

# Great Oaks Camp Facilitator Application

1. Full Legal Name: \_\_\_\_\_ Name you prefer to be called: \_\_\_\_\_

2. How do we contact you?

Street Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Email address (list the email you check most often): \_\_\_\_\_

Phone Numbers (Put a  next to the number you prefer we use to reach you.)

Home Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Can we call you at work? \_\_\_\_\_

3. Church Affiliation:

What church are you currently attending regularly? \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Name of individual on staff at this church that knows you the best: \_\_\_\_\_

Are you a member of this church? \_\_\_\_\_ If not, why not? \_\_\_\_\_

If you have been involved with the above church for less than three years, then please list similar information for your previous church:

4. After reading Great Oak's Statement of Faith (below) please answer the question that follow:

- |   |  |
|---|--|
| 1. We believe the Bible to be the inspired, infallible, inerrant and authoritative Word of God.   | 4. We believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential.  |
| 2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.  | 5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.  |
| 3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. | 6. We believe in the resurrection of both the saved and the lost; that they are saved unto the resurrection of life and they that are lost unto the resurrection of damnation. |
|   | 7. We believe in the spiritual unity of believers in Christ.   |

Are you in full agreement with the above Statement of Faith? \_\_\_\_\_ If not, please list on the back those areas you are in disagreement with, and what your beliefs are in those areas.

5. Please give full reference information (name, address and phone number) for the following:

- A. Pastor or former pastor
- B. Former Supervisor
- C. A close friend.

6. Have you ever been charged or convicted of any offense other than minor traffic violations? \_\_\_\_\_ If "yes," please explain on back.

7. Have you ever been charged with or convicted of child abuse or any crime involving physical or sexual assault or molestation of a child? \_\_\_\_\_ If "yes," please explain fully on a separate sheet of paper. Include dates, a full account, court and case numbers, police reports, and contact information for any current or past parole/probation officers.

8. Health

- A. Are you physically capable of climbing a fully extended extension ladder? \_\_\_\_\_ If "no," please explain on back.
- B. Are you physically capable of walking and standing for 3-4 hours at a time? \_\_\_\_\_ If "no," please explain on back.
- C. Do you have any problems involving your heart, blood pressure, or circulation? \_\_\_\_\_ If "yes," please explain on back.
- D. Are there any health issues that *should* limit you on either the low or high ropes courses? \_\_\_\_\_ If "yes," please explain on back.
- E. Are there any health issues that shouldn't limit you on the courses, but we should know about? \_\_\_\_\_ If "yes," please explain:

9. Please check  your preferences for facilitating. These preferences are only guidelines. As needed, we may contact you for alternative times. Check as many boxes as you'd like.

A. Course Preferences:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Both High & Low Ropes | <input type="checkbox"/> High Ropes Only            | <input type="checkbox"/> I would be willing to do High Ropes <u>IF</u> I don't have to leave the ground. |
|  | <input type="checkbox"/> Low Ropes/Initiatives Only |  |

B. Scheduling Availability/Preferences:

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Any time you need me  | <input type="checkbox"/> Saturday's | <input type="checkbox"/> Full Days             |
| <input type="checkbox"/> Week DAYS year-round  | <input type="checkbox"/> Sunday's*  | <input type="checkbox"/> Half-days (Mornings)  |
| <input type="checkbox"/> Week DAYS summer only |                                     | <input type="checkbox"/> Half-day (Afternoons) |

*\*G.O. rarely schedules Sunday afternoons, and almost never schedules Sunday mornings.*

10. Do you agree to allow Great Oaks to conduct a full criminal background check? \_\_\_\_\_

I declare that the information contained in this application is true and accurate to the best of my knowledge. I give Great Oaks Camp permission to verify these statements, through interviewing any references and clergymen listed. Further, I agree to a criminal background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to: Great Oaks Camp; Lacon, IL 61540 Phone (309) 246-4005 Fax: 246-5452