

FLATHEAD LUTHERAN BIBLE CAMP



603 S Main St
Kalispell, Montana 59901
E-mail: office@flbc.net

Office (406) 752-6602
Fax (406) 752-6670
www.flbc.net

APPLICATION FOR 2018/19 COMMUNITY STAFF

Name: _____ E-mail: _____
(First) (Middle) (Last)

Cell Phone: _____ Current Address: _____
(Street/PO Box)

(Phone) (City) (State) (Zip)

Permanent Address: _____
(Street/PO Box)

(Phone) (City) (State) (Zip)

Parent(s)' Name (and Address if different from your permanent one above): _____

<p>Optional Questions: You are under no obligation to answer these three questions. However, your answers would be important in best placing you in appropriate work situations.</p> <p>Age _____ Date of Birth _____ Female _____ Male _____</p>
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Position you are applying for:
___ Volunteer Community Staff
___ Other: _____

(Please initial)
I understand that community staff positions have a focal responsibility, but also that I will work in a variety of roles to further the mission of Flathead Lutheran Bible Camp. _____
If I am hired, I am willing to do these jobs to the best of my abilities. _____
If I am hired as community staff, I am willing to abide by Flathead Lutheran Bible Camp's Staff Personnel Guidelines. _____

Church Information:

Home Congregation _____ City _____

Pastor _____ Denomination _____

School Congregation _____ City _____

Educational Information:

School Name **Years** **Major** **Degree**

Current Year in School (circle): Fr Soph Jr Sr Grad Major _____ Minor _____

Extra-curricular activities, organization memberships, interests, and hobbies:

Previous Camping Information: (as camper or staff)

Years **Camp** **Camper or Staff Position** **Director's Name**

Employment Information:

Dates of Employment **Employer** **Address (City/State)** **Nature of Work**

- 1.
- 2.
- 3.

Certifications: (place an X where you have current certifications and list expiration dates)

___ ARC Life Guarding	_____	___ First Responder	_____
___ ARC WSI	_____	State of Certification	_____
___ Wilderness First Aid	_____	___ EMT	_____
___ ARC Emergency Response	_____	State of Certification	_____
___ ARC Adult CPR	_____	___ Wilderness EMT	_____
___ ARC Child/Infant CPR	_____	State of Certification	_____

Questions:

How did you hear about Flathead Lutheran Bible Camp? _____

Are you able to serve the entire contract period? _____ If "no," please explain and specify dates you would be unable to attend. _____

Have you ever been convicted of a felony? _____
Have you ever been convicted of child abuse or any sexual abuse offense? _____
If you answer "yes" to either of these questions, please explain on a separate sheet of paper.

References: (do not use relatives - you may include pastors and employers)

_____	_____	_____
Name	Mailing Address	Phone number
_____	_____	_____
Name	Mailing Address	Phone number
_____	_____	_____
Name	Mailing Address	Phone number

**Read carefully and acknowledge with your signature:
I give permission to Flathead Lutheran Bible Camp to ask for my
employment references. I also give Flathead Lutheran Bible Camp, and its
employees, permission to give future references regarding any of my
employment at Flathead Lutheran Bible Camp.**

SIGNATURE _____ **DATE** _____



Return application to: Kyle Lefler
 Flathead Lutheran Bible Camp
 603 S Main St
 Kalispell, MT 59901
 or
 kyle@flbc.net



Flathead Lutheran Bible Camp

2018 Reference Questionnaire

To be completed by the applicant:

Name: _____ Position you are applying for: _____

Prior to submitting this form to the reference writer, you must indicate below whether you wish to retain or waive the rights of access to this reference letter.

_____ I do give up the right to review this reference letter. It will be **CONFIDENTIAL**.

_____ I do not give up the right to review this reference letter. It will **NOT BE CONFIDENTIAL**.

Signature of applicant _____ Date _____

This person has applied to serve on the community staff at Flathead Lutheran Bible Camp and has listed you as a reference. As we will be serving over 5,000 campers and guests over the course of the year, we need your help in evaluating this person's potential in working with children and adults in our ministry. Your sincere and candid response regarding this person's character and ability is appreciated.

1. How long and in what capacity have you known this applicant?

On each of the following questions, please check the phrase which most accurately describes the applicant's behavior.

2. How well is he/she able to direct and influence others along definite lines of action?

- _____ Exceptional leader; inspires others along desired lines of action
- _____ Very successful in leading others
- _____ Normally successful in directing and leading others
- _____ Usually follows the lead of others
- _____ Poor leader; incapable of directing others

3. How well does he/she work with associates for the good of the group?

- _____ Exceptionally successful in working with others and inspiring confidence
- _____ Cooperates willingly and actively; makes things go smoothly
- _____ Cooperates but not whole-heartily, does only what is required
- _____ Gives limited cooperation; neglects the common good for their own interests
- _____ Cooperates grudgingly; makes trouble and obstructs the group's efforts

4. How does he/she react to suggestions or criticisms by others?

- _____ Invites criticisms and suggestions; always wanting to improve
- _____ Follows suggestions willingly; open to improvement
- _____ Listens to suggestions but often acts without considering them
- _____ Resents suggestions or alternative ideas
- _____ Takes suggestions and criticisms as a personal insult

5. How well does this person follow through on tasks and assignments?

- Exceptional perseverance; does more than expected
- Energetic; industrious; dependable at all times
- Satisfactorily completes assigned tasks on their own accord
- In different unless deeply interested; may not finish tasks
- Needs constant prodding and supervision to complete work

Please comment briefly on the following items, giving specific examples when you have had first hand experience. If you have no knowledge, please state so.

6. Flexibility and adaptability to change.

7. Maturity of judgment.

8. Personal faith and character.

9. Ability to lead others toward a growing Christian faith: ability to lead devotional time, worship or influence the lives of people of all ages in a Christian way.

10. Would you recommend that this person be responsible for the care and supervision of children for a lengthy period of time? Rate this person by circling a number from ten to one.

Definitely Yes 10 9 8 7 6 5 4 3 2 1 Definitely Not

Signature _____ Date _____

Print/Type Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Please return this letter of reference to us as soon as possible.
Staff applications cannot be considered until references are received.
Thank you for your time and your help in this ministry.
If you have any questions, please call Kyle at 406-752-6602

Kyle Lefler, Program Coordinator
603 S Main St
Kalispell, MT 59901
Fax: 406-752-6670
kyle@flbc.net