

**PIONEER MINISTRIES**

**CAMP PIONEER SUMMER STAFF APPLICATION**  
**-NEW APPLICANTS-**

\*\*Please read the entire application before beginning.\*\*

Please PRINT clearly.

Last Name:	First Name:	Middle Name:
Birth Date:	Age:	Marital Status: M__S__W__D__ Children: Yes or No

Position(s) you would like to be considered for:

Counselor: _____	Assistant Counselor: _____	Office Staff: _____
Kitchen Staff: _____	Grounds/Maintenance: _____	Life Guard: _____
Recreation Director: _____	Program Director: _____	Asst. Prog. Dir: _____
Arts/Crafts Director: _____	Music Director: _____	Leader in Training: _____

Permanent Home Address:	Home Phone:
E-mail Address:	Cell Phone:

EDUCATION: (Circle the number indicating the level of education you will have completed by the end of the school year.)

HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 5 GRAD/PROF: 1 2 3 4

School Attended: (Present or Last): \_\_\_\_\_

Church Membership:
Pastor's Name:
Phone Number/E-mail Address:

How are you involved in your local church?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We appreciate the opportunity to become acquainted with you via this application. We are pleased to know that

you are considering a position in our camp ministry as a matter of seeking God's will for your life. We shall pray

with you that both of us will know whether or not this is God's place of ministry for you this summer.

Employment Experience:

Employer (most recent):	
Title/ Type of Work:	
Phone Number:	Address:
Dates Employed: From ___/___/___ to ___/___/___	

Community Service Experience:

Name of the Organization:	
Activity/ Type of Work:	
Supervisor:	Address:
Phone Number:	
Dates Employed: From ___/___/___ to ___/___/___	

Camp Staff Experience:

Name of the Camp:	
Camp Address:	
Camp Director's Name:	Address:
Camp Director's Phone Number:	
Dates Employed: From ___/___/___ to ___/___/___	

1. Briefly explain why you want to serve at Camp Pioneer.

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2. What are your personality strengths for the position to which you are applying?

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3. What special talents do you possess which you could use in a camping ministry?

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4. How have you used your talents in the past?

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5. How do you view yourself as a responsible authority figure?

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6. How would you explain correction and discipline being administered in Christian love?

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7. Do you smoke? Y or N      Do you drink alcohol? Y or N      Do you have a criminal record? Y or N

\*\*If yes, please explain.

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8. Would you be willing to allow Camp Pioneer to run a background check? Y or N

9. How do you view yourself in light of camp personnel being in authority over you?

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10. Are you a Christian? \_\_\_\_

- Please share with us in detail about how you came to know the Lord on the attached page titled "My Salvation Testimony." (Attach a separate page if additional space is needed.)

11. How do you view the importance of a daily personal quiet time with the Lord?

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12. Is your personal time Regular? \_\_\_\_ Frequent? \_\_\_\_ Irregular? \_\_\_\_ Never? \_\_\_\_

- If yours is regular, explain the method you use. If seldom/irregular, share the problems you experience. If never, why?

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13. With what age group do you prefer to work?

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**\*\* NO camper is to physically or verbally attacked, assaulted, or abused by a counselor or staff member. Camp Pioneer assumes no responsibility for such personal attacks, assault, etc. If such occurs, the counselor is personally responsible for his/her actions and the consequences and will be relieved of his/her duties as a staff member.\*\***

Will you willingly perform whatever duties that are assigned to you even though they do not fall within your particular job description? YES \_\_\_\_\_ NO \_\_\_\_\_

Strengths and Interests Survey

This survey is designed to help us utilize your skills effectively. Please use the rating scale to complete the survey. Additional space is provided so that you may list additional skills that are not mentioned.

**\*Rating Scale\***

1. You are able to organize and teach this activity as an expert.
2. You participate in this activity on a regular basis and can assist with teaching.
3. You like this activity and would be willing to help.

**Arts & Crafts**

<input type="checkbox"/>	Basketry
<input type="checkbox"/>	Ceramics
<input type="checkbox"/>	Jewelry
<input type="checkbox"/>	Nature Crafts
<input type="checkbox"/>	Painting
<input type="checkbox"/>	Photography
<input type="checkbox"/>	Sketching
<input type="checkbox"/>	Woodworking
<input type="checkbox"/>	
<input type="checkbox"/>	

**Pioneering**

<input type="checkbox"/>	Hiking
<input type="checkbox"/>	Outdoor Cooking
<input type="checkbox"/>	Overnight Camp
<input type="checkbox"/>	
<input type="checkbox"/>	

**Programming**

<input type="checkbox"/>	Campfire
<input type="checkbox"/>	Worship Leader
<input type="checkbox"/>	
<input type="checkbox"/>	

**Dramatics**

<input type="checkbox"/>	Creative Writing
<input type="checkbox"/>	Play Directing
<input type="checkbox"/>	Skits and Stunts
<input type="checkbox"/>	Acting
<input type="checkbox"/>	Story Telling

**Music**

<input type="checkbox"/>	Lead Singing
<input type="checkbox"/>	Guitar
<input type="checkbox"/>	Piano/Keyboard
<input type="checkbox"/>	Choral Singing
<input type="checkbox"/>	

