



Workers Application 2018

Please return your completed application before **June 11, 2018** to:

Brad Brede Ministries
P.O. Box 393
Alexandria, MN 56308

If you have any questions regarding this application, please contact Brad at:

Phone: 320-766-6177
E-mail: bbmbrad@arvig.net

For Office Use Only

Application Received ____/____/____

Application Fee Received by _____ Check # _____

Pastor Evaluation Received by _____ Date ____/____/____

Background Check Received by _____ Date ____/____/____

Workers Manual Sent by _____ Date ____/____/____

Position Requested _____

Please Read Carefully

(Please complete all steps before submitting this application)

1. Attach a current photograph matching the dimensions of the box provided.
2. Enclose the \$230 application fee made payable to Brad Brede Ministries.
3. The pastor's recommendation form must be completed by your pastor and mailed directly to Brad Brede Ministries by your pastor.
4. Enclose a copy of your national background check (not a county/state check).
5. Fill in all blanks. If a question does not apply, write DNA. Your application may be returned if any area is left blank or unreadable. Please print clearly.
6. Your application will not be processed until the picture, application fee, background check, pastor's recommendation, and all required materials are received.

**Attach Your
Photograph Here**

Head and Shoulders
Only

PERSONAL AND FAMILY INFORMATION

Full Legal Name _____ (first) _____ (middle) _____ (last) Date of Birth ____/____/____ mm dd yy

Address _____ E-mail Address _____

City _____ State _____ Zip _____ Age _____

Home Phone (____)____ - _____ Work Phone (____)____ - _____ Cell Phone (____)____ - _____

Social Security Number _____ Drivers License Number and State _____

Male _____ Female _____ Height: _____ Ft. _____ Inches Weight: _____ lbs. U.S. Citizen? Yes _____ No _____

If you are not a United States citizen, are a resident alien, or do not have a permit to work within the United States, please contact us immediately. Permanent residents, please provide a front and back copy of your resident alien card or work permit and the following information:

Country of Birth _____ Country of Citizenship _____ Social Security Number _____

Please indicate what status you presently hold _____

Marital Status (check one):

Single _____ Engaged _____ Married _____ Remarried _____ Divorced _____ Widowed _____ Separated* _____

*Give complete details on page 7 of this application.

Name of Spouse or Fiancée _____ Is your spouse or fiancée serving the Lord? _____

Is your spouse or fiancée in agreement with you serving at Xtreme Passion Youth Camp? _____

Will your spouse or fiancée be attending Xtreme Passion Youth Camp? _____

CHURCH AFFILIATION AND REFERENCES

Church You Currently Attend _____ Pastor's Name _____

Address _____ City _____ State _____ Zip _____

Church Phone (____) _____ - _____ How long have you attended this church? _____ year(s) _____ month(s)

Do you consider this church your home church? _____ Are you a member? _____ Do you attend regularly? _____

Pastor's recommendation form given to: (Name of current pastor) _____

If you have attended your present church less than one year, state the reason and include the name of your former church, pastor, and dates of attendance on page 7 of this application.

In what church activities are you currently involved?

In what church activities were you formerly involved?

How long?

How Long?

If you are not currently involved in your local church, please briefly explain why on page 7 of this application.

Are you a licensed minister? _____ Do you have a current ordination certificate? _____ Date Issued: _____

If so, with what Denomination/Organization? _____

In what capacity have you been involved in youth ministry? _____

List any gifts, callings, training, education, or other factors that have prepared you for youth ministry: _____

Personal references: (Someone other than a relative who has known you well for a year or more.)

Fellow church member or regular attendee:

Employer:

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone (____) _____ - _____

Phone (____) _____ - _____

STATEMENT OF BELIEF

Do you believe the Bible is the inspired Word of God and the only infallible guide in matters pertaining to conduct and doctrine? Yes _____ No _____

Do you believe in the Holy Trinity – that our God is one, but manifested in three persons: the Father, the Son, and the Holy Spirit? Yes _____ No _____

Do you believe in the deity of the Lord Jesus Christ, that He is God made flesh, and He is the only mediator between God and man? Yes _____ No _____

Do you believe that Jesus Christ is God's Son and the only sacrifice for sin? Yes_____ No_____

Do you believe that Jesus Christ arose bodily from the dead? Yes_____ No_____

Do you believe that all mankind must be born again before physical death to receive eternal life? Yes_____ No_____

