



31 Little Mountain Road, Trout Lake, WA 98650

TEL 509-395-2900 * FAX 509-395-2920

jonah@campjonah.com * www.campjonah.com

2010 Staff Application

**“DO HARD
THINGS”**

2 Timothy 2:22

JONAH MINISTRIES SUMMER STAFF APPLICATION PROCESS 2009

31 Little Mountain Road ~ Trout Lake, WA 98650 ~ 509-395-2900 ~ 509-395-2920 FAX
jonah@campjonah.com ~ www.campjonah.com

1. **PRAY & ASK:** Please pray about this opportunity first. Talk to God because He is in charge and we want to do what He wants not what we feel like we want to do. If God is leading you to volunteer at Jonah Ministries, please contact us to request an Application Packet or download one from our website. You must be willing to clean bathrooms, peel carrots, mow lawns, or counsel kids. Every job is important and every job serves God and can glorify Him!

2. **APPLICATION PACKET (23 pages):** Please answer all questions on the application completely and thoughtfully, including all additional forms. *We can't process the application until ALL forms are returned*—including the names of six people who will promise to pray for you daily from now until the end of summer. Please ask your references to return the forms to us as soon as possible (they're normally the holdup ☺).
 - Application
 - Six Prayer Partners
 - Applicant Disclosure Form
 - Background Check Form
 - Child Abuse Policy
 - Code of Conduct/Missions Statement/Statement of Faith
 - Zoller Waiver (choose 17 and under OR 18 and over)
 - Three References
 - Availability Agreement: Please fill in the calendar with dates you are available, and sign. (Please have your parents sign also, if you're under 18 or still living at home). Be sure to make note of dates that you will not be available (weddings, etc.) We need you to be as committed to this volunteer position as you would be to a paying job. Staff training begins June 12th and the commitment lasts until August 8th.

Accepting applications beginning January 1
We will begin hiring February 16th!

3. **INTERVIEW:** After we have received your complete application packet, we'll set up an interview time, (in person or by phone) which will include sharing of your testimony (written or oral).

4. **LETTER OF ACCEPTANCE:** Next, you will receive a letter to let you know of our decision concerning your application to work at Jonah this summer.

5. **SCHOLARSHIP APPLICATION:** If accepted, and you are age 17 or older, and plan to volunteer full time, you may now request a scholarship application. Scholarships will be awarded by June 1, 2009. Checks will be given upon completion of the summer commitment.

6. **PRAYER:** Be diligent in prayer. This summer we expect to see God work in mighty ways as we commit everything to Him in prayer!

7. **THE WORD:** We'll challenge you all summer long to spend time in the Word daily—so you might as well start this commitment right now! God is wanting to talk to you, so listen to His word (That's the Bible).

8. **Staff Theme:** "DO HARD THINGS". Be reading through 2 Timothy and memorize 2 Timothy 2:22!

2010 JONAH MINISTRIES SUMMER STAFF APPLICATION

Please type or print and mail to: Jonah Ministries ~ 31 Little Mountain Road ~ Trout Lake, WA 98650

SUMMER STAFF INFORMATION

Date Available _____ Date you need to leave _____

Name (First, Middle, Last) _____ Camp Name _____

Birthdate _____ T-Shirt Size _____ Social Security # _____ Male Female

Graduation Year _____ Age during summer 2009 (June 14) _____ School _____

Home Church _____ How often do you attend? _____

Email Address _____ Cell _____

Permanent Address: _____ City _____ State _____ Zip _____

Present Address: _____ City _____ State _____ Zip _____

Permanent Home Phone: _____ Present Home Phone: _____

I have training in:

Exp. Date

Exp. Date

Exp. Date

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Basic First Aid _____ | <input type="checkbox"/> WFR _____ | <input type="checkbox"/> Lifeguard _____ |
| <input type="checkbox"/> Advanced First Aid _____ | <input type="checkbox"/> EMT _____ | <input type="checkbox"/> Wilderness Leadership _____ |
| <input type="checkbox"/> Food Handlers Card _____ | <input type="checkbox"/> WEMT _____ | <input type="checkbox"/> Rockclimbing _____ |
| <input type="checkbox"/> CPR _____ | <input type="checkbox"/> SRT _____ | <input type="checkbox"/> Ropes Course _____ |
| | | <input type="checkbox"/> Other: _____ |

PARENT / GUARDIAN INFORMATION

Parent or Guardian Name(s) _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Family Home Phone _____ Family Email Address _____

Father Work Phone _____ Employer _____

Father Cell Phone _____ Fax _____

Father Email _____ Business Website _____

Mother Work Phone _____ Employer _____

Mother Cell Phone _____ Fax _____

Mother Email Address _____ Business Website _____

Where did you hear about Jonah Ministries? _____

EMERGENCY AND MEDICAL INFORMATION

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone _____ Cell _____

Insurance Company Name & Address _____

Policy/ID # _____ Physician _____ Phone _____

Pre-Existing Medical Conditions, Allergies or Intolerance _____

Current Immunizations: _____ Yes _____ No

Initial here _____ if your child can receive over-the-counter medication (Tylenol, Advil, etc.)

