

Camp BASIC
Monday, July 9th - Friday, July 13th 2018
High School Staff Application

Name: _____ Grade: _____ Date: _____

Phone Number: _____ E-mail: _____ Parish: _____

Application Deadline: Tuesday, May 15th. - Application does not guarantee acceptance onto staff. This application is NOT on a first come first serve basis. Turn in application forms to Samantha Shepard or by dropping them off at the parish office. You will be notified about your status of a Camp BASIC staff member by end of May.

Qualifications for High School Staff:

1. Must be interested in deepening your relationship with Jesus while helping create a place for others to encounter Jesus and grow
2. Must have completed 9th Grade.
3. Must be a true example to peers by your actions, have lots of energy, enthusiasm, and patience with middle school youth.
4. Must respect adult authority.
5. **Must attend HS Leadership Retreat/Workshop in Bryan. June 20th-21st and Team Meeting on July 8th.**
6. Must be able to attend entirety of Camp BASIC, July 9th-13th.

Answer all questions honestly and openly.

1. **Why do you want to staff Camp BASIC?**

2. **Describe your relationship with Jesus, including some high points that have helped you get to where you are today.**

3. What does it mean to be a leader? What strengths do you bring to student leadership?

4. List two weaknesses you need to work on. Why do you feel you need to grow in these areas?

5. Are you able to staff the entire Camp BASIC?

6. Please provide one letter of recommendation as to why you would be a good staffer at Camp BASIC. This letter may not come from a family member.

Parent Name: _____ Parent Phone Number: _____

Parent E Mail (if not on file) _____

I (we) the undersigned parent(s), legal guardian(s) of _____, a minor, do hereby release, hold harmless and discharge Ablaze Ministries or St. Joseph's, its staff and volunteers and the Diocese of Austin, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my (our) child's participation in this event. I waive such claims against organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I (we) authorize treatment of my (our) child by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary. This consent form will remain effective en route to, during and en route from event site(s) listed at the top of this form.

Code of Behavior: I agree that my child shall abide by the rules and regulations of this event. I understand that if my child fails to abide by the rules or engages in any infraction of the rules whatsoever, my child will be dismissed from the event and sent home at my expense for the immediate transportation home with no right of reimbursement for any amount in connection therewith.

Signature of parent or legal guardian

Date