



Due: March 15, 2012

SUPPORT TEAM AND STAFF APPRENTICE APPLICATION 2012

PERSONAL DATA

Name _____ Preferred Name _____ Date _____
 Social Security Number _____ Birthdate _____ Age _____
 Father's Name _____ Mother's Name _____
 Check all that apply: Active Duty Reserve Retired Not Military OCF CMF

Address _____ City _____ ST _____ Zip _____
 Home Phone (_____) _____ Parent's Work Phone(_____) _____
 Cell Phone (_____) _____ E-mail _____
 Size for Staff Tshirt: S M L XL XXL

If employed, can you provide proof of U. S. Citizenship? Yes No N/A
 Have you ever been convicted of a felony or misdemeanor? Yes No Explain _____
(other than a minor traffic violation)
 Have you ever been convicted of physical or sexual misconduct? Yes No Explain _____

EDUCATION RECORD

Name of High School _____ Year in school (upcoming Fall) _____

EMPLOYMENT HISTORY

List and briefly describe two employment or volunteer experiences you have had.

Business/Organization _____ Position _____ Dates _____
 Description of duties _____
 Business/Organization _____ Position _____ Dates _____
 Description of duties _____

List one reference and ask them to complete and return the accompanying reference form. Fill in your name and phone number and provide a stamped envelope addressed to WSS. (Note: Ideally this should be from your pastor or youth leader, a current teacher, employer, or significant adult. Relatives or classmates are not to be used as references).

Reference/Relation _____ Phone (_____) _____
 Address _____ City _____ State _____ Zip _____

Camp Experience (years):	Support Team/Apprentice	Camper
White Sulphur Springs	_____	_____
Other _____	_____	_____

CERTIFICATIONS / SKILLS

Check if you have certifications in: Lifeguarding CPR First Aid Other _____

List and briefly describe any special skills or talents you may have (i.e. photography, guitar, leading worship, repair or construction work) _____

POSITION INTEREST

Please select your first and second choices for staff:

Support Team

Summer Family Camp

Support Team assists the staff by providing an enjoyable and refreshing experience for military families. The boys are usually involved in outside work, such as mowing, clearing trails, etc. The girls are primarily involved inside the hotel, making it a home away from home for our guests, including serving meals and cleaning. Whatever your task, the focus will be on serving others in Christ. "Not so with you. Instead, whoever wants to become great among you must be your servant ..." (Mark 10:43)

		1 st	2 nd
Support Team #1	(15 – 29 June, 2012)	<input type="checkbox"/>	<input type="checkbox"/>
Support Team #2	(29 June – 13 July, 2012)	<input type="checkbox"/>	<input type="checkbox"/>
Support Team #3	(13 – 27 July, 2012)	<input type="checkbox"/>	<input type="checkbox"/>
Support Team #4	(27 – 10 August, 2012)	<input type="checkbox"/>	<input type="checkbox"/>

Staff Apprentice

Camp Caleb Assistants (Youth Camp for Gr. 3-8)

For those 16 years and older, you may choose to serve 2-3 weeks as a Camp Caleb Assistant Counselor. As an Assistant CC Counselor, you would minister directly to third through eighth graders. Space is limited; we take only two girls and one boy as assistant counselors per session.

CC Asst Counselor #1	(15 June – 6 July, 2012)	<input type="checkbox"/>	<input type="checkbox"/>
CC Asst Counselor #2	(6 – 21 June, 2012)	<input type="checkbox"/>	<input type="checkbox"/>
CC Asst Counselor #3	(27 July – 10 August, 2012)	<input type="checkbox"/>	<input type="checkbox"/>

Wrangler Assistants

For those 16 years and older, you may choose to serve 2- 3 weeks as an Assistant Wrangler. Space is limited; we take only one person as assistant wrangler per session.

