

## Cook Canyon Camp

PO Box 967, Ruidoso Downs, NM 88346 (575)937-2062, cookcanyon@nmministry.net

## **Crew Member Application**

| Applicant's Personal Information     |  |  |                            |   |  |
|--------------------------------------|--|--|----------------------------|---|--|
| Full Name:                           | st   | First  | M.I.                       | Date:   |  |
| Present Address:                     | :  |  |                            |   |  |
| Permanent Addr                       | ess:   |  |                            |   |  |
| Phone Number:                        |  | Email: _                                     |                            |   |  |
| Dates of Availabi                    | lity: From                                     | to   |                            | T-Shirt Size:                                       |  |
| Do you have a dr                     | river's license? Yes                           | <b>No</b> If yes, list st                    | tate and numbe             | er:   |  |
|                                      | een fired or disciplii<br>he reason:           |  |                            |   |  |
| driving under the                    | e influence of alcoh                           | ol or drugs? Yes                             | No                         | violations) including                               |  |
| any alleged crim                     | e or misconduct? Y                             | res No                                       |                            | r legal proceeding involving                        |  |
| abuse, sexual ex                     |  | tation, sexual assa                          | ult, inappropria           | lving children, including ate conduct, etc.? Yes No |  |
| be conducted pr<br>check will discov | ior to final selectior<br>er any negative info | n. Do you have any<br>ormation? <b>Yes N</b> | reason to beli<br><b>o</b> | nal background check will<br>eve that a background  |  |
| If selected as a C                   | rew Member, do yo<br>ıll summer camp se        | ou have any plann                            | ed events that             | would prevent you from to attend, etc.)? Yes No     |  |

|   | Education                  |                            |  |  |  |
|---|----------------------------|----------------------------|--|--|--|
| High School:  |                            | _ Graduated? <b>Yes No</b> |  |  |  |
| Name & Loc  |                            | vou plan to graduata?      |  |  |  |
| If yes, what year did you graduate? If no, what year do you plan to graduate? |                            |                            |  |  |  |
| List extracurricular activities you participa                                 | ated in while in high sch  | 001:                       |  |  |  |
|   |                            |                            |  |  |  |
| College:  | Maior?                     | Graduated? <b>Yes No</b>   |  |  |  |
| College:  |                            |                            |  |  |  |
| f yes, what year did you graduate? If no, what year do you plan to graduate?  |                            |                            |  |  |  |
| Last year completed: Freshman Sopho   | omore Junior Senior        |                            |  |  |  |
| List extracurricular activities you've partic                                 | cipated in while in colleg | ge:                        |  |  |  |
| ,   |                            |                            |  |  |  |
|   |                            |                            |  |  |  |
| Other (describe other training or educat                                      | ion you have taken):       |                            |  |  |  |
|   |                            |                            |  |  |  |
|   |                            |                            |  |  |  |
| 5 1   | / <b>.</b>                 |                            |  |  |  |
| Starting with your current or most recent                                     | / Ministry / Camp Experie  |                            |  |  |  |
| related work experience you have had. Co                                      | •                          |                            |  |  |  |
| Facility of   | T                          |                            |  |  |  |
| Employer:   |                            |                            |  |  |  |
| From Date: To Date:   |                            |                            |  |  |  |
| Supervisor Name and Phone Number:   |                            |                            |  |  |  |
| Responsibilities:   |                            |                            |  |  |  |
| Employer:   | Type of F                  | Rusiness:                  |  |  |  |
| From Date: To Date:   |                            |                            |  |  |  |
| Supervisor Name and Phone Number:   |                            |                            |  |  |  |
|   |                            |                            |  |  |  |
| Responsibilities:   |                            |                            |  |  |  |
| Employer:   | Type of E                  | Business:                  |  |  |  |
| From Date: To Date:   |                            |                            |  |  |  |
| Supervisor Name and Phone Number:   |                            |                            |  |  |  |
| Responsibilities:   |                            |                            |  |  |  |

## References

List your current Pastor (or Youth Pastor) and three additional references who are not relatives.

| Name | Relationship   | Phone # | Email | Years Known |
|------|----------------|---------|-------|-------------|
|      | Current Pastor |         |       |             |
|      |                |         |       |             |
|      |                |         |       |             |
|      |                |         |       |             |

| Gene   | ral  |
|--|--|
| Do you have any physical conditions that may limit Cook Canyon, such as working on your feet, walking yes, describe your condition:                        | ng long distances, lifting boxes, etc.? Yes No |
| Are there any particular skills or talents you would use? <b>Yes No</b>  | ·  |
| If yes, describe:  |  |
| What church do you attend?   | For how long?                                  |
| How often do you attend?   |  |
| Describe your relationship with Christ:  |  |
|  |  |
| Why do you want to serve as a member of the Co   | ok Canyon Crew?                                |
|  |  |
| Emergency contact:   | Relationship:                                  |
| Phone: Email:  |  |
| Address:   |  |
| I authorize investigation of all information provide<br>my employment is "at will" and for no definite tim<br>time without any advance notice.  Signature: | ne period and that I may be dismissed at any   |