

**Heart of Texas Baptist Camp &
Conference Center
Student Intern Application**

Applicant Instructions

Thank you for your interest in an internship with Heart of Texas Baptist Camp. **This sheet is for your information. Please tear it off and keep it for reference. PLEASE READ THE ENTIRE APPLICATION THOROUGHLY!**

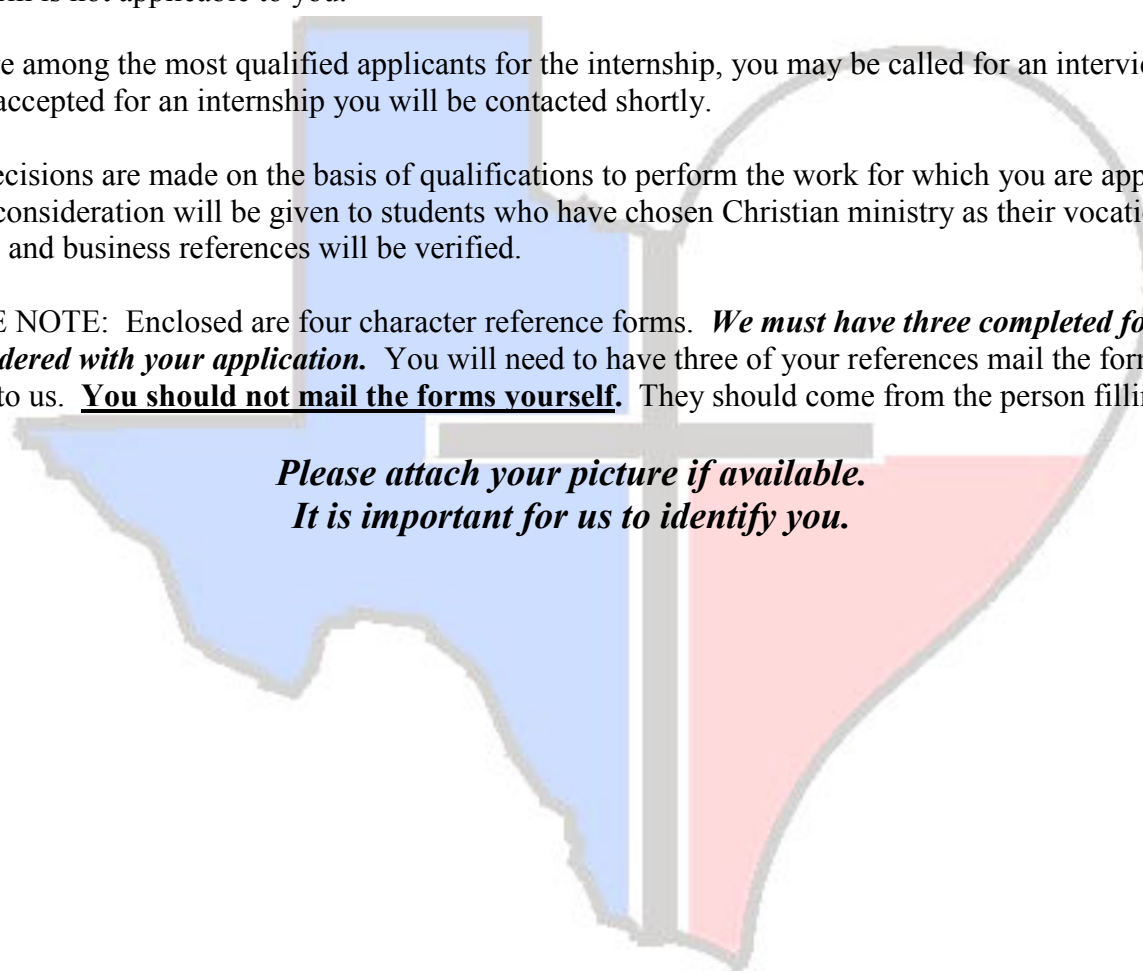
Please complete the attached application and authorization for release of information form. Please print or type all information so it may be easily read. Be certain all forms are completely filled out and signed. Incomplete applications will not be considered. Use the abbreviation "N/A" if a particular item or section in the form is not applicable to you.

If you are among the most qualified applicants for the internship, you may be called for an interview. If you are accepted for an internship you will be contacted shortly.

Intern decisions are made on the basis of qualifications to perform the work for which you are applying. Special consideration will be given to students who have chosen Christian ministry as their vocation. Personal and business references will be verified.

PLEASE NOTE: Enclosed are four character reference forms. ***We must have three completed forms to be considered with your application.*** You will need to have three of your references mail the forms directly to us. **You should not mail the forms yourself.** They should come from the person filling them out.

