



Dear Prospective Summer Staff,

The Brethren Retreat is a great place to serve the Lord while being challenged to grow closer in your own relationship with God. I hope that you will prayerfully consider what your role might be on staff for Camp Shipshewana 2019. I am looking forward to seeing how God brings together a team of young men and women who love the Lord and desire to serve Him by sharing their lives with hundreds of children during our 99<sup>th</sup> summer of ministry. Our Camp Shipshewana 2019 theme is: **“Pure Heart, Clean Mind, Strong Faith”**. Our theme verse is: **“The Purpose of my instruction is that all believers would be filled with love that comes from a pure heart, a clear conscience, and genuine faith.” – 1 Timothy 1:5**

Please fill out and return the enclosed staff application ASAP to begin the process. In the past we have accepted applications up to the date of Staff Training, which is June 10-14, 2019 provided there still remains an open position. This has not been the case in recent years. So... get your application materials submitted promptly. We are expecting an abundance of excellent ministry applicants for Camp Shipshewana 2019!



We are searching for Activity Directors in Crafts, Media, Recreation, Waterfront, Worship, and CIT (Counselor In-Training) along with 5 female and 3 male Sr. Counselors. I encourage you to return your application by **January 31<sup>st</sup>** to allow time to complete the application process.

Also enclosed are three reference forms. Please give these reference forms, along with a stamped Brethren Retreat-addressed envelope, to adults who know you well, and with whom you have had regular contact in a character developing role (*i.e. a teacher/professor, coach/supervisor, youth/campus pastor, **non-relative** adult who has known you 3+ years, etc.*). **One reference form MUST be from your current Pastor/Youth Leader**. Please ask them to complete and return the reference forms to the Brethren Retreat within the week that you present the reference to them. I look forward to receiving your application.

I pray that you are able learn!

**Pure Heart, Clean Mind, Strong Faith**  
*1 Timothy 1:5*

Rick Miller  
*Executive Director*

Fall/Winter 20108 and Spring 2019

9095 W 275 N Shipshewana, IN 46565 \* 260.768.4519 \* [www.brethrenretreat.org](http://www.brethrenretreat.org)



# APPLICATION FOR MINISTRY

## 2019 Summer Staff

### Camp Shipshewana Programs

**9095 W 275 N \* Shipshewana, IN 46565**

**Phone: 260.768.4519 / Fax: 260.768.4615 / E-mail: brcship@juno.com / www.brethrenretreat.org**

#### BIOGRAPHICAL BACKGROUND

Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_  
 Name: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ SS# \_\_\_\_\_ Education Level: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Good until: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 School/Current Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Good until: \_\_\_\_\_ T-Shirt Size: S M L XL XXL  
 Social Network Site: \_\_\_\_\_ Web Address: \_\_\_\_\_  
 (Facebook, Instagram, Twitter, Snapchat, YouTube, etc.)

Will you need time off at any point during the summer? If so, what are the dates? \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Vehicle Year/Model/Color: \_\_\_\_\_

*The Brethren Retreat needs to have record of vehicles being parked on the grounds by the staff.*

How did you learn about The Brethren Retreat/Camp Shipshewana?

I am a former camper/staff     From a former camper/staff     Referral from a friend  
 The Brethren Retreat Web-Site     CCCA Website     Other source: \_\_\_\_\_

List all the members of your immediate family:

	Name	Age	Relation	Occupation/School
1.	_____	N/A	Father	_____
2.	_____	N/A	Mother	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

My parents are \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced (check one)

If parents are separated, divorced, or remarried, provide approximate dates of occurrence.

Describe your family and the role that you play in your family.

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#### SPIRITUAL BACKGROUND

Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please answer the following questions on a separate sheet of paper (hand-written or typed).

1. What is your involvement with a local congregation?
2. Briefly explain how and why you became a Christian.
3. What do you believe to be the strengths and weaknesses of your relationship with God?
4. Describe your current relationship to Jesus Christ in the areas of devotional time, servanthood, witnessing, and prayer life.
5. Describe your involvement in Christian ministry as a leader/participant in the past 12 months.

