



Dear Prospective Senior Staffer,

Enclosed is an application for White Sulphur Springs Senior Staff. I invite you to please pray about joining our team from late May through mid-August to be part of this great ministry outreach to bless and serve military families. Senior Staff at WSS is essentially a missionary calling where committed servants of Jesus Christ set aside about ten weeks of the summer to give themselves in His service and minister in His name to members of the military community and their families. Although your time on staff should be viewed as a missionary calling, we do offer a stipend ranging from \$1250 - \$1850 for the full summer service period, depending on the level of skill and leadership responsibility.

While we want to know your preferences for serving and will work hard to be able to place you where you would like to work and serve, that isn't always possible. We ask that you be willing to serve in any position for which we select you although you, understanding that we are evaluating not only individuals and their ability to serve in specific positions, but also the entire team as we build it with an eye towards creating a strong team that will serve and minister well together. Since representing WSS on Senior Staff is a privilege and high calling, we will ask you to adhere to the Senior Staff guidelines which in some cases may require you to make some personal sacrifices in areas of Christian liberty for the sake of the community and to represent Officers' Christian Fellowship (OCF) and WSS well while serving on staff. A copy of these guidelines is also available on the website so that you may make an informed decision about making this commitment. Because of child protection legislation in Pennsylvania, we are required to conduct criminal background checks for all people (staff and volunteers) that work with children and are over the age of 18.

In the past, we've had Senior Staffers that needed to get academic internship credit for their service on Senior Staff. We are committed to working with you and any necessary academic staff or advisors you have to help you turn your service experience on WSS Senior Staff into internship credit. If this is something you are interested in pursuing, please be sure to let us know as soon as possible so that we can discuss your specific requirements. If feasible, we will work with you and your academic advisor to make that possible.

Please pray about your application to join us serving our Lord here this summer. While working and serving at WSS is a lot of fun, the time committed to being here is much more than that. It is about glorifying our Lord through our service and seeking to be a blessing to the guests that come to WSS all summer long. Please complete and return the enclosed application as soon as possible. We will be making staffing decisions as applications arrive, so it is best to get your applications in sooner rather than later!

Your Brother in Christ,

Paul Robyn, Lieutenant Colonel, US Army (RET)

Center Director



**Due: ASAP before
Feb 28, 2018**

SENIOR STAFF APPLICATION 2018

PERSONAL DATA

Name _____ Preferred Name _____ Date _____
 Social Security Number _____ Birthday _____ Age _____
 Address (College) _____ City _____ ST _____ Zip _____
 Address (Home) _____ City _____ ST _____ Zip _____
 Phone (at College) (_____) _____ Home 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 physical or sexual misconduct? Yes No Explain _____
 Have you ever been convicted of a felony or misdemeanor? Yes No Explain _____
 Do you have a valid driver's license that does not expire before the end of Senior Staff? Yes No
 Driver's License State _____ Driver's License Number _____
 How did you hear about WSS? _____

EDUCATION RECORD

Year of high school graduation _____ Current year in school _____
 College/University/Trade _____ School Major/Degrees _____

EMPLOYMENT HISTORY

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

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

List two references (Note: Your application is not complete without references from adults. One should be from your pastor or youth leader, the second should be from a current teacher, employer or significant adult. Relatives or classmates are not to be used as references).

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

Camp Experience (years):	Senior Staff	Support Team	Camper
White Sulphur Springs	_____	_____	_____
Other _____	_____	_____	_____

CERTIFICATIONS / SKILLS

Check if you have certifications or experience in: Lifeguarding CPR First Aid Leading Worship
 Photography Other (specify) _____

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

POSITION INTEREST**NAME**

Please at least three (3) and not more than five (5) areas that you think you are best qualified for (1 being most preferred):

Summer R & R

(Dates of Service: 29 May-7 August,)

- Boys'/Girls' Support Team (H.S.) Supervisor **
- Teacher Coordinator **
- Boys'/Girls' Support Team Assistant Supervisor *
- Activities Staff Supervisor*
- Nursery Coordinator *
- Wrangler *
- AV Technician
- Kitchen "King/Queen" (focus: meal cleanup)
- Cook's Assistant (focus: food preparation)
- Fine Arts Coordinator/ Office Assistant
- Middle School Teacher
- Elementary Teacher
- Photographer

Camp Caleb (Youth Camp for Grades 3-8)

(Dates of Service: 27 May – 7 August)

- Camp Caleb Coordinator **
- Head Counselor *
- Camp Caleb Chef *

Allegheny Outback! (Teen Adventure Camp)/High School Teacher

(Dates of Service: 18 May – 7 August)

This year, we will select three pairs of AO! trip leaders. Each pair will rotate through a week on AO!, a week in support of AO!, and a week as our R&R High School Teacher Team.

