



Photo optional



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2022 Summer Staff Application

PERSONAL DATA

Name _____ Cell Phone (____) ____ - ____
First Last

Current Address _____

City, State, Zip _____ This address usable until ____ / ____ / ____

Permanent Home Address _____ Home County _____

City, State, Zip _____

Parent or Guardian _____ Home Phone (____) ____ - ____

Age _____ B-Day _____ Sex M / F E-Mail _____

Facebook name _____ Twitter handle _____

Do we have permission to friend and or follow you? Yes ____ No ____ Marital status? _____

THIS WILL ALL BE CONFIDENTIAL!

AVAILABILITY

MARK ALL THAT YOU WOULD BE AVAILABLE FOR

- Training Camp 1 (paid summer staff) June 6 - 10
- Training Camp 2 (all Counselors) June 13 - 17
- Super Varsity Camp (15-19 yr. olds) June 19 - 24
- Middler Camp 1 (10-12 yr. olds) June 26 - July 1
- Beginner Camp 1 (8-10 yr. olds) July 6 - 8

- Middler Camp 2 (10-12 yr. olds) July 10 - 15
- Jr. High Camp (12-14 yr. olds) July 17 - 22
- Beginner Camp 2 (8-10 yr. olds) July 24 - 27
- Staff Debriefing (all staff & counselors) July 27 - 28
- Sr. Staff Debriefing (paid summer staff) July 28 - 29

YOU MUST BE A MINIMUM 15 YRS. OLD TO COUNSEL

POSITION PREFERENCES

Position(s) you are applying for: _____

Paid Positions

4 Female Sr. Counselors * 4 Male Sr. Counselors * Head Maintenance/Grounds * Assistant Maintenance/Grounds * Secretary * Head Sanitation
Head Cook * Head Male Counselor * Head Female Counselor * Program Director * Night watch/Grounds * Audio/Visual

Volunteer Positions

Kitchen Volunteer * Volunteer counselor * Maintenance/grounds Volunteer * Sanitation Volunteer * Nurse volunteer

Christian Experience

What church do you attend regularly? (city, State) _____

Pastor's Name _____ Phone _____

Address _____

How long have you attended this church? _____ How often do you attend? _____

Do you attend Sunday School? yes no

How have you helped in the work of the church? _____

(If necessary, please backside of this paper to fully answer the questions)

1. Write a brief testimony as to when and how you began your personal relationship with Jesus Christ.

2. Describe your personal devotional life. (ie. Bible study, prayer, etc..)

3. How often do you share the Gospel with people? Describe a situation.

4. Describe and rate your present spiritual strength on a scale of 1-10.

5. How would others around you describe your spiritual walk?

Statement of Faith

We believe:

1. The Bible, which is inspired by the Holy Spirit and inerrant in the original manuscripts is the infallible and authoritative Word of God. II Peter 1:21, "For the prophecy came not in old time by the will of man but holy men of God spoke as they were moved by the Holy ghost." Also II Tim. 3:16,17
2. The triune Godhead is in Three Persons; Father, Son, and Holy Spirit. Matt. 3:16,17, "And Jesus, when He was baptized, went up straightway out of the water; and lo, the heavens were opened unto Him, and He saw the Spirit of God descending like a dove, and lighting upon Him and lo a voice from heaven, saying, This is My Beloved Son, in whom I am well pleased." Also Matt.28:19; II Cor. 13:14; Mark 12:29; Isa. 9:6
3. The personality of satan, called the devil, has present control over an unregenerate mankind. I Peter 5:8, "Be sober, and vigilant; because your adversary the devil, as a roaring lion, walketh about, seeking whom he may devour." Also Eph. 2:2; Matt. 13:19,39; John 13:2; Eph. 6:11-12; II Cor. 4:4
4. The fallen and lost estate of man, whose total depravity makes necessary the new birth. Rom.3:10, "As it is written, There is none righteous, no, not one" Rom. 3:23, "For all have sinned, and come short of the glory of God." Also Gen. 3:1-6; Gen 6:23; John 3:3; I Peter 1:18-19, 23
5. The reality of the deity of Jesus Christ, His virgin birth, sinless life, death, resurrection, and present exaltation at God's Right Hand and as well as a personal and imminent return. I Cor. 15:3-4, "For I delivered unto you first of all that which I also received, how that Christ died for our sins according to the Scriptures; and that He was buried, and that He rose again the third day according to the Scriptures." I Cor. 15:51-52, "behold, I show you a mystery; we shall not all sleep, but we shall all be changed in a moment, in the twinkling of an eye, at the last trump: for the trumpet shall sound, and the dead shall be raised incorruptible, and we shall be changed." Also John 1:14; Matt. 1:18; Phil. 2:5-8; Acts 1:11; I Thess. 4:13, 5:3
6. The atonement is by the substitutionary death and shed Blood of Jesus Christ, our Lord and Savior. II Cor. 5:21, "For He hath made Him to be sin for us, who knew no sin; that we might be made the righteousness of God in Him." Also John 3:16; Rom. 3:24-28; I Pet. 2:24.
7. The resurrection of the saved unto everlasting life in the presence of Christ Jesus in heaven, and the resurrection of the unsaved into everlasting punishment, eternally separated from Christ. II Cor. 5:8, "We are confident, I say, and willing rather to be absent from the body, and to be present with the Lord." Also Thess. 4:13-17; Rev. 20:11-15; John 14:1-3; II Thess. 1:7-10
8. The church, the Body or Bride of Christ, consists only of those who are born again, for whom He now makes intercession in heaven, and for whom He shall come again. Eph. 1:22-23, "And hath put all things under His Feet, and gave Him to be the Head over all things to the Church, which is His body, the fullness of Him that filleth all in all." Also Acts 2:46-47; Col. 1:18-20; Heb. 7:22-28; I John 2:1-2
9. Christ's commission to the world is to go into all the world and preach the gospel to every creature. Matt. 28:19-20, "Go ye therefore, and teach all nations, baptizing them in the Name of the Father, and of the Son, and of the Holy Ghost. Teaching them to observe all things whatsoever I have commanded you: and, lo, I am with you always, even unto the end of the world. Amen." Also Matt. 5:16; Acts 1:8