**EMPLOYMENT BACKGROUND**

Please list your last three employers starting with the most recent:

Company	Phone	Tenure	Supervisor's Name
1. _____			
Describe your responsibilities: _____			
List reason for leaving company: _____			
2. _____			
Describe your responsibilities: _____			
List reason for leaving company: _____			
3. _____			
Describe your responsibilities: _____			
List reason for leaving company: _____			

**EDUCATION BACKGROUND**

High School: \_\_\_\_\_ Graduated: \_\_\_\_\_ GPA: \_\_\_\_\_

College: \_\_\_\_\_ Status: \_\_\_\_\_ GPA: \_\_\_\_\_

Major/Minor/Degree: \_\_\_\_\_

Trade School/Grad School: \_\_\_\_\_ Status: \_\_\_\_\_ GPA: \_\_\_\_\_

Major/Minor/Degree: \_\_\_\_\_

Please list any scholastic honors or school-related teams/clubs/organizations in which you were/are involved. Also include leadership positions held. \_\_\_\_\_

\_\_\_\_\_

What are your educational/career goals and why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAMPING EXPERIENCE/TRAINING**

Indicate skill level for all of the following: "1" Can lead "2" Can assist "3" Interest, no experience "4" No Interest  
 Describe any previous training, certifications, or teaching experience below.

- |                                   |   |  |  |
|-----------------------------------|---|--|--|
| <input type="checkbox"/> Archery  | <input type="checkbox"/> Arts & Crafts      | <input type="checkbox"/> Basketball      | <input type="checkbox"/> Bible Study       |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Dance              | <input type="checkbox"/> Drama           | <input type="checkbox"/> Fire Building     |
| <input type="checkbox"/> Hiking   | <input type="checkbox"/> Nature Study       | <input type="checkbox"/> Outdoor Cooking | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Puppets  | <input type="checkbox"/> Recreational Games | <input type="checkbox"/> Song Leading    | <input type="checkbox"/> Story Telling     |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Team Building      | <input type="checkbox"/> Team Sports     | <input type="checkbox"/> Tent Camping      |

List any musical instruments that you play well enough to participate in worship: \_\_\_\_\_  
 Training, Certifications, Teaching Experience: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any previous camping experience/training. Include dates as a camper and/or staff member.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you certified in any of the following areas?	(circle one)		Exp. Date
Lifeguard:	YES	NO	_____
Water Safety Instructor (WSI):	YES	NO	_____
Lifeguarding Instructor (LGI):	YES	NO	_____
Archery:	YES	NO	_____
First Aid/CPR:	YES	NO	_____
AED Defib:	YES	NO	_____
Emergency Medical Technician (EMT):	YES	NO	_____
Nursing (LPN or RN):	YES	NO	_____
Chauffeur's License:	YES	NO	_____
Challenge Course Training Certification (CCTC):	YES	NO	_____

Would you be willing or interested in being certified in any of the following areas?: (circle one)

- |                                |     |    |
|--------------------------------|-----|----|
| Lifeguarding                   | YES | NO |
| Lifeguarding Instructor (LGI): | YES | NO |
| Archery                        | YES | NO |

Describe any previous experience that you have working with children between the ages of 6-17.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why do you want to serve at the Brethren Retreat?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What experiences/skills do you hope to gain from serving at a Christian camp?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How will the Camp Shishewana Programs benefit from your service?

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**GENERAL INFORMATION**

Do you have any physical, medical, or mental health conditions or any special limitations (diet, exercise, stamina, addictions, prescription medications)? (circle one) **YES NO**

If yes, please explain: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In one or two sentences, what is your favorite "secular" movie and why?

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What is your favorite book of the Bible and why? Please share your favorite scripture from that book as well.

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Do you enjoy reading? Which book(s) (excluding the Bible) have been most influential to you? Why?

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Complete this sentence: "I think others would describe me as . . ."

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Have you ever been arrested for any violation that resulted in a conviction, a plea of guilty or no contest, probation, community service, summary report, or some other form of adjudication (other than minor traffic violations)? Also, do you have any pending charges or are you under any type of investigation? If yes, explain fully on a separate piece of paper. (circle) **YES NO**

Have you ever been accused of physical or sexual abusive behavior? If yes, explain fully on a separate piece of paper. (circle) **YES NO**

Prioritize your reasons (1-10) for seeking a staff position at the Brethren Retreat.

