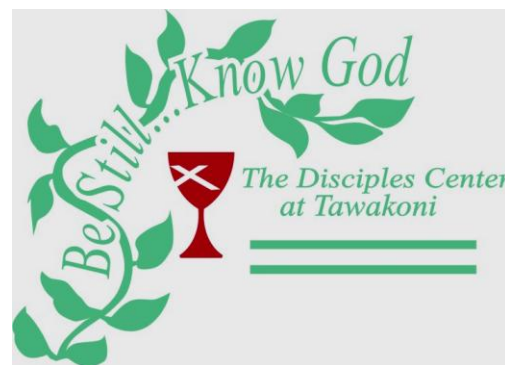


Disciples Center at Tawakoni

Augusta, Kansas



Summer Intern Application

Last Name: _____
First: _____ M.I.: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Sex: M or F Birth Date: ____/____/____ Age: _____
MM / DD / YY
Home Phone: (____) _____ Cell Phone: (____) _____
Email _____
Emergency Contact: _____
Relationship to Candidate: _____
Home Phone: (____) _____ Cell: (____) _____
Work Phone: (____) _____

HEALTH INFORMATION:

Health Condition: _____ Excellent _____ Fair _____ Good _____ Poor
Person Responsible for Insurance Coverage: _____
Health Insurance Carrier: _____
Policy #: _____ Group #: _____
Insurance Billing Address: _____
City: _____ State: _____ Zip: _____
Personal Physician Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: (____) _____
Date of Last Physical Exam: (Mon./Yr.) _____
Height: _____ Weight: _____ Recent illnesses, injuries, or surgeries (what/when):

Recent exposure to contagious or infectious disease (what/when):

Restrictions on camp activities: _____ None _____ Strenuous Activities _____ Swimming
_____ Other information that would be helpful: _____

Special dietary restrictions: _____

Date of last Polio-vaccine: (Mon./Yr.) _____ Oral? _____ Yes _____ No

Date of last Tetanus shot: (Mon./Yr.) _____

Allergies: _____ Hay Fever _____ Aspirin _____ Sulfa _____ Penicillin _____ Tetanus Shots
_____ Dust _____ Poison Ivy/Oak _____ Bee/Insect Stings

Other: _____

History of or presently under the care for: _____ Heart Condition

_____ Arthritis _____ High Blood Pressure _____ Bronchitis _____ Appendicitis

_____ Low Blood Pressure _____ Hernia _____ Skin Ulcer _____ Digestive Disorder

_____ Skin Disease _____ Fainting _____ Nervous Disorder _____ Exhaustion _____ Asthma

_____ Epilepsy/Seizures _____ Diabetes/Hypoglycemia _____ Tonsillitis

_____ Athlete's Foot _____ Other: _____

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Subject to: ___ Homesickness ___ Fainting ___ Headache ___ Sleepwalking
___ Sore Throat ___ Cramps ___ Cold/Pneumonia ___ Stomach aches
___ Hyperactivity ___ Ear aches ___ Swimmer's Ear ___ Exhaustion ___ Tooth aches
___ Nosebleeds ___ Bed wetting ___ Other: _____

REFERENCES: Please list complete name/ address of three people (one is a minister) who would speak as a reference for you and your character:

1) Minister (of the congregation you attend or home church - Required)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____
Home Phone: _____ Relationship: _____
Email: _____

2 Your choice

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____
Home Phone: _____ Relationship: _____
Email: _____

3 Your choice

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____
Home Phone: _____ Relationship: _____
Email: _____

Work and/or Education: List work or schools in reverse order (start with most recent experience – go back 5 years):

Name of School/business:	Dates attended/worked:	Major or Duties:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Augusta, Kansas

ATTACH an Essay of 1-2 paragraphs (200-300 words), including:

1. My faith story (i.e., Church, Camp, Mission Trips, etc.)
2. Why I want to serve as a Summer Camp Intern...
3. What I plan to do in the next five years...

Child Abuse Statement: Have you ever been convicted of child abuse, or of a crime involving actual or attempted sexual molestation of a minor: _____ NO _____ YES

If yes, please explain:

General Release and Signature:

The information contained in this application is correct to the best of my knowledge. I authorize any reference listed in this application to give any information they may have regarding my character and fitness for working around children, youth or others in the church. I release all such reference from liability for any damage that may result from furnishing such evaluations; and, I waive my right to inspect references provided on my behalf.

Should my application be accepted, I agree to abide by the best ethical behavior becoming of a minister/leader, and will abide by the policies pertaining to the Christian Church in Kansas Outdoor Ministries program, and to the Ministerial Code of Ethics.

Signature _____ Date _____

RETURN COMPLETED FORM – due 3/1/12:

Christian Church in Kansas (Disciples of Christ)
c/o Rev. Steven Martin
2914 SW MacVicar – Topeka, KS 66611

Questions? Call 785-266-2914

Disciples Center at Tawakoni

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Essay Questions:

- 1) Describe your preferred work style (single-handed, as 2-person team, larger group, etc.) and illustrate (with examples) how you can fit into a summer team.
- 2) Describe how you handle frustrations (conflict, dissatisfactions, etc.) and what skills and experience do you possess which helps resolve these.
- 3) Illustrate with examples some of the experiences you have had which you believe will make your presence in the Summer Intern Program an asset to the camp program.

Interviews:

An in-person interview is preferable. However, if this is not possible, telephone interviews will be scheduled.

Note: There will be a 2-3 week probationary period when the camp may determine an individual is not “the right fit” in which the Intern may be dismissed.