

# CBM Camp Ozone

## Summer Staff Application

### 2021: *In His Service*

**Director's Check List:**

- Complete Application & Personal Testimony
- Interview
- Reference Check
- Background Check
- Approved**
- Unapproved**

“Trust in the LORD with all your heart  
And do not lean on your own understanding.

In all your ways acknowledge Him,  
And He will make your paths straight.”

*Proverbs 3:5-6*

### General Information

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status: [ ] Single [ ] Married Shirt Size \_\_\_\_\_

List the names and ages of your children, if any: \_\_\_\_\_

What are your hobbies/ favorite activities? \_\_\_\_\_

{New Applicants: Please, attach a recent photo of yourself to this application, or send via email to [priests@campozzone.org](mailto:priests@campozzone.org)}

Please, mark all weeks that you are available to serve this summer.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Required:</b> June 14-18,<br>Staff Training Week | <input type="checkbox"/> July 5-9, Day Camp<br>(Ages 6-9)            |
| <input type="checkbox"/> June 20-25, Pioneers Camp (Ages 14-18)              | <input type="checkbox"/> July 11-16, Discoverers Camp<br>(Ages 8-10) |
| <input type="checkbox"/> June 27-July 2, Explorers Camp<br>(Ages 11-13)      |  |

Preference will be given to applicants who can serve for the full summer.

CBM will give a gift of \$100 per week to Senior Counselors and Support Staff and \$30 per week to Junior Counselors.

## Contact Information

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Links to your pages on any social media platforms (*Facebook, Instagram, etc.*)

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## Positions of Interest (Please mark all that apply.)

- Senior Counsellor (must be at least 18)
- Junior Counsellor (must currently be in 10<sup>th</sup>-12<sup>th</sup> grade)
- Bible Study Teacher
- Kitchen Assistant
- Arts and Drama
- Song and Music
- Crafts Helper
- Riflery Instructor
- Archery Instructor
- Outdoor Education
- Photography & Videography
- Lifeguarding and First Aid
- Other \_\_\_\_\_

## Faith Information

Have you trusted Jesus Christ as your personal Savior? [ ] Yes [ ] No

If yes, when did you make that decision? \_\_\_\_\_

Do you have a daily devotional time with God including Bible Study and prayer?

\_\_\_\_\_

Why are you interested in serving God with us at Camp Ozone?

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

On what Passages of Scripture do you base your salvation and identity in Christ? \_\_\_\_\_

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

Once a person trusts in Jesus as their Lord and Savior, can he ever lose his salvation?  Yes  No

On what do you base that answer? *(Include Scripture references.)* \_\_\_\_\_

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When does the Holy Spirit come to indwell a Christian? *(Include Scripture references.)* \_\_\_\_\_

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What is the evidence that a Christian is filled with/controlled by the Holy Spirit? *(Include Scripture references.)* \_\_\_\_\_

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What do believe your spiritual gift(s) is/are? \_\_\_\_\_

**{On a separate sheet of paper, please summarize how you become a Christian, including an evaluation of your current growth in Christ and any other points you think to be important. Please write your name on that paper & include with this application.}**

Do your parents support your desire to serve at Camp Ozone?  Yes  No

If no, why not? \_\_\_\_\_

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Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

## **Church Information**

Name of Church you attend \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church's Mailing Address \_\_\_\_\_

Church's Phone Number \_\_\_\_\_

Church's Email \_\_\_\_\_

How regularly do you attend services at your church? \_\_\_\_\_

## The Children's Bible Ministries Statement of Faith

We Believe:

- A. The Scriptures of the Old and New Testaments to be verbally inspired by God and inerrant in their original writings.
- B. In the deity of the Lord Jesus Christ as fully God and fully man.
- C. In man's fallen sinful condition.
- D. Jesus Christ offered on our behalf the only acceptable sacrifice for sin and was raised in the same body from the dead according to the Scriptures.
- E. That repentance, forgiveness and becoming a new creature are several of the many experiences of the Christian who is kept by God's power, and is secure in Christ forever.
- F. That God, the Holy Spirit is a person who convicts sinners, and who regenerates and baptizes them at the moment of their salvation into the body of Christ.
- G. In the personal return of Jesus Christ for His Church
- H. In the bodily resurrection of the saved and of the lost.
- I. That Christ made provision for all the effects of sin in the atonement and that God heals according to His sovereign discretion.
- J. That the purpose for spiritual gifts is for the edifying of the Church and the propagation of the Gospel. We believe that tongues, miracles, and the raising of the dead were to authenticate new revelation.
- K. We believe God sovereignly and immutably creates each person as a male or female. These two distinct, complementary genders together reflect the image and nature of God and his plan for man and woman.
- L. We believe in the biblical view of marriage as sanctioned and defined by God, which is the exclusive, covenantal union between one naturally born man and one naturally born woman.

