



# SUMMER PROJECT 2012 APPLICATION

## Here's how this works:

1. Pray.

2. Fill out this form.

Disclaimer No. 1: Yes, it's long, but we need to be thorough to make sure this project is a good fit for you and the ministry of King's Domain.

Disclaimer No. 2: The confidential sections will be viewed by only the person evaluating your application and the person overseeing your development on project. They will both be the same gender as you. Honesty and sincerity are taken into account over a "perfect record."

3. Print it — but not this page.

4. Mail it back to us.

Summer Project Application

King's Domain

5778 State Route 350

Oregonia, Ohio 45054

5. Print four copies of the reference form found at [kingsdomain.org](http://kingsdomain.org).

6. Explain King's Domain Summer Project to your references so they know what's going on.

7. Give each of your references a form in a stamped, addressed (to us) envelope.

8. Wait to hear back from us.

Apply by December 10 to hear back by January 28.

Apply by January 24 to hear back by February 28.

Apply by February 24 to hear back by March 28.

9. Pray.

# THE BASICS

FULL NAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_  
GENDER: Male Female BIRTHDATE: \_\_\_\_\_  
MARITAL STATUS: Single Engaged Married Widowed  
PERMANENT ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_  
DESIRED PROJECT: Project 1 (May 30–July 25) Project 2 (June 27–August 15) Full-summer project (May 30–August 15)

# EMERGENCY CONTACT

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

# EDUCATION

COLLEGE/UNIVERSITY: \_\_\_\_\_ GPA: \_\_\_\_\_  
YEAR: Freshman Sophomore Junior Senior Graduate  
PROJECTED GRADUATION DATE: \_\_\_\_\_ FULL-TIME STUDENT? Yes No  
MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_  
SCHOOL ADDRESS: \_\_\_\_\_

# WORK EXPERIENCE

ARE YOU A U.S. CITIZEN? Yes No IF NOT, CAN YOU LEGALLY WORK IN THE U.S.? Yes No  
PAST WORK HISTORY: Provide your four most recent employment positions. Include positions on camping staffs.

Dates	Employer/Supervisor	Email/Phone	Position/Nature of work	Reason for leaving

VOLUNTEER POSITIONS: \_\_\_\_\_

# INVOLVEMENT

HIGH SCHOOL OR COLLEGE HONORS, ACTIVITIES, AND LEADERSHIP: Circle HS and/or C for all that apply.

- HS    C    Scholastic honors
- HS    C    Class officer
- HS    C    Student council/government
- C    Fraternity/Sorority (Office: \_\_\_\_\_)
- C    Resident assistant
- HS    C    Other: \_\_\_\_\_

ARE YOU ACTIVELY INVOLVED IN A STUDENT MINISTRY?    Yes    No

IF SO, FOR HOW LONG?    Less than a year    2–3 years    More than three years

WHICH ONE(S)?

- Campus Crusade for Christ    Epic
- Student Venture    Impact
- Young Life    Destino
- Youth for Christ    Bridges
- Other: \_\_\_\_\_

DO YOU HOLD A REGULAR POSITION IN YOUR CAMPUS MINISTRY?    Yes    No    Please specify: \_\_\_\_\_

WITH WHICH OUTREACHES HAVE YOU BEEN INVOLVED?

- Local church    What? \_\_\_\_\_
- Spring break mission trip    Where? \_\_\_\_\_
- Summer mission trip    Where? \_\_\_\_\_
- Campus Crusade summer project    Where? \_\_\_\_\_
- Other    What? \_\_\_\_\_

## CAMP EXPERIENCE

HAVE YOU EVER ATTENDED A SUMMER CAMP?    Yes    No    Where? \_\_\_\_\_

HAVE YOU EVER SERVED ON A CAMP STAFF?    Yes    No  
Where? Responsibilities? \_\_\_\_\_

## EXPERIENCE WORKING WITH CHILDREN

PLEASE LIST ALL CURRENT AND PREVIOUS EXPERIENCE WITH CHILDREN: Include when, where, and kids' age range.

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## MINISTRY EXPERIENCE

HAVE YOU PREVIOUSLY WORKED IN MINISTRY, PAID OR VOLUNTARY?    Yes    No  
If so, where, when, and what were your responsibilities? \_\_\_\_\_

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HAVE YOU EVER...?    Led a small group    Led a Bible study    Taught theology/Biblical concepts    Spoken/Preached

## CHURCH AFFILIATION

CURRENT CHURCH: \_\_\_\_\_

DENOMINATION: \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_

DENOMINATION: \_\_\_\_\_

MEMBER?    Yes    No

ATTENDING SINCE: \_\_\_\_\_

MEMBER?    Yes    No

ATTENDING SINCE: \_\_\_\_\_

## BELIEFS

(If necessary, attach your answers.)