Medical and Special Needs _____ asthma _____ diabetic _____ ADD _____ ADHD _____ other

Medication _____

Special diets _____

Special needs _____

8. Are there some mistakes you've made this year that we should be aware of?

9. Are there some accomplishments you've achieved this year that we'd like to know of?

10. What are your strengths?

11. What are your weaknesses?

12. What are your gifts (music, drama, baking, children, outdoor skills, sports, organizing, cleaning, etc.)?

13. What do you like to do in your spare time?

14. Tell us about your family

15. Tell us about your friends

16. Are you in a relationship? Will that be hard for you this summer?

17. List your leadership or supervisory experience

18. List your previous camp experience as a camper or a counselor

19. Do you have any fears about working at Jonah?

20. Are you easy or hard to work with? Do you like things orderly or chaotic? Are you flexible?

21. Do you work better in a group or on your own?

22. Anything else we should know or that you'd like to share?

JONAH MINISTRIES ACTIVITIES WAIVER

Challenge Course * Caving * Hiking * Swimming * Camping * White Water Rafting
(All activities on or off campus)

WHERE PARTICIPATION EQUALS SUCCESS
IN PROBLEM SOLVING. TEAM BUILDING. PERSONAL CONFIDENCE AND PHYSICAL ABILITY

DISCLOSURE:

Jonah Ministries (JM) Adventure Activities involve a variety of events that present rigorous physical challenges. The level of participation in the adventure activities is at all times completely up to the individual's choice. Each participant will, however, be asked to commit to trying each activity the program offers. The risks involved in each Adventure Activity must be assumed by each participant.

RELEASE OF LIABILITY:

I understand that parts of the JM Adventure Program may be physically and/or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my physical abilities to participate in JM activities. I understand that JM has taken extensive safety measures, including the training and documentation of its staff in Adventure Activity facilitation, as well as making every effort to aid in the safety of all participants. However, I also recognize that JM cannot guarantee that the participants, equipment, grounds and /or activities will be free of accidents or injuries. I understand that each participant must assume the risk of injury and expense that could result from any of these activities. I release the property owners, JM, its staff members, and Board of Directors from liability for any injury to me from participation in the JM Adventure Activities.

In the event that medical care is necessary, I give permission to the physician selected by the JM staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named above. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of any such injury or damage.

If a minor is involved, the minor, as well as one parent must sign.

Signature of participant: _____ Date: _____

PARENTAL RELEASE & PERMISSION

A. My child has my permission to participate in all activities on or off the grounds. I recognize the inherent risk of injury in camp activities I understand that Jonah Ministries has taken extensive safety measures, however, I also recognize that Jonah Ministries cannot insure or guarantee that the participants, equipment, grounds, and/or activities will be free of accidents or injuries. I will defend Jonah Ministries from all liability and claims of liability and will hold harmless Jonah Ministries, its staff, employees, and its Board of Directors from any claims of liability arising from my/my child's participation in the Jonah Ministries Camps or Activities.

B. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia, X-rays, routine tests, and/or surgery; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. I also accept responsibility for expenses incurred through such treatment. **I recognize that Jonah Ministries carries only secondary insurance coverage.**

C. I give permission for Jonah Ministries to use any photo or video of my child for Jonah Ministries publications or promotion/ advertising . I release my right to any kind of remuneration for said photos or videos.

D. I hereby authorize the directors and staff of Jonah Ministries to act for me according to their best judgment in any emergency requiring medical attention. I have made note of any medical or physical problems which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other costs in connection with his or her attendance at Jonah Ministries Camps.

Signature of participant: _____ Date: _____

Signature of parent/guardian if participant is under age 18: _____ Date: _____

PARENTS MUST SIGN AND DATE HERE!