- Have you read the CBM Statement of Faith? (*See above*)  Yes  No
- Are you in full agreement with the CBM Statement of Faith?  Yes  No
- If not, please state the points with which you disagree and why

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## Education

Name of Highschool \_\_\_\_\_

Circle Last Grade Completed: **9<sup>th</sup>** 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>/Graduate

Name of College (*If applicable*) \_\_\_\_\_

Circle Last Year Completed: **Freshman** Sophomore Junior Senior/Graduate

Name of Graduate School (*If applicable*) \_\_\_\_\_

## Work Experience

*{Please list your present, or most recent, employer first and work your way back}*

1) Company Name \_\_\_\_\_ Your Title/Role \_\_\_\_\_

Description of your duties & responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date you were hired \_\_\_\_\_ Date you left \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Their Title/Role \_\_\_\_\_

Supervisor's Phone Number and Email Address \_\_\_\_\_

2) Company Name \_\_\_\_\_ Your Title/Role \_\_\_\_\_

Description of your duties & responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date you were hired \_\_\_\_\_ Date you left \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Their Title/Role \_\_\_\_\_

Supervisor's Phone Number and Email Address \_\_\_\_\_

Do you hold any current certification in the following areas? *{Check all that apply}*

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Archery Safety Instruction | <input type="checkbox"/> First Aid   |
| <input type="checkbox"/> Gun Safety Instruction     | <input type="checkbox"/> CPR         |
| <input type="checkbox"/> Lifeguarding               | <input type="checkbox"/> Other _____ |

Would you be willing to take a Lifeguarding and/or a First Aid and CPR course prior to camp?

Yes  No

Do you have any other gifts or talents that may be used in serving God at Camp Ozone? \_\_\_\_\_

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### **Children's Leadership Experience**

Do you have any experience working with children?  Yes  No

If so, in what capacity? *(please, list the names of any camps, churches, schools, or other jobs where you have worked with children and youth).* \_\_\_\_\_

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With what age group do you feel you work best and why? \_\_\_\_\_

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Can you say honestly that you love working with children?  Yes  No

Have you ever shared your faith with others?  Yes  No

Have you ever led a child to Christ? *(That is, have you shared the Gospel of Christ's Salvation and they responded by asking Him to become their Lord and Savior?)*  Yes  No

## Personal Convictions and Standards

Please describe your personal convictions regarding the following:

The use of tobacco, e-cig/ vapor products, and other drugs \_\_\_\_\_

\_\_\_\_\_

The use of alcoholic beverages \_\_\_\_\_

\_\_\_\_\_

Your standards for entertainment in regards to movies, music, video games, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dating and intimate contact with the opposite sex before/ outside of marriage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to cheerfully follow the Camp's standards of conduct and dress while on staff with us?  Yes  No

## Acknowledgement

I understand that being a staff member at Camp Ozone means serving and cooperating with the Camp Director and the other staff members as unto the Lord, obeying all camp rules, sacrificing personal desires in the interest of the campers, and assisting wherever necessary. My chief aim will be to demonstrate the reality of the Lord Jesus Christ to the campers, as they see Christ living in me. I understand that Camp Ozone is a non-denominational ministry and that as a volunteer I am not permitted to promote teachings that may be unique to me or some churches. If this should happen, I will lose the opportunity to assist in the ministry of Camp Ozone.

I hereby authorize investigation of all statements herein and release the Camp and all others from liability in connection with same. I understand that, if selected, I will be an at-will staff member and that any agreement to the contrary must be in writing and signed by the Camp Director. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the Camp.

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

Parent's Signature Required (if Applicant is under 18) \_\_\_\_\_

Date \_\_\_\_\_

## Personal References

In processing an application, we contact a number of people for references. This information is confidential. To assist us in this, please fill in the following contact information completely and legibly.

Please list two adults who have known you during the past year.

*Note: your references should not include relatives, your pastor, or your most recent employer.*

1) Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to you (ie, coach, coworker, teacher, etc) \_\_\_\_\_

2) Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to you (ie, coach, coworker, teacher, etc) \_\_\_\_\_

Once filled out, please send the completed application to:

**CBM / Camp Ozone**  
**232 Camp Ozone Road**  
**Rockwood, TN 37854**

**Thank you for your interest in serving God with us!**



## Authorization to Check Criminal Records

Your Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number/State of Licensing (*If applicable*) \_\_\_\_\_

Have you ever been convicted of any crime?  Yes  No If yes, please explain \_\_\_\_\_

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

Have you ever been accused, charged or convicted of a crime or offense involving actual or attempted abuse, battery, pornography, assault, contributing to the delinquency of a minor or any other type of criminal activity involving a minor?  Yes  No If yes, please explain \_\_\_\_\_

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

I, \_\_\_\_\_, hereby state that the information given by me in my application, in interviews, or by any other means is true and complete in all respects, and I agree that if any information is found to be false or incomplete in any respect, I will be subject to rejection and termination of my application.

I give permission to Camp Ozone to conduct an investigation now or at any time during my tenure, which may include inquiries regarding my criminal and driving history. I authorize my past employers, personal references and any other persons or organizations who maintain this information to provide it upon receipt of this authorization, and I release all such persons and organizations from any liabilities or damages on account of having furnished such information in good faith. I specifically authorize the release of any criminal history information, including but not limited to convictions for crimes committed upon children, which may be in the files of any state or local criminal justice agency.

I understand that the information requested is for the sole purpose of considering my application as an employee or volunteer and will not be used against me in violation of any law. A telephone facsimile (FAX) or photographic copy of this authorization shall be as valid as the original.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_