- Camp is fun
- An opportunity lead a child to Jesus Christ
- An opportunity for a church matching grant to pay for college expenses
- I am seeking God’s call to full time ministry
- The Brethren Retreat pays better than other summer jobs
- To grow in my personal relationship with Christ
- I have friends serving on staff
- A desire to be a positive role model for youth
- I was recruited by a former staff or camper
- I am not sure—just checking my options
- I need something to help build my resume

What team/group (working or living) experiences have you had? What are your strengths and weaknesses as a “team player”?

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Please indicate your favorite for each of the following items:

Candy Bar: \_\_\_\_\_ Ice Cream Flavor/Item: \_\_\_\_\_  
 Food/M meal: \_\_\_\_\_ Drink: \_\_\_\_\_  
 Condiment: \_\_\_\_\_ Pie: \_\_\_\_\_

**PERSONAL REFERENCES**

Please list two adult references that have known you for 3+ years, excluding family.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_ Phone/e-mail: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_ Phone/e-mail: \_\_\_\_\_

**APPLICANT AGREEMENT AND RELEASE**

I understand that the existence of a record of criminal activity or child abuse may, depending on the circumstances, disqualify me from consideration as an applicant to the Brethren Retreat Staff Team. I further understand Criminal and Child Abuse background checks may be conducted if I am accepted as a member of the Brethren Retreat Staff Team. Failure to fully disclose one’s record will typically result in immediate dismissal. To the extent of my knowledge, the information on this application is truthful and accurate. By means of this release, I authorize the Brethren Retreat to make inquires about me with the people listed in this application.

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

Do you wish to seek out the potential for scholarship funds via your college? (circle one) **YES** **NO**

*Return completed application to*  
**The Brethren Retreat** *at Shipshewana Lake*  
 Rick Miller, Executive Director



## Ministry of the Brethren Retreat Statement of Faith

We believe in the Holy Scriptures as originally given by God, divinely inspired, infallible, entirely trustworthy, and the supreme authority in all matters of faith and conduct;

We believe in the triune God -- Father, Son and Holy Spirit;

We believe in the deity of the Lord Jesus Christ, His substitutionary atonement of sin, His bodily resurrection, and His personal, visible return to earth to reign in righteousness and glory;

We believe in the Person of the Holy Spirit and His work of conviction, regeneration, and sanctification, Who indwells every believer, equipping them with gifts of service and witness;

We believe in the necessity of the new birth, in salvation by faith in Jesus Christ alone, and the importance of a life fully committed to the will of God in Christ, and the church as the one universal body of Christ Who is the head, called God's redeemed people.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature

NOTE: If applicant is under 18 years of age, a parent or guardian must sign below. Your signature indicates this applicant has discussed this Statement of Faith with you and signed per your approval.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian's Signature

This Statement of Faith is in alliance with Christian Camps and Conference Association - United States of America [www.ccca.org](http://www.ccca.org) The Ministry of the Brethren Retreat has maintained membership with CCAI/USA since 1973.



Following is a copy of the Reference Form. **You will need 3 of these Reference Forms in order for your application to be considered complete.** Please give these reference forms along with a stamped Brethren Retreat - addressed envelop to adults who know you well, and with whom you have had regular contact in a character developing role (*i.e. a teacher/professor, coach/supervisor, youth/campus pastor, **non-relative** adult who has known you 3+years, etc.*). **One reference form MUST be from your current Pastor/Youth Leader.** Please ask them to complete and return them to the Brethren Retreat within the week that you present the reference to them.

Below is a link you can email to your references for them to fill out and submit the reference form online. Just have them copy and paste it into their web browser. The link is also on the Brethren Retreat website.