2010 JONAH MINISTRIES SUMMER STAFF APPLICATION

9. The following 6 people will pledge their **Prayer Support** for me while I am a summer worker at Jonah Ministries:

Name Address Email Phone	Name Address Email Phone
Name Address Email Phone	Name Address Email Phone
Name Address Email Phone	Name Address Email Phone

10. REFERENCES:

Send out the attached reference forms. List below the 3 people you are sending them to. **Do not include family members.** One must be a Christian Worker (Pastor, Youth Pastor/Leader, School Chaplain); the second must be a past employer or teacher; and the third must be a personal adult friend who knows you well. When you send the attached reference forms, make sure to put your name and the positions you are seeking on each reference sheet. Provide a stamped envelope addressed to Jonah Ministries. References must be in As Soon As Possible. **ALL THREE REFERENCES ARE REQUIRED BEFORE APPLICATION IS COMPLETE.**

	Name	Position	City	State	Phone
1.	Christian Worker				
2.	Employer/Teacher				
3.	Personal Adult Friend				

COMMITMENT OF APPLICANT:

- I understand that most positions are volunteer and that *by law Jonah Ministries cannot offer any compensation for volunteer work.*
- I understand that I will be required to abide by all company policies, standards, and regulations, as they are announced from time to time. I further understand that if I disregard any JM policy or Procedure that I may be subject to review of my volunteer status by the JM Board of Directors.
- I authorize Jonah Ministries to contact all prior employers and any references listed herein to verify all information provided and to obtain any and all information related to my character and past work performance. I further hereby release all references and prior employers from any liability for information provided in good faith.
- I authorize JM to conduct a Criminal Investigation Check.
- I hereby affirm that I have carefully read and agree with the attached **Jonah Ministries Statement of Faith and Code of Conduct.** I understand that, if at any time subsequent to my appointment I no longer agree with the statement of faith or I exhibit conduct which is contrary to the Code of Conduct or I fail to meet the minimum requirements of the position, I may be disqualified from my position.
- I affirm that I have neither been convicted of, nor am I the subject of pending charges for any offense involving actual or attempted child abuse or sexual molestation in any jurisdiction.
- I understand that this is only an application and does not in any way bind Jonah Ministries.
- I hereby affirm and acknowledge, by signing below, that all of the information provided and all of my answers to the foregoing questions are true and complete, and that any misrepresentation or omission may be grounds for dismissal.

Applicant's Signature

Date

Applicant Disclosure Form

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. If applying for a position that involves handling money or personal property, have you within the past seven years been released from prison or been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail or coercion?

2. ANSWER NO YES. IF YES, EXPLAIN BELOW.

Pursuant to Chapter 486, Laws of 1987:

2. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?

ANSWER NO YES. IF YES, EXPLAIN BELOW.

3. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER NO YES. IF YES, EXPLAIN BELOW.

4. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER NO YES. IF YES, EXPLAIN BELOW.

5. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER NO YES. IF YES, EXPLAIN BELOW.

6. Have you ever been convicted of any crime for any violation of any law (excluding minor traffic violations)? For the purposes this question, the term "convicted" means and includes: (1) all instances in which a plea of guilty or nolo contendere is the basis for the conviction and (2) all proceedings in which a charge has been deferred from prosecution or the sentence has been suspended or deferred.

ANSWER NO YES. IF YES, EXPLAIN BELOW.

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature _____ Date and Place _____

CONFIDENTIAL

*Jonah Ministries
Background Check Authorization*

*Print Full Name: _____
(First) (Middle) (Last)

*Former Name(s) and Dates used: _____
(Maiden) Year Married

*Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

*Social Security Number: _____ Birth: _____
*Date of

Telephone Number: _____

Drivers License Number/State: _____

*Race: _____

*** REQUIRED FIELDS**

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Jonah Ministries** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes.

I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Jonah Ministries** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Jonah Ministries**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____

Office Use Only: Date Submitted _____

JONAH MINISTRIES CHILD ABUSE POLICY 01/08/2008

JONAH MINISTRIES WILL NOT TOLERATE THE PHYSICAL, EMOTIONAL, OR SEXUAL ABUSE OF CAMPERS. JONAH MINISTRIES IS REQUIRED BY LAW TO REPORT ANY ALLEGATION OR REPORT OF CHILD ABUSE TO THE WASHINGTON CHILDREN'S SERVICES DIVISION.

The Camp Director will inform the Camp Coordinator and the JM Medical Personnel of the camper's report. At that point, an official report will be filed with the Washington Children's Services Division. JM will cooperate fully with any investigation by the state agency or law enforcement agencies involved. **ONLY THE CAMP COORDINATOR WILL TALK TO THE MEDIA.** REMEMBER YOUR RESPONSE: "I'm not authorized to answer your questions. Please talk to the Camp Coordinator." (See the JM Emergency Communications Plan.)