**Nature**

<input type="checkbox"/>	Animals
<input type="checkbox"/>	Astronomy
<input type="checkbox"/>	Birds
<input type="checkbox"/>	Conservation
<input type="checkbox"/>	Flowers
<input type="checkbox"/>	Forestry
<input type="checkbox"/>	Insects
<input type="checkbox"/>	Rocks & Mineral
<input type="checkbox"/>	Trees & Shrubs
<input type="checkbox"/>	Weather

**Sports**

<input type="checkbox"/>	Archery
<input type="checkbox"/>	Badminton
<input type="checkbox"/>	Baseball
<input type="checkbox"/>	Fishing
<input type="checkbox"/>	Informal Games
<input type="checkbox"/>	Ping Pong
<input type="checkbox"/>	Rifle
<input type="checkbox"/>	Soccer
<input type="checkbox"/>	Softball
<input type="checkbox"/>	Track & Field
<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Football

**Water Front**

<input type="checkbox"/>	Life Guarding
<input type="checkbox"/>	Canoeing
<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Boating

Other: \_\_\_\_\_

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Camp Pioneer operates under the following Doctrinal Principles:

We believe: That God, the Creator of all things is sovereign, almighty, and eternal. That Jesus Christ, the virgin-born Son of God, lived, suffered, and died for our sins, ascended to heaven, and will return to earth again to rapture His saints. That the Holy Spirit, the third person of the Trinity, is active in salvation, convincing and convicting people of sin and their need of Jesus Christ, and giving power to live the victorious life. That the Bible is the inspired Word of God, the guide for Christian conduct, and has meaning for modern people. That the Gospel of Jesus Christ is to be taught to all persons and that the camp setting is well suited for this.

I have read carefully the Camp Pioneer doctrinal position. I will adhere to these and will be willing to teach them by my "walk and talk" with both staff and campers. I am willing to cheerfully and enthusiastically enter into whatever activities that are required of me, even though it may be different from my normally assigned duties. I will strive to avoid conversations that tend to divide us as a Body of Believers, and will conduct myself with holiness becoming a Christian, even on my breaks and during the weekends.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature indicates that you subscribe to the above Doctrinal Statement.

REFERENCES:

Name:		Phone Number:	
Title:			
Mailing Address:			
City:	State:	Zip:	
How long have you known this person?			
In what capacity?			

Name:		Phone Number:	
Title:			
Mailing Address:			
City:	State:	Zip:	
How long have you known this person?			
In what capacity?			

Name:		Phone Number:	
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How long have you known this person?
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FURTHER EXPECTATIONS

The following is a reminder of what you have already agreed to and signed off on either in the staff application, or on your contract. Please review what you have already committed to:

Expectations for our summer staff include:

1. Obedience to and cooperation with camp leadership.
2. A sincere effort to work as a considerate team member by seeking to build up others;
3. Growth in Christ by having private and corporate devotional time;
4. Good stewardship of time, speech, appearance, health, and the Camp Pioneer facility;
5. The understanding that you will be performing a responsible assignment with the welfare and care of campers as your foremost interest;
6. To be present and useful at all times except during your scheduled time off;
7. Knowledge of and adherence to the orientation/staff manual; and
8. Living above reproach even during off time away from Camp Pioneer.

Please note: Tattoos must not be visible while at camp. Earrings are the only body piercing allowed. Other facial jewelry is not allowed. Males are not to wear earrings. Use of non-prescribed drugs is prohibited.

I affirm:

1. I have no physical or mental handicaps that would interfere with the camp routine;
2. I am a professing Christian and am striving to live a godly life;
3. If employed, I will enter into the spirit of camp and submit to camp authority;
4. I am willing to take a CPR/First Aid Course; and
5. I have completed this application truthfully and further give permission for Camp Pioneer personnel to confer with references provided by me to run criminal background checks on my name.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

Please mail completed application to:

CAMP PIONEER  
P.O. BOX 6182  
Jackson, MS 39288-6182

Phone- (601) 939- 3659

Fax: (601) 939-1950

E-Mail- [pminis3659@aol.com](mailto:pminis3659@aol.com)

Website: [www.pioneerministries.org](http://www.pioneerministries.org)



**PIONEER MINISTRIES**

**CAMP PIONEER SUMMER STAFF APPLICATION  
-RETURNING APPLICANTS-**

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2. Do you smoke? Y or N Do you drink alcohol? Y or N Do you have a criminal record? Y or N  
\*\*If yes, please explain.

3. Would you be willing to allow Camp Pioneer to run a background check? Y or N  
4. How do you view yourself in light of camp personnel being in authority over you?

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5. Are you a Christian? \_\_\_\_\_

- Please share with us. (Attach a separate page if additional space is needed.)
  - What have you been involved in (church, school, community) over the past year?

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- How has your relationship with Christ developed over the past year?

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- How can Camp Pioneer help you grow this summer?

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6. How do you view the importance of a daily personal quiet time with the Lord?

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7. Is your personal time Regular? \_\_\_\_\_ Frequent? \_\_\_\_\_ Irregular? \_\_\_\_\_ Never? \_\_\_\_\_

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Applicant's Signature

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CAMP PIONEER  
P.O. BOX 6182  
Jackson, MS 39288-6182

Phone- (601) 939- 3659

Fax: (601) 939-1950

E-Mail- [pminis@aol.com](mailto:pminis@aol.com)

Website: [www.pioneerministries.org](http://www.pioneerministries.org)