- Allegheny Outback! Coordinator **
- Trip Leader/High School Teacher **
(recommend outdoor education experience)

*** Skilled position:** *The ideal candidate is a rising college sophomore (19 years and older) with leadership potential, special skills in the area requested, and previous WSS staff experience.*

**** Leader/supervisory:** *The ideal candidate is a rising college junior (20 years and older) with quantifiable leadership experience, ability to operate independently, valid driver's license, and two years of prior staff experience.*

SUPPLEMENTAL QUESTIONS TO ANSWER

On a **separate sheet of paper**, answer the following questions (please include your name on each page.)

First Time Applicants:

1. Write a brief testimony of your personal relationship with Jesus and how it is developing.
2. What does it mean to you to be a disciple of Jesus Christ?
3. How are you currently involved in ministering to others in Jesus Christ?
4. Describe areas you have experienced growth in the past year.
5. List two of your strengths and describe how they can help you while serving on staff.
6. List two of your weaknesses and describe how you can overcome them.
7. Why do you want to serve at White Sulphur Springs?

Senior Staff Alumni:

1. Describe how your personal relationship with Jesus Christ is developing.
2. Describe areas you have experienced growth in the past year.
3. Describe areas in your spiritual life where you need or would like to grow.
4. How have you been involved with ministry since serving on staff?
5. Why do you want to serve again at White Sulphur Springs?
6. What was most challenging for you previously on staff?
7. How will serving at White Sulphur Springs this year be different from the previous year(s)?

COMPLETION OF APPLICATION – (DUE ASAP BEFORE FEBRUARY 28)

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

1. Application (with attached answers) signed by applicant.
2. Health and Medical Record
3. Signature below indicating that you have read the mission and doctrine statements below.

WHITE SULPHUR SPRINGS PURPOSE, VISION AND MISSION

*Purpose: "White Sulphur Springs exists to glorify God by supporting and enhancing the OCF global ministry."
Vision: "To be a caring Christian retreat center, set apart for the greater OCF community to draw aside and encounter God."
Mission: "To provide an environment for the military community to be refreshed, challenged and strengthened in their Christian faith and relationships."*

OFFICERS' CHRISTIAN FELLOWSHIP STATEMENT OF DOCTRINE –

"We believe in one God, eternally existing in three persons: Father, Son and Holy Spirit. We believe that the Old and New Testaments as originally written are the verbally inspired Word of God, and accept them as the supreme and all-sufficient authority in faith and life. We believe that man was created in the image of God, but that he sinned and thereby incurred not only physical death, but also spiritual death which is eternal separation from God; and that each human being is born with a sinful nature and cannot by his own efforts please God. We believe that Jesus Christ was conceived by the Holy Spirit, was born of the Virgin Mary, and is true God and true man. We believe that the Lord Jesus Christ died for our sins as our vicarious sacrifice in accordance with the Scripture, and that all who believe in Him are cleansed of their sins by His shed blood and are justified before God. We believe that all who by faith receive the Lord Jesus Christ are born again of the Holy Spirit and so become the children of God, to live with Him through all eternity. We believe in the resurrection of the crucified body of our Lord, in His ascension into heaven, and in His present life there as our High Priest and Advocate. We believe in the bodily resurrection of the just and unjust; the eternal blessedness of the saved; and the everlasting, conscious punishment of the lost. We believe in the personal, visible and glorious return of the Lord Jesus Christ to this earth."

I have read the WSS Purpose, Vision and Mission, and the Officers' Christian Fellowship Statement of Doctrine. I fully accept these statements and, if selected, I agree to uphold them for the duration of my service.

Applicant Signature

Date

I will be seeking internship credit from my school for my time of service here. Yes No NOTE: If you are seeking internship credit please describe any special requests and requirements necessary to receive internship credit on a **separate sheet of paper** (please include your name on each page.)

White Sulphur Springs
Attn: Senior Staff Application
4500 Milligans Cove Rd
Manns Choice, PA 15550

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

Final selection process will be completed on April 4th; applications received after Feb 28th will be considered on an as-needed basis. Criteria for selection include demonstrated Christian character, desire to serve and bless others, military/OCF relationship, date application is received, and needs of White Sulphur Springs.

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: (_____) _____ - _____ Work Phone (_____) _____ - _____
Cell Phone (_____) _____ - _____
Medical Insurance is required. Please provide the 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"/> diphtheria | |

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 Tetanus 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".