

Indiana FWB Youth Camp 2025 STAFF APPLICATION

PERSONAL INFORMATION

*Name (Please Print) _____
First _____ M.I. _____ Last _____

*Date of Birth ____/____/____ Adult Shirt Size (Circle One) S - M - L - XL - 2XL - 3XL

*Address _____ *Phone (____) _____ - _____
Street Address _____
City _____ State _____ Zip _____ Email _____

*SOCIAL SECURITY #: _____ - _____ - _____

*Needed for background check. Every staff must have one on file prior to serving. If you have a recent background check (within the last 3 years) through another organization, you may present a copy for approval. This application is confidential. **Please include SS# if you have not received a background check within the last 3 years.**

Week(s) Serving (Circle all that apply): TEEN (June 29 - July 5, 2025) / JUNIOR (July 6 - 11, 2025)

Cost to Staff: \$50 per week. (\$75 for staff 19 years old and younger)
*>>> Checks should be written to **FWB Summer Camp** <<<*

Desired Ministry Area (Circle all that apply): COUNSELOR / COOK / PROGRAM STAFF

Please understand that you are volunteering to SERVE at camp. We will try to place you in the area you choose but all staff will be placed according to the needs and demands of the camp year. There are no guarantees that you will serve where you request, but we will do our best to place you in your desired area.

FAITHFULNESS AND TESTIMONY

Name of Church _____ # of Years Attended _____

Church Address _____ Church Phone (____) _____ - _____
Street Address _____

Church Address _____
City _____ State _____ Zip _____

A criterion to serve at Camp is faithfulness to church. If you are not faithful to church, you will not be allowed to serve as a camp volunteer.

In the last year, have you been faithful to attend regular Church Services? Yes ____ No ____

If no, why? _____

PASTORAL RECOMMENDATION

As the Pastor of the applicant, I recommend the applicant as an active, faithful part of our church.

Pastor's Name _____ **Phone (____) _____ - _____**

Pastor's Signature _____ **Date** ____ / ____ / ____

Your application must be signed by your pastor to serve on staff.

The Brethren Retreat at Shipshewana Lake
9095 West 275 North Shipshewana, IN 46565 ~ 260-768-4519 ~ www.brethrenretreat.org
Teen Camp June 29 - July 5 w/ Shawn Beauchamp **JR Camp July 6 - 11 w/ Dr. Danny Baer**

Please give a brief testimony of your salvation experience and your current relationship with Jesus Christ.

Do you use illegal drugs, alcoholic beverages, vape or tobacco? Yes _____ No _____
A criterion to volunteer at camp is abstinence from the aforementioned substances.

Have you ever been asked to step away from a ministry or job involving students in any setting?

Yes _____ No _____ *If yes, please attach another page with a full, written explanation.*

EXPERIENCE

Have you served on staff at the Indiana FWB Youth Camp? Yes _____ No _____

If yes, what years? _____

Are you a certified Red Cross Life Guard? Yes _____ No _____ CPR? Yes _____ No _____

Please list your 3 most recent volunteer and/or paid ministry experiences (i.e. nursery, youth worker, etc.)

Church Name (City Location)	Dates Served	Service Area	Contact Person	Phone Number

REFERENCES

Please provide two additional character references (NOT your Pastor, SS Teacher, or family) who can identify your strengths and weaknesses and describe your background physically and spiritually.

Name	Phone	Email	Relationship

MEDICAL INFORMATION

Have you had any prior injuries that may be aggravated while serving on staff? Yes _____ No _____

Are you currently taking any prescribed medication for physical or other conditions that would affect your ministry while at camp? Yes _____ No _____

Do you have any medical conditions that may be hazardous to others? Yes _____ No _____

*If you answered 'yes' to any of the previous medical questions,
please attach another page with a full, written explanation.*

Your Doctor's Name _____ Phone (____) _____ - _____

Insurance Company _____ Phone (____) _____ - _____

Policy # _____

Emergency Contact _____ Phone (____) _____ - _____
Name and Relationship

****NOTICE****

For the protection of everyone at camp, we are unable to retain campers and/or staff with contagious conditions such as, but not limited to, fever, COVID-19, chickenpox, or lice.

