

Kokrine Hills Bible Camp Staff Application

(revised June 10)

Name: _____ Email _____

Address: _____ Phone: (____) _____

City: _____ ST _____ Zip _____

Birthday ____/____/____ Age ____ Male ____ Female ____ Education completed _____

Marital Status: Single ____ Engaged ____ Married ____

Weight (needed for charter flight) ____

If married, name of spouse & children (plus children ages)

Do you habitually use tobacco in any form?	yes	no
Do you habitually drink alcoholic beverages?	yes	no
Have you recently used illegal drugs?	yes	no
Have you ever been convicted of child abuse or a felony?	yes	no
Do you have any allergies?	yes	no
Do you have any dietary restrictions	yes	no
Do you have overdue bills or unpaid (past due) debts?	yes	no
Are you willing to submit to a personal background check?	Yes	No



(If you answered yes to any of the above, please explain.)

Preferred role: counselor cook work crew program/recreation _____

Are you willing to consider positions other than your first preference? Yes ____ No ____

Your Home Church _____

Pastor who knows you: _____ Email: _____

Address: _____

When deciding who we allow to serve among our youth we cannot be overly careful; so, is there anything we should know about you that may bring us concern in your service as a team member with the KHBC team?

How and when do you plan to get to and from KHBC (or Tanana) (Please see the current camp schedule available on line)?

All who are to be staff members must have a personal saving faith in Jesus Christ. Please (in brief) detail the fundamentals of your personal faith here. (use more space as necessary).

Please list two people who can act as references for you. Give them the reference form, asking them to fill it out and send it in. One must be the Pastor of the church you attend.

Name: _____ Email _____

Name: _____ Email _____

Person we should contact in an emergency: _____

Hone _____ City/State _____

Medical Insurance Co. _____

Policy # _____ Group # _____

Insurance phone # (____) _____

Your doctor's name and phone number: _____

I have fully and truthfully answered the above questions. I understand that the camp's remote location means adequate medical treatment, including emergency life-saving treatment, could be delayed or unavailable. I accept this liability risk, and, except for gross or willful negligence, I agree to hold Kokrine Hills Bible Camp, its board, leaders, and staff, faultless in the event professional medical care is delayed or unavailable. I hereby give permission for emergency medical treatment to be administered to me and I agree to be financially responsible for such treatment. I authorize KHBC to do a nationwide criminal background check on me. I have never been convicted of a felony or any sex-related or violent offense.

Applicant Signature: _____ Date: _____

Signature of parent/guardian (if applicant is under age 18): _____

Any other information that may be helpful:

Current picture attached or emailed.

Items to bring: Bible, extra clothes, personal hygiene items, towel, sleeping bag, bug dope, swim clothes, cash for store,

Check the "Staff" page on our website for costs and other information.

Mail, or **scan and email** application, to: Koyukon Camp Ministries, PO Box 68, Galena Alaska 99741
Email: kokrinehills@gmail.com www.kokrinehills.org