1. Each staff applicant will be put through a Washington State Police Background Check.
2. Child/sexual abuse education will be included in the Staff Manual.
3. Every staff member will report suspicions of child/sexual abuse to the Camp Coordinator.
4. If the camp Coordinator determines that the allegation is reasonable, the staff member will be relieved of his/her responsibilities during the investigation.
5. If the allegation is deemed to be true, the Camp Coordinator will make immediate arrangements to remove the staff member. If required by law, a report will be made to the appropriate civil authorities.
6. In the case of the allegation being unproved, the staff member and his family may receive counseling for the traumatic event, and, if deemed helpful, he/she will be offered a new assignment.
7. Every effort will be made to preserve the dignity of all involved by observing an agreed upon code of confidentiality. If the accuser had deliberately or maliciously made a false accusation against a staff member, he/she will be immediately be dismissed from camp.
8. When a staff member is accused of child abuse by the state or arrested for the same, this constitutes a crisis/contingency situation in the ministry and as such:
 - The Camp Coordinator will be the only person to have contact with the media.
 - A log of daily events will be meticulously kept.
 - Contingency care will be initiated e.g. engage a lawyer, inform and support the accused's family, and support the staff member in court.

Responsibilities of Jonah Ministries to a staff member who falls into this sin:

1. Make arrangements for professional psychological counseling.
2. Encourage the former staff member's home church to set up an accountability relationship with the former staff member for restoration. Care must be taken not to violate the law in releasing information.
3. Care for the innocent parties.

In the event a staff member falls into abuse/sexual misconduct, Jonah Ministries will HOLD HARMLESS any person or organization which in good faith recommended the staff member for service in the JM programs.

I have read, understand, and agree to abide by the Jonah Ministries Child Abuse Policy.

Name

Date

STAFF & EMPLOYEE CODE OF CONDUCT, MISSION STATEMENT, STATEMENT OF FAITH
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01/08/2008

JM Staff members are representatives first of Jesus Christ and second Jonah Ministries wherever they go. The testimony of JM staff includes modesty in dress, as well as conduct. Because of the wide range of personal convictions and upholding Scriptural principles, JM staff dress casually, but are asked to maintain a modest standard in their personal grooming and dress code. Staff are an example to campers and others of the character of our camp's ministry. **It should never be necessary to make an apology for any staff member's appearance or actions.**

JM Staff are expected to have a growing relationship with Jesus Christ, an intense desire to share Christ with campers, a lifestyle and attitude that exemplifies the Fruit of the Spirit, an attitude of respect for JM rules and authority, and a team player attitude.

Our staff is chosen for their love relationship with the Lord that overflows to a love for kids. All staff members are expected to put the needs of the campers first.

PERSONAL DISCIPLINE - Christian maturity and growth do not happen by themselves. Each staff member will work hard at spending personal time with the Lord through prayer, Bible study, accountability, etc.

CONDUCT - The conduct of all JM staff is expected to be consistent with the Christian faith and ethics. **Conduct that is immoral, illegal, or persistently contrary to the policies, procedures, and traditions of JM may result in dismissal from the staff.** Illegal use of alcohol, drugs, fireworks, firearms, knives, weapons, or destruction of camp property are not allowed. **No knives** will be allowed on the premises unless the Camp Coordinator gives prior permission.

PERSONAL GROOMING - You, as a staff member, are to set the example for the campers. Modest dress and behavior is expected and required of all staff. All clothing needs to be modest and non-revealing. Girls, please no tight-fitting clothes, low-cut necklines, or tank tops; sleeveless shirts are permitted (no cleavage or bras showing). Hem of shirts must cover waist of pants at all times. All shorts are to be at least mid-thigh length. No underwear showing, please (this means boxers, too, guys). Swimsuits must be modest and non-revealing (one-piece for girls preferred). Swimwear is for waterfront activity only. Jonah Ministries reserves the right to define appropriate standards of appearance for the workplace.

MEDICATION - *All medications brought to camp **MUST** be checked in with the Medic at registration.

*All medications (prescription, over-the-counter, supplements, vitamins, etc.) require:

- Original container
- Specific written instructions including name, amount, time, and reason for dispensing
- Parent's signature authorizing administration by camp personnel
- Correct name, time, and dosage on the label for prescription medications

*Please send only essential medication; incidental, over-the-counter medications are supplied by the Medic on staff according to the Standing Orders of the camp physician.

POSITIVE RELATIONSHIPS - Campers are the top priority for each and every staff member, second only to your relationship with God. Time spent apart from them is a neglect of your responsibility unless you are on assigned duty or a free hour. It is our ministry and God given responsibility to create an environment, by our actions and effort, that will be suitable for campers and even parents to hear the Gospel and truth in such a way that they have the opportunity for growth and commitment. Any action done by a staff member that distracts campers from knowledge of Christ is a hindrance to our ministry and should be seen as serious.

When you single out a staff member during camp, your relationship becomes exclusive and is, therefore, a distraction to other staff members and campers and thus your ministry.

Campers will be looking for "girlfriend-boyfriend" relationships among the staff whether or not there are relationships present (ie "pairing" of staff happens all the time), and to be known as a "camp couple" can be one of the greatest hindrances to an individual's ministry, especially when they are doing things that makes it obvious to campers that they are in a relationship. Therefore, displays of romantic affection (holding hands, kissing, back rubs to individuals of the opposite sex, etc.) are not allowed, unless married.