The camp has a "nit-free" policy. All attendees must be checked for lice prior to arrival at camp. Only those who are "nit-free" may stay. Should any of the aforementioned symptoms develop while at camp, the camper/staff member(s) will need to return home.

GENERAL INFORMATION

1. All main texts for messages, classes, Bible Bowl memorization verses and cabin/staff devotions will be from the King James Version of the Bible.
2. Please be aware of all staff guidelines specific to Men and Women:
 - a) Men - Shorts must be loose fitting to the knee cap when sitting. Sleeveless shirts may only be worn during designated recreational times. Hair must not touch the collar or the ears, and must be out of the eyes. No shave marks/colors. No piercings or jewelry except wedding/class rings.
 - b) Women - Dresses, skirts, pants, or shorts must be loose fitting to the knee cap when sitting. Sleeveless shirts may only be worn during designated recreational times. Tight tops, leggings, and other similar articles of clothing are not to be worn. This includes, but is not limited to "Flex Pants", tight fitting pants, etc. Ladies hair should be longer than the guideline for men with no far-out styles/colors. Piercings only allowed in the ears.
3. Unless granted permission by the Camp Director, there is to be no outside visitation and no partial week's policy for both Campers and Staff Members.
4. If approved, teenagers may serve at camp during Junior week if they attend Teen camp the week prior and are going into at least the 10th Grade.

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On-site Participant Individual Release Form

Thank you for attending the Indiana Free Will Baptist Youth Camp (INFWBC), we are glad to have you here. You ("You" herein includes your minor child) have the opportunity to grow spiritually while attending the Indiana Free Will Baptist Youth Camp and participating in its offered activities. The offered activities may include, but are not limited to, swimming, slip-n-slide, challenge course, recreational games, and lake activities. You acknowledge that participation in these activities involves risk to the participant (including their parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. As you understand, these activities have inherent and unpredictable dangers that no amount of care, caution, instruction, or expertise can eliminate.

Upon recognition of the nature of the activities involved, their inherent risk, and for the opportunity to voluntarily participate in these activities, by signature below, you waive, release and discharge INFWBC, and its directors, board members, employees, volunteers, representatives, and agents from liability. You covenant with them that you will never institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of your participation. You further agree to indemnify and hold INFWBC harmless against any and all cost, damages, and expenses which may be incurred by them as a result of any lawsuit you (or your agents) or any other might file against them or arising from your participation in activities at INFWBC.

We may provide you with written guidelines and verbal instructions for participation in activities. While participating, you agree to follow such guidelines and instructions designed to minimize the risk.

You grant permission to medical personnel to order X-rays, routine tests, and treatment for your health, and in the event you are unable to assent during an emergency, you hereby give permission to the attending medical personnel to hospitalize, secure proper treatment and to order medical procedures and treatment as deemed necessary.

Photographs and/or video and sound recordings of you may be taken during your time at the Indiana Free Will Baptist Youth Camp. You authorize the use of such material by the Indiana Free Will Baptist Youth Camp for its purposes.

You also agree to abide by the rules and regulations promulgated by the Indiana Free Will Baptist Youth Camp throughout your visit.

We trust you will safely enjoy your time at the Indiana Free Will Baptist Youth Camp and the activities in which you participate. Please attest to your agreement to the terms of the Release and Participation Agreement by signature below.

Print Name _____

Date ____ / ____ / ____

Signature _____

Date ____ / ____ / ____

Parent Signature if participant is under 18 _____

Date ____ / ____ / ____

>>> Checks should be written to FWB Summer Camp <<<

Please mail your completed application with payment back to:

**Indiana Free Will Baptist Youth Camp
c/o Dylan Persinger
129 Southwood Drive Wabash, IN 46992**

Please have your application fully completed and returned by June 1st to ensure that you receive a Camp T-Shirt!

From the Director:
If you have any questions, please let me know! God has great things in store for us this year of Camp!

Indiana FWB State Youth Director
Dylan Persinger
260-563-3009 (ext. 103)
infwbcamp@gmail.com