Wrangler Asst #1	(15 June – 6 July, 2012)	<input type="checkbox"/>	<input type="checkbox"/>
Wrangler Asst #2	(6 – 21 June, 2012)	<input type="checkbox"/>	<input type="checkbox"/>
Wrangler Asst #3	(27 July – 10 August, 2012)	<input type="checkbox"/>	<input type="checkbox"/>

SUPPLEMENTAL QUESTIONS TO ANSWER

On a Separate sheet of paper, answer the following questions, please include your name on each page.

1. How did your spiritual journey begin?
2. Describe your spiritual walk in the last year.
3. Explain why you would like to work at White Sulphur Springs this summer.

WHITE SULPHUR SPRINGS MISSION STATEMENT

"To support the Officers' Christian Fellowship purpose by providing 'a place apart, a place of the heart,' where military members and their families may come away from their normal routines, meet God in a fresh encounter, receive His direction and make a serious commitment to obey Him."

GUIDELINES

The prospect of joining in this mission should excite you! You can be used by God in “transforming the military for God’s glory” here at White Sulphur Springs. Examine your heart and seek God’s direction for this summer. If your heart is in it, the sacrifices expected of you will seem insignificant.

Being involved in this ministry for many years, we have found some important Biblical principles that we believe are key in bringing God glory in this uncommon setting. With the Scripture as our guide, we hope that you can accept these guidelines for the duration of your service here at WSS.

1 Corinthians 8:9 says, “Be careful, however, that the exercise of your freedom does not become a stumbling block to the weak.”

For this reason, we require that clothing for all staff be very conservative. We represent Christ to a wide spectrum of perceived appropriateness. We will ask you not to bring clothes that expose undergarments, such as sleeveless shirts for girls and pants that sag below the waist. Suggestive or tight clothing are not permitted, as well as those with questionable slogans. Two piece bathing suits will not be allowed. Shorts should have at least a five inch inseam.

Colossians 3:23 says, “Whatever you do, work at it with all your heart, as working for the Lord, not for men . . .”. So that you can continue to work with all your heart and not become weary, we have a curfew to ensure you get essential rest. Also, so you are not distracted from your given work for the Lord, we don’t allow exclusive relationships with staffers of the opposite sex.

You will give up some of the freedom you may now experience. We understand that and do not apologize for it. WSS is a different place--it’s set apart for a specific purpose. We feel that you will gain so much more than you give up if you become a part of the family at White Sulphur Springs, finding joy in serving Christ wholeheartedly.

COMPLETION OF APPLICATION – (DUE MARCH 15)

To complete your application, we must receive four pieces of information:

1. Application (with attached short answer) signed by applicant and parent.
2. Reference Letter
3. Parent Assessment Letter
4. Health and Medical Record

I have read the WSS Mission above. I accept the mission and, if I am selected, I agree to abide by the guidelines set out for the duration of my service.

Applicant Signature

Date

Parent Signature

Date

White Sulphur Springs
Attn: Support Team Application
4500 Milligans Cove Rd
Manns Choice, PA 15550

(814) 623-5583 Phone
(814) 623-1520 Fax
office@whitesulphursprings.org
www.whitesulphursprings.org

We make final selections on the 15th of March; applications received after the 15th of March will be considered on an as-needed basis. Criteria for selection include military/OCF related, demonstrated Christian character, how early application is received, and staff needs. These slots fill up quickly, so apply early and provide both a primary and alternate session and choice. Aaron Thomas will oversee the boys Support Team and Assistant Wrangler selections, Marty Thomas the girls Support Team, and Dailey Chandler the Assistant Counselor positions.

HEALTH AND MEDICAL RECORD

Support Team | Staff Apprentice | Senior Staff

Name: _____ Age: _____ Birthdate: _____
Address: _____
City: _____ State: _____ Zip: _____

In case of emergency please contact:

Name: _____ Parent Guardian Other
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ - _____ Cell Phone (_____) _____ - _____

Name of Insurance Provider: _____
Policy Number: _____ Policyholder Name: _____
SSN (of military member): _____ DOB (of military member): _____

This health and medical record, including limitations indicated, is valid for participation in all programs at White Sulphur Springs.