Our biggest concern is during the camp week when campers are present to be distracted and thus distracting from the ministry. You date to see if you are compatible to marry and a great place to see true qualities of an individual are in ministry, especially camp ministry. If you are dating someone at camp, it is a great time to build on the friendship area of relationship. Before marriage, a man should look at younger women as sisters (1 Timothy 5:2) and women should look at younger men as brothers (1 Timothy 5:1), so camp is a great time to develop your relationship as brothers and sisters in Christ.

During the **Weekends** there is possible time for developing your relationship (ie. dates). Remember that ministry is hard and tiring and that we don't work for a week of camp to "earn" a date on the weekend. Camp is ministry and ministry is never about you or me, but always God and should be treated as such. God will use us in great ways if we let Him and gives us opportunities to build lasting relationships with many staff and not just a "special" girl or guy. It would be a tragedy to use available time only to invest in one person you happen to be attracted to when you will be surrounded by so many God-focused servants of Christ.

STAFF HOUSING - To avoid any appearance of impropriety (improper actions), male staff may not enter female staff housing, and female staff may not enter male staff housing without permission from the Camp Coordinator or Camp Director. Each staff member is expected to keep his or her living area clean and orderly — especially on days when parents and campers arrive.

ELECTRONIC EQUIPMENT— Electronics (iPods, cell phones, etc) are allowed only on weekends. **If you have a question about a specific piece of electronics ask the camp coordinator.** E-mail may be received and sent, on a limited basis, from the Staff Desk. The best time for this is the weekends. You may bring a cell phone with you for weekend use and other times with permission from leadership. Remember to invest in the relationships here and not solely at home.

WEEKEND EXPECTATIONS AND CONDUCT - The same high conduct, as listed above, is expected when staff are off camp on weekends. The camp program requires much of an individual both physically and spiritually. Therefore, it is important that all staff members follow a very relaxed schedule between camps. This time should be used wisely. Catch up on rest as much as possible. Spend time in the Word and meditation. Pray for the campers who have left and for those who will be coming in. Find a quiet spot to be alone with God. Practice a Sabbath Day— of rest and hearing from God. God is glorified when we work with all vigor and rest appropriately just like He established at the beginning of Human History (Genesis 2:1-3 and Exodus 20:8-11).

PROMPTNESS - All staff members are expected to be on time to meals, meetings, and program assignments. We must be efficient with our time and recap or starting over for someone who is late is not an effective use of our time and reduces our ability to be more prepared. **REMEMBER TO SET YOUR WATCH TO THE KITCHEN CLOCK!**

LOST & FOUND – **Please label all belongings.**

OUR RULES

- 1. Put others first**
- 2. No complaining**

OUR GOALS

- 1. Learn more about God**
- 2. Have Fun!**

MISSION STATEMENT

Jonah Ministries is dedicated to promoting spiritual growth in a Christian environment through fun, God-honoring camps and retreats.

STATEMENT OF FAITH

1. We believe that the Bible is the inspired Word of God and is without error, infallible and authoritative in the original writings.
2. We believe in one true God, eternally living in three Persons: Father, Son and Holy Spirit
3. We believe in the deity of our Lord Jesus Christ, in His miraculous virgin birth, in His sinless life, in His miracles, in His substitutionary death and atonement through His shed blood, in His bodily resurrection, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful man, that faith in the Lord Jesus Christ and re-birth by the Spirit are essential.
5. We believe in the present ministry of the Holy Spirit, by Whose indwelling the Christian is enabled to live a godly life.
6. We believe in the forgiveness of sins, the resurrection of the body, and life eternal.
7. We believe in the spiritual unity of the Church, which is called the Body or the Bride of Christ, made up of all who are spiritually reborn through faith in the Lord Jesus Christ.

I agree to abide by the Jonah Ministries Code of Conduct . I am in full agreement with the Jonah Ministries Statement of Faith, and I agree to refrain from any activity that would conflict with the above beliefs.

Name

Date

ZOLLER'S RAFTING WAIVER Jonah Ministries participates with Zoller's Outdoor Odysseys, Inc. as one of our off-campus activities. Zoller's Outdoor Odysseys, Inc. requires this waiver to participate in their program. Thank you for your cooperation.