***Please attach your picture if available.
It is important for us to identify you.***





8025 N. FM 2125
Brownwood, TX 76801

325-784-5821
info@heartoftexascamp.com

Student Intern Application

Personal Data

Name:	Sex (circle one): <input type="checkbox"/> M <input type="checkbox"/> F	Birthday (mm/dd/yy):	/	/
Temporary Address (at College):	City:	State:	Zip:	
Temporary Phone # (at College):	E-mail:			
Permanent Address (Home):	City:	State:	Zip:	
Permanent Phone # (Home):	Cell:			
Drivers License:	Social Security Number:			

Educational Background

Name of School:	Classification: Freshman Sophomore Junior Senior Graduate
GPA:	Course of Study:

Church Membership

Current Church:	Are You a Christian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pastor's Name:	Phone Number:
Church Activities/Ministries you are involved with:	

Employment History (please begin with your most recent position)

Employer:	Phone Number:	Supervisor:
Job Title:	Duties Performed:	
Dates Employed: From: To:	Reason for Leaving:	
Personal Rating of your own performance:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Employer:	Phone Number:	Supervisor:
Job Title:	Duties Performed:	
Dates Employed: From: To:	Reason for Leaving:	
Personal Rating of your own performance:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Personal References: (list 6 adult references complete with address, phone number and e-mail)

Please list references of 2 Christian Leaders (Pastor, Student Pastor, Bible Study Leader, etc.)

Name:		
Relationship to you:		
Address, City, State, Zip:		
Phone Number:		
E-mail Address:		

Please list 2 educational references (one past and one current teacher)

Name:		
Relationship to you:		
Address, City, State, Zip:		
Phone Number:		
E-mail Address:		

2 References of your choice

Name:		
Relationship to you:		
Address, City, State, Zip:		
Phone Number:		
E-mail Address:		

Medical Information

*** It is very important to carefully complete the following information. ***

Do you have any level of physical limitations? (loss of hearing, diabetes, epilepsy, back trouble, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Do you consider yourself allergic to anything?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you allergic to any medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Are you currently taking any kind of medications (prescribed or other)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Have you had any serious illnesses or injuries in the past that we need to be aware of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Do you have health insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company:		Policy Number?

What is your personal view on Christians involved with the following topics? Please be candid and honest.

<i>Listening to Secular Music:</i>
<i>Watching "R" Rated Movies:</i>
<i>Alcoholic Beverages:</i>
<i>Pre-Marital Sex:</i>
<i>Homosexuality:</i>

Personal Evaluation

Please circle the appropriate number you see yourself in each of the following areas.

	Poor			Average				Excellent		
Teachable	1	2	3	4	5	6	7	8	9	10
Promptness	1	2	3	4	5	6	7	8	9	10
Following Instructions	1	2	3	4	5	6	7	8	9	10
Fulfilling Obligations	1	2	3	4	5	6	7	8	9	10
Sense of Humor	1	2	3	4	5	6	7	8	9	10
Temper Control	1	2	3	4	5	6	7	8	9	10
Follow-through Ability	1	2	3	4	5	6	7	8	9	10
Enthusiastic	1	2	3	4	5	6	7	8	9	10
Trustworthy	1	2	3	4	5	6	7	8	9	10
Getting Along With Others	1	2	3	4	5	6	7	8	9	10
Tact	1	2	3	4	5	6	7	8	9	10
Leadership Ability	1	2	3	4	5	6	7	8	9	10
Friendliness	1	2	3	4	5	6	7	8	9	10
Respect for Authority	1	2	3	4	5	6	7	8	9	10
Work Ethic	1	2	3	4	5	6	7	8	9	10
Energy Level	1	2	3	4	5	6	7	8	9	10
Depth of Commitment	1	2	3	4	5	6	7	8	9	10
Spiritual Maturity	1	2	3	4	5	6	7	8	9	10

You WILL be asked to do any of the following things as a Summer Missionary. Please rank them according to the following scale.

1-Would Enjoy.

2-Would gladly do with no complaint.

3-Although I have no experience, I will try my best to learn.

4-Would really rather not.

5-No Way!