WHAT IS YOUR UNDERSTANDING OF LIVING A SPIRIT FILLED LIFE?

WHAT DO YOU BELIEVE ABOUT THE AUTHORITY OF THE BIBLE?

PLEASE EXPLAIN YOUR BELIEFS ON SALVATION THROUGH CHRIST ALONE.

WHAT IS YOUR PERSPECTIVE ON EVANGELISM?

HOW OFTEN DO YOU SHARE YOUR FAITH?    Weekly    Monthly    Occasionally    Seldom    Never

WHAT ARE THE MAIN POINTS YOU SHARE WITH A PERSON WHO WANTS TO KNOW CHRIST?

ARE YOU WILLING TO BE TRAINED AND TAKE THE INITIATIVE IN EVANGELISM?    Yes    No

WHAT ARE YOUR BELIEFS ABOUT SPEAKING IN TONGUES?

ARE YOU WILLING TO REFRAIN FOR THE DURATION OF PROJECT?    Yes    No    Please call me for further clarification.

Why are we asking? There are differences of opinion within the body of Christ regarding speaking in tongues, we ask, for the sake of unity, that you agree to suspend any public practice of tongues and refrain from discussing and/or promoting the issue for the duration of project.

ARE YOU WILLING TO FOLLOW PROJECT GUIDELINES AND PROJECT LEADERSHIP EVEN THOUGH YOU MIGHT NOT TOTALLY AGREE WITH THEM IN EVERY SITUATION? (On a difference of opinion, not something unbiblical or immoral)

Yes    No    Why or why not? \_\_\_\_\_

## **REFLECTION**

WRITE A BRIEF STATEMENT OF HOW YOU CAME TO KNOW JESUS CHRIST PERSONALLY.

DESCRIBE YOUR CURRENT RELATIONSHIP WITH JESUS AND WHAT GOD IS TEACHING YOU THIS YEAR.

IN YOUR OPINION, WHAT ARE YOUR STRENGTHS (CHARACTER TRAITS/ABILITIES/SKILLS)?

WHAT ARE YOUR WEAKNESSES? IN WHAT AREAS DO YOU WANT TO GROW?

**(CONFIDENTIAL: See cover page for explanation.)**

## MEDICAL CONDITIONS

It is important for you to understand that the challenges of your own conditions along with the specific environment on this project may present difficulties for you. The following are conditions you will encounter on this project:

- Housing without elevators/ramps
- Housing without air conditioning
- Extensive walking
- Walking on earthen trails
- Full and very demanding schedule
- Limited control over what food is available (Food is prepared for the whole camp, but we do try to have options.)
- Spending your summer with others who are new to you
- Sharing cramped living quarters
- Not having your own space most of the time and limited free time

Please note that a pre-existing medical condition does not necessarily disqualify you from being accepted to participate in a project, but we may not be able to accommodate your needs.

DO YOU HAVE ANY ALLERGIES?

Yes    No    If yes, please specify: \_\_\_\_\_

DO YOU HAVE ANY MEDICAL ISSUES, PHYSICAL LIMITATIONS, OR DISABILITIES REQUIRING SPECIAL ACCOMMODATIONS TO PARTICIPATE IN KDSP?

Yes    No    If yes, please specify: \_\_\_\_\_

IF YOU TAKE ANY MEDICATIONS, WILL YOU BE ABLE TO HAVE ENOUGH FOR THE DURATION OF THE PROJECT?    Yes    No

Because of housing with children, you will be asked to turn these in to our nursing staff at the beginning of project with proper labeling.

(You will have access to them whenever you need them.)

DO YOU RECEIVE ANY ONGOING MEDICAL TREATMENTS?    Yes    No

We ask so we can help you find medical facilities to accommodate you during project.

HAVE YOU EXPERIENCED A PSYCHOLOGICAL OR EMOTIONAL CONDITION? (e.g. Eating disorder, cutting/self-injury, bipolar disorder, prolonged depression, thoughts of suicide, significant anxiety...)