17 AND UNDER

If under eighteen years of age, parent, guardian, or custodian must sign the following indemnification:

INDEMNIFICATION

In consideration for the above minor being permitted by **ZOLLER'S OUTDOOR ODYSSEYS, INC.** to participate in the activities of rafting which include, without limitation, the use of its services, and equipment, I agree to the following waiver, release and indemnification:

The undersigned parent, guardian, or custodian of the above minor, for himself/ herself and on behalf of said minor, hereby joins in foregoing Waiver and Release and hereby stipulates and agrees to save and hold harmless, indemnify, and forever defend **ZOLLER'S OUTDOOR ODYSSEYS, INC.**, THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM AND against any claims, actions, demands, expenses, liabilities (including reasonable attorneys' fees), and NEGLIGENCE made or bought by said minor or by anyone on behalf of said minor, as a result of said minor's participation in the activities of **ZOLLER'S OUTDOOR ODYSSEYS, INC.** and his or her use of the property and facilities of **ZOLLER'S OUTDOOR ODYSSEYS, INC.** I, for myself and on behalf of said minor, agree not to sue **ZOLLER'S OUTDOOR ODYSSEYS, INC.** as a result of any injury, paralysis, or death that said minor suffers in connection with his/her participation in the activities of **ZOLLER'S OUTDOOR ODYSSEYS, INC.**

I also grant **ZOLLER'S OUTDOOR ODYSSEYS INC.**, permission to photograph this activity. I UNDERSTAND THAT THESE PHOTOGRAPHS MAY BE AVAILABLE TO PURCHASE AS WELL AS USED IN PROMOTIONAL ENDEAVORS.

This Agreement shall be governed by and construed in accordance with the laws of the State of Washington and venue of any action relating to this release shall be in Klickitat County, Washington.

Signature of Parent, Guardian or Custodian of Minor

Date

Print Name of Minor

Witness

Date

ZOLLER'S RAFTING WAIVER Jonah Ministries participates with Zoller's Outdoor Odysseys, Inc. as one of our off-campus activities. Zoller's Outdoor Odysseys, Inc. requires this waiver to participate in their program. Thank you for your cooperation.

18 AND OVER

Waiver and Release Agreement

Please read carefully before signing

This is a release of liability and waiver of certain rights

In consideration for my being permitted to participate in the activities of ZOLLER'S OUTDOOR ODYSSEYS, INC., I agree to the following Waiver and Release:

I acknowledge that rafting has inherent risks, hazard, and dangers that cannot be eliminated, particularly in a wilderness environment. I UNDERSTAND THAT THESE RISKS, HAZARD, AND DANGER INCLUDE WITHOUT LIMITATIONS:

1. Water hazards in boating and wading in the rivers including drowning;
2. Hiking in rugged country;
3. Injuries from rafting equipment and other participants;
4. Temperature extremes;
5. Inclement weather condition and unavailability of immediate medical attention in the wilderness in case of injury.

I understand the risks, hazards, and dangers of rafting and have had the opportunity to discuss them with ZOLLER'S OUTDOOR ODYSSEYS, INC.. I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have that good physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks. I AM VOLUNTARILY USING THE SERVICES OF ZOLLER'S OUTDOOR ODYSSEYS, INC. WITH THE FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS, OR DEATH.

Lastly, I, for myself, my heirs, successors, executors, and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE, AND RELEASE, INDEMNIFY AND HOLD HARMLESS ZOLLER'S OUTDOOR ODYSSEYS, INC., their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney's fees) which are related to, arise out of, or are in any way connected with participation in this activity including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to my or my property as a result of my engaging in these activities or the use of these services, or equipment, whether such damage, loss, injury, paralysis, or dither results from negligence of ZOLLER'S OUTDOOR ODYSSEYS, INC. or from some other cause. I, for my heirs, successors, my executors, subrogees, and myself further agree not so sue ZOLLER'S OUTDOOR ODYSSEYS, INC. as a result of and injury, paralysis, or death suffered in connection with my use and participation in the activities of ZOLLER'S OUTDOOR ODYSSEYS, INC.. I also grant ZOLLER'S OUTDOOR ODYSSEYS, INC., permission to photograph this rafting activity; I UNDERSTAND THAT THESE PHOTOGRAPHS MAY BE AVAILABLE TO PURCHASES AS WELL AS USED IN PROMOTIONAL ENDEAVORS. This Agreement shall be governed by and construed in accordance with the laws of the State of Washington and venue of any action relating to this release shall be in Klickitat County, Washington.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

Signature: _____ Date: _____

Print Name: _____

Mailing Address: _____ City State Zip: _____

JONAH MINISTRIES
PERSONAL REFERENCE FORM #1
Christian Worker

Please return to:
Jonah Ministries
31 Little Mtn. Rd.
Trout Lake, WA 98650
509-395-2900 TEL
509-395-2920 FAX
www.campjonah.com
jonah@campjonah.com

This section to be completed by applicant: (Please provide each reference a stamped envelope addressed to Jonah Ministries)

Applicant's Name _____ **Phone** _____
 Address _____ City _____ Zip _____
 Position applying for 1. _____ 2. _____ 3. _____

The above named person is applying for summer staff at Jonah Ministries. It is important to us to obtain objective and valid statements from those who have some personal knowledge of the applicant's abilities and characteristics.

