



2010

This application must be received by July 1, 2010. You will be notified as to which camp(s) you will be working at and position if available.

CAMP GRACE VOLUNTEER STAFF RENEWAL APPLICATION

Name _____ Age _____ Birthday Date _____

Address _____ City _____ State _____ Zip _____

Phone () _____ - _____ Health: Good _____ Fair _____ Poor _____

Single _____ Engaged _____ Married _____ Divorced _____ Separated _____ Male _____ Female _____

Check which week of camp you would like to help:

_____ Teen	Ages 14-18	July 19-23
_____ Junior	Ages 8-11	July 26-29
_____ Intermediate	Ages 12-14	Aug 2-6

Check which position you would be willing to serve in:

Cabin Leader _____ Cook _____ Nurse _____ Crafts _____

Kitchen Help _____ Recreation _____ Music _____ Teacher _____

Are you willing to help in any position necessary? _____

Are you currently using Tobacco products? Yes _____ No _____

Have you ever been convicted of any offense other than minor traffic violations? Yes _____ No _____
 If yes, please provide details of the conviction (date, type of conviction, how it was resolved, etc.).
 Please use additional paper if needed.

Have you ever been dismissed from rendering service to children or youth for reasons other than the expiration of the normal term of such service? Yes_____ No_____

If yes, please state the name of the institution involved, its location, the name of the director, and the time and nature of the circumstances under which you were dismissed.

Child abuse is as old as the history of mankind. It has many ugly forms and is a problem of severe magnitude and shocking implications. The spiritual atmosphere, which the American Missionary Fellowship attempts to provide, may be one of the best deterrents possible. When, however, an instance of child abuse is suspected or reported, our leadership must do everything it can to help those in need as quickly as possible along the best spiritual and professional guidelines. A position paper concerning child abuse has been adopted by American Missionary Fellowship's Board of Managers. If you have not been given a copy, please request one and familiarize yourself with it. You will be functioning under the requirements of it, and it is imperative that you follow its guidelines.

I have read and agree with the Statement of Faith on the back of this page.
Yes_____ No _____

Camp Grace is an interdenominational Bible camp, working with young people from many different church backgrounds. We do not put down other's beliefs; but teach the Bible and present Jesus Christ as the Savior and the Answer to all people's needs and problems.

I agree to abide by the Camp and staff rules and submit to the camp leadership.

I have read and fully understand all questions requested in this application. I certify that all answers given by me are true, accurate and complete. I understand that the completion and/or execution of this application does not insure me a volunteer position, nor does it obligate me or the organization in any way. I fully understand that the omission and/or misrepresentation of facts requested may be cause for immediate dismissal without prior notice. **I further authorize the Department of State Police Central Records Division of this state to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction, and furnish a response to the American Missionary Fellowship representative.** If accepted for service, I agree to abide by all the rules and regulations of the American Missionary Fellowship. I have read, understand, and agree to the above.

Applicant's Signature

Date

Please return this application to: **Camp Grace/Justin Lindgren**
20 E. Pattison
Ely, MN 55731

STATEMENT OF FAITH

The ministry of the American Missionary Fellowship is built upon what we believe, and what we believe is based on the Word of God and our personal faith in Jesus Christ. We hold to the great foundational truths of the historic Christian faith, held in common by like-minded evangelical Christians with whom we share both fellowship and the mission mandate.

We believe that there is one God, creator and sustainer of the universe, existing in three persons: Father, Son, and Holy Spirit.

We believe that the Bible is the verbally inspired Word of God, is inerrant in the original manuscripts and uniquely infallible, our only authority for faith and practice.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His substitutionary sacrifice upon the cross, in His bodily resurrection, in His victory over sin and His enemy Satan, in His present exaltation at His Father's right hand, and in His personal return, at any time, in power and great glory.

We believe in the fall and lostness of man, whose total depravity requires that he be regenerated by the Holy Spirit for his salvation.

We believe that salvation consists of the forgiveness of sins, the imputation of Christ's righteousness, and the gift of eternal life, received by grace through faith alone, entirely apart from works.

We believe in the ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life, and by whom the Church, the Body of Christ, is gifted and equipped to serve and glorify God.

We believe in the bodily resurrection of all mankind: those who have trusted in Christ, the ultimate Judge, will receive everlasting life and blessedness in heaven; those who have not will receive everlasting punishment and separation from the presence of God.

We believe that Christ has commanded His Church to preach the gospel to all people, and that this mandate should be a primary concern of all Christians.

MEDICAL EMERGENCY FORM - This must be filled out completely and signed.

NAME _____ M ___ F ___ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP _____ PHONE _____

NAME OF DOCTOR _____ PHONE _____

INSURANCE CO. _____ POLICY # _____

Your family medical insurance plan is primary coverage. the camp's insurance will pay costs above your medical plan coverage; or if you are not insured.

DATE OF LAST TETANUS _____

ALLERGIES, MEDICATIONS OR OTHER CONCERNS

I hereby give permission for myself (or my child) to receive medical treatment in the event of an emergency.

Applicant's Signature

Parent or guardian's signature
(if applicant is under 18)

T-Shirt Order Form

Name _____

Youth Sizes M _____ L _____ XL _____

Adult Sizes S _____ M _____ L _____ XL _____ XXL _____

Your shirt is courtesy of the Camp Grace Board but must be requested by July 1, 2009 to receive desired size.