**Summer Staff Online Reference Link:**

<https://docs.google.com/spreadsheets/embeddedform?formkey=dGpscGRlcWt1MVdpRldRQzVwaEV2bUE6MQ>





**CONFIDENTIAL REFERENCE FORM CONFIDENTIAL**  
 The Brethren Retreat \* 9095 W 275 N \* Shipshewana, IN 46565  
 260.768.4519 \* brcship@juno.com \* www.brethrenretreat.org

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**POSITION:**     \_\_\_ Activity Director                     \_\_\_ Sr Counselor

*In order to make an intelligent selection of our summer staff, we are seeking information concerning the above applicant. The information that you give will be treated in the strictest of confidence. Therefore, we would appreciate straightforward answers to help us ensure we are providing responsible staff that exhibit qualities of excellence in their lives to care for the children entrusted to us. Thank You!*

How long have you known this applicant? \_\_\_\_\_

- YES**     **NO**     Do you know the applicant to have a personal relationship with Jesus Christ?  
**YES**     **NO**     To your knowledge, does the applicant's lifestyle and personality provide a positive Christian role model for young people to emulate?  
**YES**     **NO**     Does the applicant relate to the non-Christian world in a warm, positive, and secure manner?

How well does the applicant get along with others of the *same* sex? \_\_\_\_\_

How well does the applicant get along with others of the *opposite* sex? \_\_\_\_\_

Has the applicant been convicted of any crime that has not been annulled by a court, including but not limited to child abuse, sexual abuse, assault, or child pornography? If yes, please specify the nature of the crime, date of the conviction, and city and state of conviction.

\_\_\_\_\_

Based upon your observations, please list below the 3 strongest and 3 weakest characteristics concerning the life and service of the applicant:

Three Strongest Characteristics  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Three Weakest Characteristics  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Listed below are some tendencies that, if present, although not disqualifying, may reduce the effectiveness of the applicant's service and about which the applicant could be counseled.

**Underline any traits that you have observed:**

- Impatient, Intolerant, Argumentative, Domineering, Sullen, Cocky, Very critical, Jokingly critical*
- Easily -- embarrassed, offended, discouraged, depressed, or irritated*
- Frequently -- worried, nervous, or tense*
- Prejudices -- towards stereotyped groups, races, or nationalities*
- Given to exclusive or absorbing friendships*
- Lacking in humor or inability to take a joke*

If you have noted any of these limitations in this applicant, please comment, describing the form and intensity of such behavior. \_\_\_\_\_

\_\_\_\_\_

How do you rate this applicant's overall fitness for working with children in a prolonged setting under physically and emotionally stressful conditions?

Superior     Average     Below Average     Should be Discouraged

**YES**    **NO**    Do you believe that this applicant has the spiritual, physical, social, and emotional maturity to serve the Lord in a Christian camp setting, and do you recommend this applicant's participation as a staff member?

Are there any characteristics, behaviors, or life experiences that we should be aware of or cautioned of concerning this applicant, so as to help ensure a good team relationship and help the applicant grow in both character and ministry skills?

\_\_\_\_\_  
\_\_\_\_\_

Please list two other persons qualified to give sound appraisal of this applicant

Name \_\_\_\_\_ Address/Phone/E-Mail \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**SUMMARY**

Is this person mature enough socially, spiritually, physically, and emotionally to have a good experience working closely within a group?

Mature Enough     Marginal     Allow God to work more first

Do you have any hesitations or reservations about this applicant's qualifications for working with children as a Christian role model? If yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

**OVERALL RECOMMENDATION**

- Recommended without reservation
- Marginal acceptance; have some reservations
- Definitely NOT recommended at this time

I have reviewed this reference form to the best of my knowledge; it is an accurate reflection of the applicant, as observed by my interaction in his/her life.

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

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Return this form to:**

Executive Director/Confidential  
The Brethren Retreat  
9095 W 275N  
Shipshewana, IN 46565



*Summer Staff 2019*  
**Medical Form and Health Record**

Name \_\_\_\_\_

E-mail Address \_\_\_\_\_ Age as of September 1, 2019 \_\_\_\_\_ Birthdate \_\_\_\_\_

Permanent Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

If Parent/Guardian is not available in an emergency, notify:

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Health History (Check if applies, explain below if necessary):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Allergies       | <input type="checkbox"/> Convulsions    | <input type="checkbox"/> Hay Fever     | <input type="checkbox"/> Ivy Poisoning |
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Headaches     | <input type="checkbox"/> Medications   |
| <input type="checkbox"/> Bladder Control | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Special Diet  |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_ Immunizations Complete (circle):    Yes    No

Operations in last 12 months \_\_\_\_\_

Medications/Restrictions \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Authorization:**

This health history is correct so far as I know. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the Physician selected by the Brethren Retreat to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery.

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

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_