It is important to receive this completed form as soon as possible in order to process this candidate's application. Any information you give us will be regarded as strictly confidential. Please send this form directly to Jonah Ministries at the above address. Thank you.

1. How long have you know the applicant? _____ In what capacity?
2. Is the applicant a Christian? _____ For approximately how long? _____
3. Does the applicant appear to be growing in his/her relationship with the Lord? _____ Please explain
4. What is your impression of the applicant's understanding of the Scriptures, witnessing, and prayer life?
5. Please rate the Applicant in regard to the following on a scale of 1-5 (1=low/5=high)

___ Able to follow instructions	___ Able to cope with other's problems
___ Loyal	___ Able to work without close supervision
___ Outgoing and friendly	___ Able to work in a team situation
___ An able leader of others	___ Positive Attitude
___ Consistent in Christian testimony	___ Cooperative
___ Disciplined in personal habits	___ Trustworthy
___ Enthusiastic	___ Team Player
___ Able to adjust to different situations	

Please grade the applicant on the following characteristics and traits on a scale of 1-5 (1=low/5=high)

- | | |
|-----------------------|------------------------------------|
| ___ Modest Dress | ___ Initiative |
| ___ Personal Grooming | ___ Ability to make friends |
| ___ Tact | ___ Good with children |
| ___ Dependability | ___ Willingness |
| ___ Judgment | ___ Attitude toward authority |
| ___ Punctuality | ___ Attitude toward hard work |
| ___ Communication | ___ Public speaking ability |
| ___ Organization | ___ Honesty and personal integrity |
| ___ Sense of Humor | ___ Courtesy |

6. There is a possibility that the applicant would be employed as a camp counselor. Would you consider the applicant qualified to counsel your child or teenager?

7. Please list one strength and one weakness of the applicant:

8. Are you recommending this person because of what they can gain from this experience or because of how they can benefit Jonah Ministries?

9. Please check your choice of recommendation:

- I strongly recommend
- I recommend
- I recommend with some reservation
- I do not recommend

10. Please give your opinion on this applicant's overall suitability to work in a ministry setting such as Jonah Ministries.

11. If there are others with whom we should talk about the applicant, please give their names and phone numbers.

Your Name (please print) _____ Date _____

Address _____

Position/Organization _____ Phone _____

Signature _____

Thank you for your assistance.

- Please mark box if you would like to be added to the Jonah Ministries general mailing list
If this reference is filled in online, please expect a verification phone call.

JONAH MINISTRIES
PERSONAL REFERENCE FORM #2

Employer / Teacher

Please return to:
Jonah Ministries
31 Little Mtn. Rd.
Trout Lake, WA 98650
509-395-2900 TEL
509-395-2920 FAX
www.campjonah.com
jonah@campjonah.com

This section to be completed by applicant: (Please provide each reference a stamped envelope addressed to Jonah Ministries)

Applicant's Name _____ **Phone** _____
 Address _____ City _____ Zip _____
 Position applying for 1. _____ 2. _____ 3. _____

The above named person is applying for summer staff at Jonah Ministries. It is important to us to obtain objective and valid statements from those who have some personal knowledge of the applicant's abilities and characteristics.

It is important to receive this completed form as soon as possible in order to process this candidate's application. Any information you give us will be regarded as strictly confidential. Please send this form directly to Jonah Ministries at the above address. Thank you.

1. How long have you know the applicant? _____ In what capacity?
2. Is the applicant a Christian? _____ For approximately how long? _____
3. Does the applicant appear to be growing in his/her relationship with the Lord? _____ Please explain
4. What is your impression of the applicant's understanding of the Scriptures, witnessing, and prayer life?
5. Please rate the Applicant in regard to the following on a scale of 1-5 (1=low/5=high)

___ Able to follow instructions	___ Able to cope with other's problems
___ Loyal	___ Able to work without close supervision
___ Outgoing and friendly	___ Able to work in a team situation
___ An able leader of others	___ Positive Attitude
___ Consistent in Christian testimony	___ Cooperative
___ Disciplined in personal habits	___ Trustworthy
___ Enthusiastic	___ Team Player
___ Able to adjust to different situations	

Please grade the applicant on the following characteristics and traits on a scale of 1-5 (1=low/5=high)

- | | |
|-----------------------|------------------------------------|
| ___ Modest Dress | ___ Initiative |
| ___ Personal Grooming | ___ Ability to make friends |
| ___ Tact | ___ Good with children |
| ___ Dependability | ___ Willingness |
| ___ Judgment | ___ Attitude toward authority |
| ___ Punctuality | ___ Attitude toward hard work |
| ___ Communication | ___ Public speaking ability |
| ___ Organization | ___ Honesty and personal integrity |
| ___ Sense of Humor | ___ Courtesy |

6. There is a possibility that the applicant would be employed as a camp counselor. Would you consider the applicant qualified to counsel your child or teenager?