Yes    No

Please give history, treatment, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(CONFIDENTIAL: See cover page for explanation.)**

## **MORAL CONVICTIONS**

We know that following are sensitive questions. We want you to experience freedom and growth in Christ. We don't expect perfection. This information will be treated confidentially and will be seen only by appropriate project staff. Please answer all questions honestly. Your answers here will NOT automatically disqualify you.

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY TO A FELONY OR MISDEMEANOR?

Yes No If yes, please explain: \_\_\_\_\_

DO YOU HAVE A POLICE OR PRISON RECORD AT ALL?

Yes No If yes, please explain: \_\_\_\_\_

IN WHAT SITUATIONS AND HOW OFTEN DO YOU DRINK ALCOHOL? WOULD YOU CONSIDER THIS AN AREA IN WHICH YOU STRUGGLE? IN THE PAST 12 MONTHS, HAVE YOU BEEN INTOXICATED? \_\_\_\_\_

IN THE PAST 12 MONTHS, HAVE YOU USED NARCOTICS, HALLUCINOGENS, DRUGS, OR TOBACCO PRODUCTS NOT PRESCRIBED BY A PHYSICIAN?

Yes No If yes, please explain: \_\_\_\_\_

DO YOU AGREE TO REFRAIN FROM DRINKING ALCOHOL AND REFRAIN FROM USING TOBACCO PRODUCTS FOR THE DURATION OF THE PROJECT?

Yes No

BRIEFLY EXPLAIN YOUR UNDERSTANDING OF WHAT THE BIBLE TEACHES ABOUT SEXUAL PURITY (PRINCIPLES)? WHAT HAVE YOU DONE TO PURSUE THIS STANDARD (BOTH IN CONVICTIONS AND PRACTICES)? PLEASE BE SPECIFIC. \_\_\_\_\_

IN THE PAST 12 MONTHS, HAVE YOU HAD AN INCIDENT THAT WOULD NOT BE CONSIDERED "ABOVE REPROACH"? (e.g. Pornography, masturbation, groping/fondling, dry humping, oral sex, sexual intercourse, etc.) Yes No

If yes, please explain. What steps have you taken to change this behavior? Whom have you included in your journey regarding this area?

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DO YOU HAVE EFFECTIVE ACCOUNTABILITY? Yes No

IN THE PAST 12 MONTHS, HAVE YOU STRUGGLED WITH OR PARTICIPATED IN HOMOSEXUAL RELATIONSHIPS/PRACTICE? Yes No

If yes, please explain. What steps have you taken to change this behavior? Whom have you included in your journey regarding this area?

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DO YOU HAVE EFFECTIVE ACCOUNTABILITY? Yes No

# EXPECTATIONS

WHAT ARE YOUR GOALS FOR THE SUMMER?

HOW WOULD YOU LIKE TO BE INVOLVED IN MINISTRY BACK ON YOUR CAMPUS IN THE FALL?

HAVE YOU SHARED YOUR DESIRE TO GO ON SUMMER PROJECT WITH YOUR PARENTS/GUARDIANS/CAREGIVERS?    Yes    No

If yes, please explain. (For starters, are they supportive, supportive with reservations, or unsupportive?) If no, why not?

To the best of my knowledge, all of the information in this application is true and complete. I also authorize you to make such inquiries as may be necessary in arriving at an acceptance decision, which includes contacting the people completing my references, my local Cru staff person, or others.

If accepted for summer project, I am aware that I am responsible to raise whatever financial support is necessary to fund my involvement with Campus Crusade for Christ and King's Domain.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## **BACKGROUND CHECK AUTHORIZATION**

The information contained in the application is correct to the best of my knowledge. I hereby authorize King's Domain and its designated agents and representatives to conduct a comprehensive review of my background causing and 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; credit reports, current and previous residences; employment 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 recorded, 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 King's Domain 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.

King's Domain and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER/ISSUING STATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# REFERENCES

We will not process your application until we have received at least two references. Please give each person the form in a stamped envelope addressed to: Summer Project Reference, King's Domain, 5778 State Route 350, Oregonia, Ohio 45054.

## 1. WORK

NAME: \_\_\_\_\_

ASSOCIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

## 2. ACADEMIC

NAME: \_\_\_\_\_

ASSOCIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

## 3. CHARACTER

NAME: \_\_\_\_\_

ASSOCIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

## 4. PASTOR/SPIRITUAL LEADER

NAME: \_\_\_\_\_

ASSOCIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_