DOES APPLICANT HAVE OR IS SUBJECT TO (check if yes)

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Convulsions or Epilepsy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Allergy or reaction to medications |
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Work, Swimming, Sport or other restrictions |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Psychiatric conditions |
| <input type="checkbox"/> Restrictions for medical reasons | <input type="checkbox"/> Other _____ | |

If any of the above are checked please describe below in the comments section.

HAVE DIFFICULTY WITH (check if yes)

- | | | | |
|--------------------------------|---|---|---|
| <input type="checkbox"/> eyes | <input type="checkbox"/> ears, nose, throat | <input type="checkbox"/> digestion | <input type="checkbox"/> menstrual problems |
| <input type="checkbox"/> lungs | <input type="checkbox"/> sleep-walking | <input type="checkbox"/> falling out of bed | <input type="checkbox"/> other _____ |

HAVE HAD (check if yes)

- | | | | |
|---|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> whooping cough | <input type="checkbox"/> measles | <input type="checkbox"/> mumps | <input type="checkbox"/> chicken pox |
| <input type="checkbox"/> epilepsy | <input type="checkbox"/> rheumatic fever | <input type="checkbox"/> diptheria | |

MEDICATIONS:

Any condition now requiring regular medication? No Yes (If yes, please indicate).
Medication _____ Dose _____ Frequency _____
Reason for taking _____

IMMUNIZATIONS:

Are immunizations up to date? Yes No
Date of last Tetnus booster shot: _____ (required every 10 years)

Additional medical comments (may be continued on back)

PARENT AUTHORIZATION (participant if 18 or older) This health history is correct so far as I know, and the person herein described has my permission to engage in all prescribed activities, except as noted by me and/or the physician. In the event I can't be reached in an emergency, I hereby give my permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son/daughter who is serving on the staff at WSS.

Signature: _____ **Date:** _____

Note: The contents of this medical history are confidential and will be disclosed only to those with a "need to know".

PARENT ASSESSMENT LETTER

Support Team | Staff Apprentice

Parent's Name(s) _____

Applicant's Name _____

The parent assessment letter is used primarily to help us best minister to the potential staffer. Please make a brief assessment of the following areas:

1. Spiritual strengths and weaknesses

2. Special likes or interests

3. Areas of attention for us to note

4. Areas for needed encouragement

REFERENCE LETTER

Support Team | Staff Apprentice

Name of Applicant _____ Applicant's Phone # _____

Reference Person: Please answer these questions candidly and honestly about the applicant. Your time and input are greatly appreciated as we go about the process of finding service-oriented volunteers for our summer program at White Sulphur Springs. Thank you!

1. Achievement:

- Hard to motivate
- Starts but does not finish
- Resourceful and effective
- Accomplishes duties superbly

2. Teamwork:

- Tends to cause friction
- Usually cooperative
- Works well with others
- Most effective in teamwork

3. Christian experience:

- Cannot be determined
- Relatively superficial
- Genuine but mild
- Rich and growing
- Profound and contagious

4. Willingness to serve:

- Finds service distasteful
- Serves only when asked
- Usually willing to serve
- Eager to serve as needed
- Devoted to service to others

5. How would you rate the applicant's overall potential to serve at White Sulphur Springs?

- Below average
- Average
- Above average
- Exceptional

6. What do you think are the applicant's greatest strengths? _____

7. What do you think are the applicant's greatest weaknesses? _____

8. How would you rate the applicant in his/her ability to positively influence young people? _____

9. Assuming you had children, why or why not would you trust them with the applicant? _____

10. In what areas can the staff at WSS best minister to the applicant? _____

Reference's Name (Print) _____ Signature _____ Date _____
Relation to applicant _____ Phone or Email _____

Mail to: WSS Support Team Application
4500 Milligans Cove Rd.
Manns Choice, PA 15550

office@whitesulphursprings.org
www.whitesulphursprings.org