7. Please list one strength and one weakness of the applicant:

8. Are you recommending this person because of what they can gain from this experience or because of how they can benefit Jonah Ministries?

9. Please check your choice of recommendation:

- I strongly recommend
- I recommend
- I recommend with some reservation
- I do not recommend

10. Please give your opinion on this applicant's overall suitability to work in a ministry setting such as Jonah Ministries.

11. If there are others with whom we should talk about the applicant, please give their names and phone numbers.

Your Name (please print) _____ Date _____

Address _____

Position/Organization _____ Phone _____

Signature _____

Thank you for your assistance.

- Please mark box if you would like to be added to the Jonah Ministries general mailing list
If this reference is filled in online, please expect a verification phone call.

JONAH MINISTRIES
PERSONAL REFERENCE FORM #3
 Personal Adult Friend

Please return to:
Jonah Ministries
 31 Little Mtn. Rd.
 Trout Lake, WA 98650
 509-395-2900 TEL
 509-395-2920 FAX
www.campjonah.com
jonah@campjonah.com

This section to be completed by applicant: (Please provide each reference a stamped envelope addressed to Jonah Ministries)

Applicant's Name _____ **Phone** _____
 Address _____ City _____ Zip _____
 Position applying for 1. _____ 2. _____ 3. _____

The above named person is applying for summer staff at Jonah Ministries. It is important to us to obtain objective and valid statements from those who have some personal knowledge of the applicant's abilities and characteristics.

It is important to receive this completed form as soon as possible in order to process this candidate's application. Any information you give us will be regarded as strictly confidential. Please send this form directly to Jonah Ministries at the above address. Thank you.

1. How long have you know the applicant? _____ In what capacity?
2. Is the applicant a Christian? _____ For approximately how long? _____
3. Does the applicant appear to be growing in his/her relationship with the Lord? _____ Please explain
4. What is your impression of the applicant's understanding of the Scriptures, witnessing, and prayer life?
5. Please rate the Applicant in regard to the following on a scale of 1-5 (1=low/5=high)

___ Able to follow instructions	___ Able to cope with other's problems
___ Loyal	___ Able to work without close supervision
___ Outgoing and friendly	___ Able to work in a team situation
___ An able leader of others	___ Positive Attitude
___ Consistent in Christian testimony	___ Cooperative
___ Disciplined in personal habits	___ Trustworthy
___ Enthusiastic	___ Team Player
___ Able to adjust to different situations	

Please grade the applicant on the following characteristics and traits on a scale of 1-5 (1=low/5=high)

- | | |
|-----------------------|------------------------------------|
| ___ Modest Dress | ___ Initiative |
| ___ Personal Grooming | ___ Ability to make friends |
| ___ Tact | ___ Good with children |
| ___ Dependability | ___ Willingness |
| ___ Judgment | ___ Attitude toward authority |
| ___ Punctuality | ___ Attitude toward hard work |
| ___ Communication | ___ Public speaking ability |
| ___ Organization | ___ Honesty and personal integrity |
| ___ Sense of Humor | ___ Courtesy |

6. There is a possibility that the applicant would be employed as a camp counselor. Would you consider the applicant qualified to counsel your child or teenager?

7. Please list one strength and one weakness of the applicant:

8. Are you recommending this person because of what they can gain from this experience or because of how they can benefit Jonah Ministries?

9. Please check your choice of recommendation:

- I strongly recommend
- I recommend
- I recommend with some reservation
- I do not recommend

10. Please give your opinion on this applicant's overall suitability to work in a ministry setting such as Jonah Ministries.

11. If there are others with whom we should talk about the applicant, please give their names and phone numbers.

Your Name (please print) _____ Date _____

Address _____

Position/Organization _____ Phone _____

Signature _____

Thank you for your assistance.

- Please mark box if you would like to be added to the Jonah Ministries general mailing list
If this reference is filled in online, please expect a verification phone call.

**Jonah Ministries Staff
2010 AVAILABILITY AGREEMENT**

Commitment:

- 8 week commitment: June 12– August 8, 2010

Availability Agreement

- I am committed to the dates checked above.
- I have prayerfully considered this commitment.
- I agree that by signing this Availability Agreement I will make this commitment my first priority.
- My parents (if you are still living at home) are supportive of this agreement and understand the time commitment involved.

Applicant Signature

Print Your Name Here

Parent / Guardian Signature (if under 18)

Date