or other medical care, anesthesia, or surgery for the Child. I/We on behalf of the Child release, hold harmless, and indemnify the Camp, its members, agents, and employees from any and all claims, demands, damages, actions and all causes of action arising out of the Child attending the Camp, or arising out of the Child participating in activities sponsored or not sponsored by the Camp, including but not limited to claims related to transportation to or from functions sponsored or not sponsored by the Camp.
- Understand and agree that I/we assume full responsibility for the Child in connection with activities sponsored or not sponsored by the Camp.

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Applicant or Custodial Parent / Guardian

Date

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Home Phone

Cell Phone

**Sky Lodge Christian Camp**

*A Ministry of the North Central Conference of the Free Methodist Church*

N4855 County Road Y ▪ Montello ▪ Wisconsin ▪ 53949

Phone: (608) 297-2566 ▪ Fax: (608) 297-7080 ▪ [www.skylodge.org](http://www.skylodge.org)

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**REFEREMCE RELEASE FORM**

To \_\_\_\_\_,  
(Name of Reference)

In the course of my application for employment with Sky Lodge Christian Camp, the leadership of Sky Lodge Christian Camp desires to make certain inquiries regarding my work experience, background, character, ministry experience, qualifications and work record through contacting references.

Therefore, in consideration of my desire to have all of the material considered, I hereby authorize the Sky Lodge Christian Camp Program Director to make inquiries with the references I listed on my application.

It is understood that I shall make no claim against the person or persons furnishing information and shall make no claim against any organization, Sky Lodge Christian Camp, or any of its leaders for providing or reasonably using any information

The release of any information desired is respectfully requested and authorized with my full understanding and endorsement. Thank you.

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Applicant's Name (print)

Date

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Applicant's signature

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## AUTHORIZATION FORM

During the application process and at any time during the tenure of my employment with Sky Lodge Christian Camp, I hereby authorize ChoicePoint Services Inc., on behalf of Sky Lodge Christian Camp to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

\_\_\_\_\_  
Applicant/Employee name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

**MN & Oklahoma Residents please note:** In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have the right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.  
 YES, I am an Oklahoma resident and could like a free copy of my consumer report.

**CA Residents please note:** In connection with your application for employment, your credit report will be obtained and reviewed. Under CA law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. In the alternative, you may elect to receive the entire investigative consumer report, which will include your credit report.

YES, I am a California resident and would like a free copy of my credit report; or  
 YES, I am a California resident and could like a free copy of my investigative consumer report.

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

For Office Use Only  
\_\_\_\_\_

**Employer please note:** If consumer checks "YES" regarding the credit report, and you do request a credit report, please fax this form to your ChoicePoint service center. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report.

Account Number:

Revised 12/08/06