Wash dishes :	1	2	3	4	5
Wash off tables and clean dining room:	1	2	3	4	5
Work in kitchen:	1	2	3	4	5
Take out trash:	1	2	3	4	5
Pick up trash from cabins:	1	2	3	4	5
Unstop a toilet:	1	2	3	4	5
Help move bunks to other cabins:	1	2	3	4	5
Keep your cabin clean:	1	2	3	4	5
Work in the concession stand:	1	2	3	4	5
Clean up after untidy campers:	1	2	3	4	5
Keep your room clean:	1	2	3	4	5
Do whatever is asked/needed without complaint:	1	2	3	4	5

General Information

Have you ever served in missions or on a mission project? (circle one) Yes No

Where:	Dates:
Responsibilities:	

Have you ever attended, worked, or served at a camp before? Yes No

Name of Camp:	Dates:
Responsibilities:	

How do you feel you would contribute to the ministry of HOTBCCC?

In case of emergency please notify: (List 2 different contacts)

Name:	Relation:	Phone:
Address:	City:	State: Zip:

Name:	Relation:	Phone:
Address:	City:	State: Zip:

Certifications: (circle yes or no) (if yes) (If no, are you willing to be certified)

<i>CPR</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>First Aid</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Lifeguard</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Waterfront</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Ropes Course</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Background Check: (circle yes or no)

Have you ever been accused or convicted of a felony? Yes No

If yes, please describe and give dates:

--

Have you ever been accused or convicted of a crime in which a child was the victim? Yes No

If yes, please describe and give dates:

--

Have you ever been criminally charged with a crime related to mistreatment, abuse or molestation of a child? Yes No

If yes, please describe and give dates:

--

Have you ever been accused with harassment of any person for reasons of sex, race or religion? Yes No

If yes, please describe and give dates:

--

I certify that the information in this application is true and correct. I promise to abide by all encampment policies and rules. I will maintain a Christian demeanor and an attitude of cooperation remembering that I will be a representative of Heart of Texas Baptist Camp & Conference Center.

I authorize HOTBCCC to obtain information from references, employers and churches listed herein. I also authorize any references, churches or other organizations or employers listed in this application to give HOTBCCC any information, including opinions that they may have regarding my character and fitness for the job I am applying. In consideration of the receipt and evaluation of this application by HOTBCCC, I hereby release HOTBCCC, any individual, church, children's organization, charity, employer, reference, or any other person or organization, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I understand that HOTBCCC desires to protect its guests and visitors and therefore give my permission for HOTBCCC leadership to conduct a criminal background check on me.

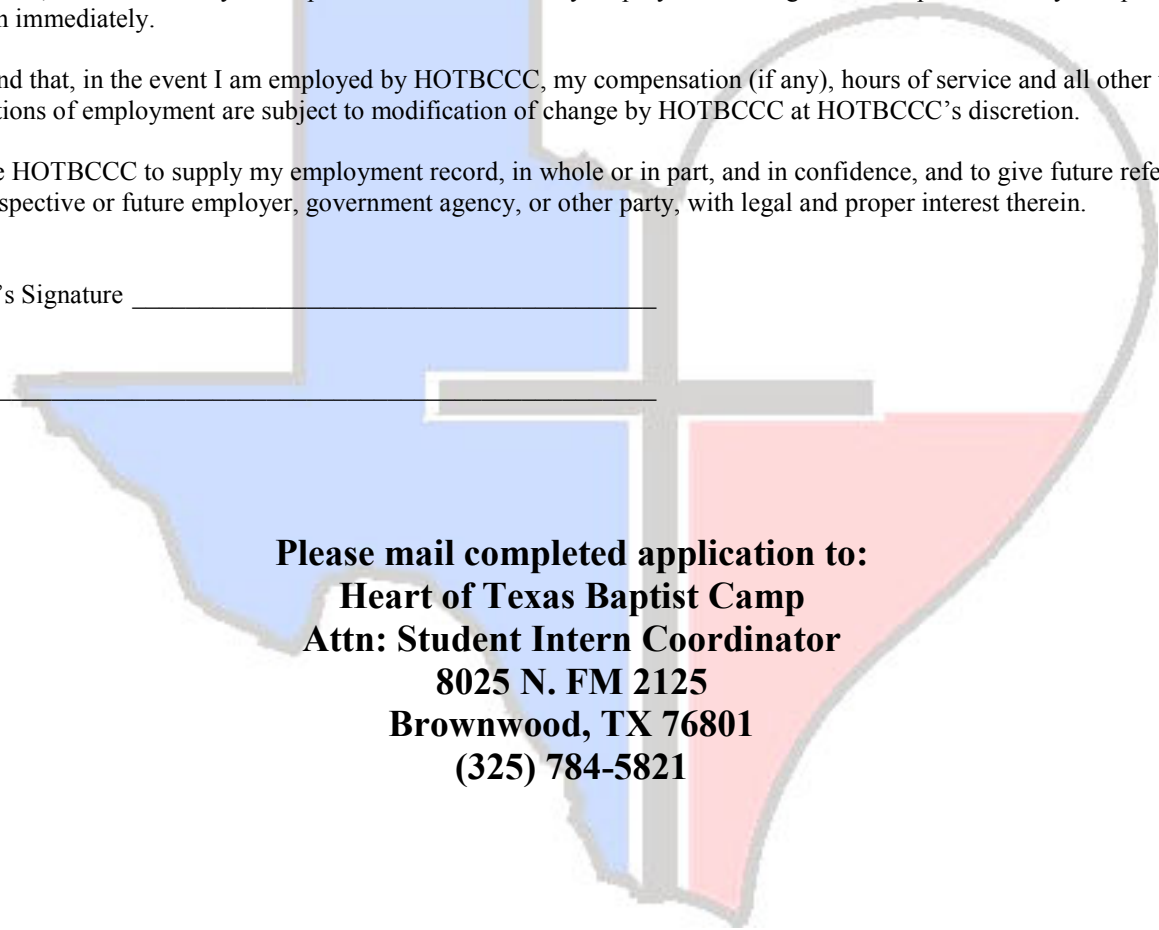
In the event I am employed, I understand that all employees are subject to termination at the discretion of HOTBCCC. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and if I choose to give proper notice of termination, HOTBCCC may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by HOTBCCC, my compensation (if any), hours of service and all other terms and conditions of employment are subject to modification of change by HOTBCCC at HOTBCCC's discretion.

