

Please return this application to:
 Camp Dynamite
 1217 Alabama Ave SE, Suite 4, Washington DC 20032
 Office 202-574-3053 Cell 202-487-5752
 campdynamite@yahoo.com



CONFIDENTIAL APPLICATION FOR CAMP DYNAMITE STAFF AND VOLUNTEERS

PERSONAL INFORMATION

Name:	Date of Birth:
Address:	
City:	State: Zip:
Home Phone:	Work Phone:
Email:	Cell Phone:

FAMILY

Marital Status:	Single (Never Married) †	Married †	Divorced †	Other †
Spouse's name (if applicable)				
Do you have any children?	If yes, please list their names and ages:			
If you are under the age of 18, please complete the following:				
Mother's name or Guardian:				
Address:				
City:	State:	Zip:		
Home phone:	Work phone:	Cell phone:		
Father's name or Guardian:				
Address:				
City:	State:	Zip:		

Home phone:	Work phone:	Cell phone:
-------------	-------------	-------------

CHURCH

Name of your church:		
Pastor's name:		
Church address:		
City:	State:	Zip:

EDUCATION

Please list all schools attended (list most recent first)

School	Location (City, State)	Month/Year Attended	Degree

MEDICAL INFORMATION

Health Insurance Company:	
ID #:	Policy #:
Group #:	Medical Record #:
Allergies:	
Health Problems:	
Medication(s):	

EMERGENCY INFORMATION

Please list the person we should contact in case of emergency

Name:	Relationship:	
Address:		
City:	State: Zip:	
Home	Work	Cell phone:

phone:	phone:	
--------	--------	--

Why are you applying to be a staff member or volunteer?
Which weeks (or other period of time) are you available?
Do you have any prior commitments that would make it necessary for you to begin your service late or leave early?

SPIRITUAL BACKGROUND	How did you become a Christian? (Salvation experience)
	Briefly describe your personal relationship with Jesus Christ.
	What do you think it means to live a holy life?
EXPERIENCE	What experience have you had working with children, youth or elderly adults? Please be as specific as possible.

EMPLOYMENT HISTORY	Please list your last two places of employment. Include the name of the organization or company, dates employed, your immediate supervisor and a telephone number where they can be contacted.

SKILLS	Check the areas in which you have experience			
<input type="checkbox"/> Tutoring (math)	<input type="checkbox"/> Tutoring (reading)	<input type="checkbox"/> Tutoring (spelling)	<input type="checkbox"/> Tutoring (science)	
<input type="checkbox"/> Tutoring (writing)	<input type="checkbox"/> Tutoring (history)	<input type="checkbox"/> Tutoring (geography)	<input type="checkbox"/> Tutoring (other)	
<input type="checkbox"/> Desktop publishing	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Graphics	<input type="checkbox"/> Computer Repair	
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Data entry	<input type="checkbox"/> Typing	<input type="checkbox"/> Comp. Programming	
<input type="checkbox"/> Instrumental music	<input type="checkbox"/> Director of Singing	<input type="checkbox"/> Soloist	<input type="checkbox"/> Singing (choir/group)	
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical work	<input type="checkbox"/> Dry Wall	<input type="checkbox"/> Painting	
<input type="checkbox"/> Biking	<input type="checkbox"/> Basketball	<input type="checkbox"/> Karate	<input type="checkbox"/> Swimming / Lifeguard	
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Tennis	<input type="checkbox"/> ESL	<input type="checkbox"/> Substance Abuse Rec.	
<input type="checkbox"/> Hiking	<input type="checkbox"/> Camping	<input type="checkbox"/> Grant writing	<input type="checkbox"/> Sign Language	
<input type="checkbox"/> Childcare	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Drawing	<input type="checkbox"/> Drama	
<input type="checkbox"/> Mime	<input type="checkbox"/> Puppets	<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Street Evangelism	
<input type="checkbox"/> Photography	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Arts / Crafts	<input type="checkbox"/> Writing (poetry/prose)	
<input type="checkbox"/> Step Team	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Dance	<input type="checkbox"/> Other	

REFERENCES:	Please list three persons who know you well, other than family members, who could give a personal character reference.	
Name:		Relationship:
Address:		Home phone:
		Work phone:
Name:		Relationship:
Address:		Home phone:
		Work phone:
Name:		Relationship:
Address:		Home phone:

	Work phone:
--	-------------