Date _____ Signature _____

DOCTRINE QUESTIONS

Do you have any disagreements with the Fahocha Doctrinal statement? Yes No

If Yes, which point (s) _____

Do you understand and are you willing to cooperate with the policies of FaHoCha Bible Camp that we are interdenominational and only direct Bible teaching is to be used without bringing in the denominational doctrine or material? Yes No

*** Please list two scripture references with your answers to the following questions ***

1. How does someone receive salvation? _____

2. What is the evidence of the Holy Spirit in our lives? _____

LIFESTYLE QUESTIONNAIRE

Are you currently involved with any of these at risk behaviors: Drinking, smoking, drugs, pre-marital sex? Yes No
 Do you believe that pre-marital & extra marital sexual relationships are sin? Yes No
 Do you believe that living a homo-sexual lifestyle is a sin? Yes No
 Do you have any physical limitations that require special attention? Yes No
 If yes, please explain on another page.

EDUCATIONAL EXPERIENCE

Years	School Attended	Major Subjects	Degree / Certificate

OTHER EXPERIENCE

Please rate your experience:

Score items from a 1 - 10. 10 being a lot of experience or certified and 1 being no experience.

Activities	Music	Media	Waterfront	Drama	Certificates
___ Hiking	___ Guitar acous. or elect.	___ Sound Board	___ Canoe/kayak	___ Theatre	___ CPR
___ Basketball	___ Bass	___ Video Editing	___ swimming	___ skits	___ EMT
___ Soccer	___ Keyboard	___ Photography	___ Lifeguard		___ First Aid
___ Volleyball	___ Drums	___ Filming			___ CNA
	___ Singing	___ Web Design			
	___ Other instrument				

EMPLOYMENT / VOLUNTEER EXPERIENCE

Please start with your current employer and volunteer organization (s) and work backward!
Also, only physical addresses, no P.O. Box addresses.

Employer	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time	from:	to:
Address	Position		
City,State,Zip	Responsibilities		
Phone			
Supervisor			
Reason for leaving			

Employer	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time	from:	to:
Address	Position		
City,State,Zip	Responsibilities		
Phone			
Supervisor			
Reason for leaving			

Employer	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time	from:	to:
Address	Position		
City,State,Zip	Responsibilities		
Phone			
Supervisor			
Reason for leaving			

Employer	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time	from:	to:
Address	Position		
City,State,Zip	Responsibilities		
Phone			
Supervisor			
Reason for leaving			

REFERENCES

Please provide information from the following people who have knowledge of your character, experience, and ability. Also, only physical addresses, no P.O. Box addresses.

Please at least 1 refererence from someone of the opposite sex. Examples would be spiritual leaders, coaches, adult neighbors, mentors, teachers, etc....

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Relationship to You: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Relationship to You: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Relationship to You: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Relationship to You: _____

Child Safety Application Form

CONFIDENTIAL

This ministry desires to protect the children in our care: please answer the following questions which may be private and deeply personal, and we will protect your privacy!

List any talents, vocations, training, or other experiences that equipped you to work with children or students?

Why do you want to work with children/youth at this ministry?

Do you have an age preference of children/youth with whom you would like to work? Why?

What is your philosophy concerning re-direction or discipline of children/youth?

When you are unhappy, angry or emotional about a person or circumstance, what do you do?

Have you ever physically or sexually abused a child?

Has someone ever accused you of abusing a child?

Please circle

Y N Have you ever been convicted of a criminal offense (felony or misdemeanor)? Answer Yes if you have entered a plea agreement including a deferred judgement arrangement in connection to a criminal case.

Y N Have you ever been charged with a sexual offense, offense relating to children, or crime of violence?

Y N Have you ever reported to any organization or registry for abuse or misconduct involving children/ youth?

Y N Do you have any disciplinary action or investigation pending by an employer, other organization, professional association, or licensing body, for violence, sexual misconduct, or misconduct involving children/ youth?

Y N Have you ever been reprimanded, or asked to leave or end your membership in an organization in which you were volunteering?

Y N Have ever been disciplined or dismissed from any volunteer position or employment for any reason or following an allegation of sexual misconduct, physical aggression, or other inappropriate behavior or conduct?

Y N Have you ever been the subject of a complaint or disciplinary proceeding against any professional license or professional affiliation held by you?

Y N Do you now or have you ever sought out or intentionally viewed child pornography?

PREVIOUS PHYSICAL ADDRESSES

Address: _____ City, State, Zip: _____

Address: _____ City, State, Zip: _____

Address: _____ City, State, Zip: _____

Address: _____ City, State, Zip: _____

Address: _____ City, State, Zip: _____

Other names by which you have been known (nicknames, maiden names, aliases): _____

Children? Names and ages? _____

RELEASE

I authorize this ministry to contact all individuals, organizations and references listed in this application. I agree to release from liability any person or organization that provides information concerning me, including those persons I have listed as references, as well as contact persons from my previous work with children, listed on this application.

I specifically authorize this ministry to undertake a criminal background check concerning my past.

I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature: _____ Date: _____

If less than 18:

Parent Signature _____ Date: _____