## **Worker Application**

(Note: All counselors will be expected to help in various areas needed) Please read carefully and complete front and back of application, then please give completed application to your pastor for his evaluation in time for him to mail it by July 15<sup>th</sup>, 2024.

Name:		(please circle) Male or Female		
Address:		Single / Married		
City:	_State:	Zip:		
Phone:	Age:(must	t be 22+, if younger must be married)		
How long have you been saved?_				
Have you been baptized in the Holy Ghost? Yes / No				
Pastor's Name:	Home Chu	rch:		
Position Desired: Please indicate ( ) Counselor ( ) Kitch ( ) Security ( ) Nurse ( ) Other	en Assistant (RN, LPN, or Para	( ) Janitor amedic)		
Have you ever been convicted of Yes / No Have you ever been accused of in Yes / No If you answered yes to either que	mproper conduct	toward a child?		

Pastor Evaluation required with each Worker Application.

<sup>\*</sup>All campers under 10 must have a counselor that has agreed to be reported for them before they come. The camper cannot come without having made this arrangement.\*

## Please read this section thoroughly and sign!

## **Dress Code:**

In an effort to maintain Biblical principles of modesty:

- Girls may not wear shorts, culottes, pants, sleeveless or low-cut blouses. Skirt length should be well below the knee. No split skirts. No Makeup.
- Boys may not wear shorts or sweat suits, sleeveless shirts or go with shirts unbuttoned.
- No rings, earrings, necklaces, or body piercing on boys, girls, men, or women.
  - 1. All counselors and workers should expect to work. Camp is not avacation.
  - 2. All worker applications are reviewed before acceptance. **No one should just show up at camp.**
  - 3. All workers are expected to be on the campgrounds and post of duty at all times, except in emergencies. Notify the camp director prior to emergency absence.
- 4. All counselors are expected to enforce the camp rules. Correction should be given and conclude at the camp altar.

## Corporal correction is not an option in the camp setting!!!

I hereby authorize my pastor to provide an evaluation of myself. I waive my right to inspect this evaluation and I release my pastor from any liability for information furnished pursuant to this authorization.

I understand the dress code set by the camp administration. As a worker, I agree to follow the dress code and rules and to enforce the camp rules upon those I supervise. I agree to respect the decision of Tiger Mountain Holiness Youth Camp's directors in all areas as final.

I authorize and request any medical doctor, medical clinic, or hospital emergency room physician to administer such treatment and do any procedure that in their judgment may be necessary. I fully understand that the camp insurance is secondary coverage. In case of an accident I will need to file on my own insurance first. I also understand that the camp insurance covers accidents only. I accept full responsibility for any charges related to causes other than accidents, or charges beyond the maximum of the camp insurance.

Applicant's Signature:	Date	e:

Pastor Evaluation required with each Worker Application.