



STAFF APPLICATION

E. F. CAMP PINNACLE

NAME (Rev./Mr/Mrs/Miss) _____ M or F

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

PLACE OF EMPLOYMENT: _____ PHONE _____

EMAIL: _____ SINGLE _____ MARRIED _____ SPOUSE: _____

a REQUIREMENT for being considered for PINNACLE Staff is that you regularly! attend Church, are "Born Again", and involved in some way at your Church... in addition to a positive Pastoral Reference

SAVED/BORN AGAIN (accord. to John 3:3-7)? _____ when: _____

WATER BAPTIZED? _____ when: _____ FILLED/BAPTIZED IN HOLY SPIRIT? _____

(Answering "NO" to the Baptism questions will not disqualify you from serving as Staff, unless you disagree with these experiences as being part of the walk of obedience of a Christian. Elim Fellowship is a Christ-centered world-wide revival fellowship... more info available at www.elimfellowship.org)

ATTEND CHURCH REGULARLY? _____ WHICH ONE? _____

CHURCH ADDRESS: _____ CITY _____ STATE _____

CHURCH PHONE NUMBER: _____ (Please give Pastoral Reference Form to your Pastor)

"I give Camp PINNACLE Directors permission to discuss my "Reference Form" with my Pastor(s)" _____ (initial)

PASTORS NAME: _____ PHONE: _____

AREA(S) where you serve at Church and length of time: _____, _____

Other information about yourself: BIRTHDAY: _____ AGE _____ HT _____ WT _____

EDUCATION: High School grad _____ Some College _____ College grad _____ other: _____

ANY SPECIAL TRAINING: _____

HOBBIES/SPORTS/SKILLS (that you might be willing to teach or help lead) _____

Previous experience with camps: Attended (where/when) _____

As Staff (where/when/what capacity) _____

Do you have any security or child care clearances? _____ (we may be checking these)

"I give permission for the PINNACLE Directors to run security and/or criminal records checks on me" _____

(yes, and initial, please)

While attending Camp PINNACLE at Philip Bonj. Conference Center you will be covered by your PERSONAL Health

Insurance... if you should need medical attention/care we need the following:

Health Insurance Co _____ Plan # _____ Phone # _____

"I give Camp PINNACLE Directors and/or Nurses permission to administer First Aid, and in the event that they cannot reach

someone (usually spouse or parents) to authorize medical treatment; I give my permission for the physician selected by the

Camp Directors or Nurses to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery" _____ (yes)

EMERGENCY CONTACT INFO: Name _____ Address _____

City _____ State _____ Cell phone # _____ Home # _____

Work place _____ Phone # _____ RELATIONSHIP: _____

CAMP PINNACLE and P.B. Conference Ctr is a drug-free, alcohol-free, and smoke-free environment. Upon applying you

agreed to abide by those requirements, along with agreeing to the "Counselor Guidelines" AND "Counselor Expectations" {which you

need to read BEFORE Applying/Signing}, unless discussed PRIOR to being accepted—you agree to come for the entire week

including Sat. Eve Training, and stay on the grounds of the Conference Ctr. All Staff is to serve cooperatively with the Directors,

and to be willing to serve in EITHER JR or SR Camps. The Directors have the responsibility of reviewing each applicants'

information, Pastoral Reference, and background checks BEFORE you will be accepted—a letter will be send in a few weeks

after PINNACLE receives this completed signed form, and the other references.

Camp PINNACLE very much appreciates your willingness to come and serve the Lord by

ministering, and giving of your time/energies to the kids/youth—CAMPERs! We are believing with

you, your Pastors/Churches, and the parents; for God to do miraculous, life-altering things at CAMP!

Health/Medical Information: (check all that applies)

hay fever/allergies asthma fainting convulsions
 high blood pressure diabetic heart attack anxiety disorder
 depression handicaps: _____
medicine allergies: _____
other medical conditions: _____

Other issues we should be aware of: _____

Have you struggled with pornography? if yes, send along a separate page explaining

Do you drink? Had a DUI? if yes, send along a separate page explaining

If your lifestyle is NOT consistent with Christian teachings & principles please do NOT

apply THIS YEAR to come as Staff - talk with your Pastor & make good decisions this coming year!

Nurse will need to know what medications you are bringing to Camp (bring list along) and all "controlled" RX's must remain at Nurses Station.

ALL medications must be kept out-of-reach of Campers.

IMMUNIZATIONS: approximate dates [TB & Tetanus MUST be current!]

TB _____ DPTetanus _____ Polio OPV _____

MMR _____ Other: _____

Abilities/Skills/Certifications: (please mark all current, and #1 for those you can teach, #2 for those you will assist in teaching, #3 those you can do)

Lifesaving First Aid CPR WSI LPN or RN or EMT
 Fishing Badminton Volleyball Drama/skits Storytelling
 Crafts Hair/makeup Fashion Archery Street Hockey
 Foosball Ping-Pong Football Basketball Worship
 Technology Singing Guitar Other instrument: _____
 Softball Baseball Health/Fitness Frisbee Self-defense
 Bible study Prayer/Intercession Daily Devotions Teaching

Other: _____

***Give 'Pastoral Reference Form' to your Pastor, and ask him to fax/mail directly to us!**

REFERENCES: (who have known you for at least 2 years)

1. Name _____ Address _____
City _____ State _____ Zip _____ how know: _____
home or cell phone _____

2. Name _____ Address _____
City _____ State _____ Zip _____ how know: _____
home or cell phone _____

3. Name _____ Address _____
City _____ State _____ Zip _____ how know: _____
home or cell phone _____

If you desire a Camp T-shirt, **enclose \$15.00 check,** Yes, size: _____ or No

If you desire a Canteen/Snack card, **enclose \$10.00 check** _____ Yes or _____ No

We would appreciate receiving your Application BEFORE May 1st, if possible!

I have filled out the Application, Meet the requirements, Read & Agree to follow "Guidelines" and "Expectations", agree to Camp & Directors conditions, will work cooperatively with the Directors...and I apply for Camp PINNACLE Staff:

date: _____ signature: _____

Return to: PINNACLE 3151 Ritner Highway, Newville, PA 17241 (717-776-6511)

email: efpinnacle@juno.com website: www.efpinnacle.com fax: 717-776-6537