Do you believe in the in-filling of the Holy Spirit with the evidence of speaking in tongues? Yes_____ No_____

Do you believe that divine healing is part of our redemption and is God's will for all who believe? Yes_____ No_____

Do you believe in the rapture of the church prior to the seven year tribulation? Yes_____ No_____

Do you believe that Jesus is coming again to receive His bride (the church) and after the tribulation return to earth to reign a thousand years? Yes_____ No_____

ENLISTMENT INFORMATION

How did you hear about Xtreme Passion Youth Camp?_____

Why do you want to serve at Xtreme Passion Youth Camp?_____

Date you were saved: _____/_____/_____ mm dd yy Briefly state how you know you are saved:_____

In the time since your salvation experience, has there been a period when you did not live for the Lord?_____

If yes, please explain briefly and indicate the approximate date of your decision to fully commit your life to the Lord.

Are you filled with the Holy Spirit according to Acts 2:4?_____ Year you began to speak in tongues:_____

Briefly describe your present relationship with the Lord and your walk with Him._____

AREAS OF INTEREST

Please indicate one or more of the following areas in which you prefer to provide assistance. All volunteer positions are subject to approval by the executive committee.

Team Captain_____ Enforcer (security)_____ Medic_____ Facilitator (general helper)_____ Lifeguard_____

List any formal training that has prepared you to serve in these areas:_____

EDUCATIONAL HISTORY

Please circle the highest level of education attained:

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical 1 2

College 1 2 3 4 Master's Specialist Doctorate Other_____

Can you read, write, and comprehend the English language? Yes_____ No_____

CRIMINAL RECORD

Have you ever been arrested? Yes _____ No _____ If yes, give details on page 7 of this application.

When? _____ Where? _____ Why? _____ Date(s): _____

Have you ever been jailed? Yes _____ No _____ If yes, give details on page 7 of this application.

When? _____ Where? _____ Why? _____ Date Released: _____

Have you ever been fined for a criminal charge (excluding traffic violations)? Yes _____ No _____ If yes, give details.

When? _____ Where? _____ Why? _____ Amount Fined: _____

Have you ever been placed on probation? Yes _____ No _____ If yes, give details on page 7 of this application.

When? _____ Where? _____ Why? _____ Date Released: _____

Have you ever been accused, questioned, or investigated for child abuse/neglect, or child molestation?

Yes _____ No _____ If yes, give details on page 7 of this application.

Have you ever been accused, questioned, or investigated for spousal abuse? Yes _____ No _____

If yes, give details on page 7 of this application.

We must be informed of any changes that take place after we receive your application.

SUBSTANCE ABUSE

Have you ever used any form of tobacco products? Yes _____ No _____ If so, when did you last use them? _____

Have you ever used alcohol? Yes _____ No _____ If so, when did you last use it? _____

Have you ever used illegal or habit-forming drugs? Yes _____ No _____ If so, when did you last use them? _____

What drugs did you use? _____ For how long? _____

If you answered yes to any of the above questions and use has occurred within the past year, please give an explanation including dates and details on page 7 of this application.

We believe that in order for a person to effectively serve within our program he or she must abide by the highest standards of personal conduct. This includes abstinence from the use of tobacco, alcohol, or illegal drugs. Understanding our position on this matter, please indicate below your decision concerning our policy:

I will abide by this policy _____ I cannot abide by this policy _____ I understand that if Xtreme Passion is notified that I have violated the above stated policy, it will be grounds for denial of acceptance into camp or dismissal from camp.

Signature _____ Date _____

If any changes occur after you sign this application, you must immediately inform our office with details and explanation in writing.

HOMOSEXUALITY—LESBIANISM

Have you ever been involved with homosexuality/lesbianism? Yes _____ No _____

If yes, give dates: From _____ To _____

If yes, give a brief explanation of what your beliefs were while you were involved, why you became involved, and what your beliefs are now using page 7 of this application.

HEALTH

Circle those illnesses or conditions you have had or now have.