I authorize HOTBCCC to supply my employment record, in whole or in part, and in confidence, and to give future references, to any prospective or future employer, government agency, or other party, with legal and proper interest therein.

Applicant's Signature _____

Date _____



**Please mail completed application to:
Heart of Texas Baptist Camp
Attn: Student Intern Coordinator
8025 N. FM 2125
Brownwood, TX 76801
(325) 784-5821**

Heart of Texas Baptist Camp & Conference Center

8025 N. FM 2125
Brownwood TX 76801
Character Inquiry

Name of Applicant _____ Date _____

The above Named person is being considered for employment by the Heart of Texas Baptist Camp and has granted permission for us to secure information concerning his/her character and abilities. Your confidential answers to the following questions will help us to do a better job in our evaluation of this person. Thank you for your assistance.

Please rate the applicant on the qualities listed below.

Qualities	Superior	Very Good	Good	Fair	Poor	Not Known
Moral Character						
General Attitude						
Ability to get along with others						
Communication						
Trustworthiness and Dependability						
Honesty						
Independent Initiative						
Obey rules and regulations						
Acceptance of supervision						
Emotional maturity						
Personal Habits						
Safety Habits						
Judgement						
Health						
Personal Hygiene						

How long have you known this person? _____

What is your relationship to this person? _____

What do you feel are this person's strengths? Be Specific.

What do you feel are this person's weaknesses? Be specific.

Many of our positions require long hours and are tedious and repetitious. Do you feel that this person could work effectively in such a position? _____

Do you know of any reason why this person should not be working closely with children? _____

I would describe his/her interpersonal or social skills as:

____ very extroverted ____ outgoing ____ average ____ somewhat reserved ____ a loner

Listed below are some tendencies, which if present, may reduce the effectiveness of a missionary's work and witness. Check any of the traits below that are regularly observed in this person:

- | | | |
|---|---|--|
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Lacks Humor |
| <input type="checkbox"/> Intolerant | <input type="checkbox"/> Often Depressed | <input type="checkbox"/> Uses Inappropriate Humor |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Quick Tempered | <input type="checkbox"/> Lacks ability to take jokes |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Worries a lot | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Sullen | <input type="checkbox"/> Often anxious | <input type="checkbox"/> Lazy |
| <input type="checkbox"/> Cocky | <input type="checkbox"/> Often nervous | <input type="checkbox"/> Works too much |
| <input type="checkbox"/> Critical of others | <input type="checkbox"/> Often Tense | <input type="checkbox"/> Holds a grudge |
| <input type="checkbox"/> Easily embarrassed | <input type="checkbox"/> Prejudiced | <input type="checkbox"/> Too Apologetic |
| <input type="checkbox"/> Easily offended | <input type="checkbox"/> Sexist | <input type="checkbox"/> Low Self-esteem |

If you were making the decision, would you appoint this person as a summer missionary?

____ Yes ____ No ____ With Conditions (Explain)

Person completing this form:

Name _____ Phone _____

Signature _____

Can you give us the name, address, and phone number of an additional character reference?

Name _____ Phone _____

Address _____

Please return this form directly to the Camp:

**Heart of Texas Baptist Camp
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8025 N. FM 2125
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