Circle all that apply: F-Formerly P-Presently If none apply, write "DNA" here: _____

- | | | | |
|--|----------------------------|------------------------------|--------------------------------------|
| F P Asthma | F P Diabetes | F P Mental Disorder | F P Rheumatism |
| F P Cancer | F P Hernia | F P Paralysis | F P Typhoid |
| F P Allergies | F P Kidney Disease | F P Rheumatic Fever | F P Nephritis |
| F P Heart Disease | F P Epilepsy | F P Multiple Sclerosis | F P Seizures |
| F P Nervous Disorder | F P Eye Disease | F P Tuberculosis | F P Spinal Disease |
| F P Contagious Diseases | F P Transmittable Diseases | F P Muscular Dystrophy | F P Stomach Disorder |
| F P Abnormal Blood Pressure | F P Genito-urinary Disease | F P Anorexia Nervosa/Bulimia | F P Other (attach letter explaining) |
| F P Acquired Immune Deficiency Syndrome (AIDS) | | | |

Of those circled above, briefly state the nature and length of illness, place of hospitalization, date of occurrence, and any permanent effects using page 7 of this application.

Have you ever been a patient (committed or voluntary) in a mental hospital or sanitarium? Yes _____ No _____

Have you ever received treatment for a psychiatric disorder? Yes _____ No _____

Please rate your general health (circle one): Excellent (E) Good (G) Fair (F) Poor (P)

Please designate with E, G, F, or P the condition of your: Eyes _____ Ears _____ Heart _____ Lungs _____

Fitness category that best describes you: Active (exercise 4 times per week) _____ Semi-active (2x per week) _____

Inactive (biweekly) _____ Comatose (little to no exercise) _____

List any physical handicaps or conditions which may prevent you from performing certain types of activities related to youth work: _____

Do you have any disabilities that would require special facilities? Yes _____ No _____ If so, what: _____

Do you have any known drug allergies? Yes _____ No _____ If so, what: _____

Nearest relative (besides spouse) to be notified in case of emergency. The person listed must have a telephone.

Name _____ Relationship To You _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____

MEDICAL CONSENT

I, the undersigned, do hereby state that on the date indicated, I do grant full and complete permission to Xtreme Passion Youth Camp, its employees or designate, or any related or consulting physician to render or give emergency medical aid, care, treatment, or assistance that could or would be deemed required or necessary. I also state that should extended or required hospitalization be required, I grant full and complete permission for such care and treatment. This consent I give freely and voluntarily, fully knowing and understanding all the above and its relation to and effect upon me.

Yes _____ No _____ Applicant's Signature _____ Date _____

Do you have a national health insurance policy?_____ Name of Insurance Agency:_____

Policy #_____ Agent's Name:_____ Agent's Phone (_____)_____ - _____

BACKGROUND CHECK

You are required to have a current national (not a county/state) criminal background check performed through the Accufax Incorporation. If you already have national criminal background check information that was performed through an organization other than Accufax Inc., you must contact our office and gain approval from the executive committee of Xtreme Passion Youth Camp to accept such criminal background check information. You must provide detailed information about the criminal history record provider and a copy of the information received concerning the applicant.

You will not be approved to attend Xtreme Passion Youth Camp without a completed criminal background check. To complete your criminal background check contact the Accufax Inc., 9432 E 51st, Tulsa, OK 74145, Telephone 800-256-8898. A minimal fee will be charged to you. Attach a copy of your background check to this application before submitting it. Your application will be considered incomplete if it is submitted without the completed background check.

STATEMENT OF TRUTH

I authorize any personal references or churches listed in this application, and government agencies to give you information they may have regarding my character and fitness for work with minors. I release all such references from liability for any damage that may result from furnishing such evaluations to you and I waive any right that I have to inspect the references provided on my behalf. I understand that all information provided will be kept confidential. I understand that all items submitted to Xtreme Passion Youth Camp as part of the application process become the permanent property of Brad Brede Ministries and will not be returned or copied for applicant's use.

Should my application be accepted, I agree to be bound by the constitution, by-laws and policies of Northland Christian Center Inc., a.k.a. Brad Brede Ministries, and the Xtreme Passion Youth Camp and to refrain from unscriptural conduct in the performance of my services on behalf of the Xtreme Passion Youth Camp.

I hereby state that all the information contained on this application is correct and true. If Brad Brede Ministries is notified that any of the information contained on the application is false, it will be grounds for dismissal from camp.

Applicant's Signature _____ Date _____

Be sure to review your application before mailing. Incomplete applications will be returned to you for completion, thus taking longer to process. All questions must be answered and blank spaces filled. There will be a \$20.00 late fee for all applications postmarked after the June 11, 2018 deadline.

