



www.BYC.cc

Christian Camping and Retreat Center

Staff Application

BYC is located in Charlotte, Maine

BYC's off-season mailing address is
PO Box 1214
Ellsworth, ME 04605



Dear potential Camp Staff,

Thank you for your interest in working at BYC this season. It is always our prayer that God would bring just the right people to serve at camp. Staff are a huge part of a campers experience, from the kitchen to the cabin each staff role is of great importance. Camp can't happen without the best staff possible.

I look forward to getting your application and talking with you further. If you have any questions please contact me.

God is awesome!

Adrian α

Adrian C. Munro
BYC Executive Director
PO Box 1214
Ellsworth, ME 04605

A@BYC.cc
207-460-1536



Staff/Volunteer Application

Name: _____ Phone: _____

Street Address: _____ Email: _____

Town: _____ State: _____ Zip: _____

DOB (M/D/Y): _____ T-Shirt Size: _____

Position Applying for: (For those positions that require certification please enclose a copy with your application.)

- Camp Pastor Cabin Counselor Activity Coordinator
- Head Cook Assistant Cook Admin. Assistant
- Nurse Lifeguard H2O director
- Maintenance Jr Counselor Other : _____
- Leader in Training Coordinator

Camps you are available to be a part of (check www.BYC.cc schedule page for exact dates)

- Staff Training Junior High Remix
- Day of Joy Smunchkin Camp
- Tremendous Teens Praise Camp
- Junior High Adventure Jumpin' for Jesus Juniors
- Other : _____

Activities - Circle those you have skills/interest in.

- | | | |
|-----------------------|--------------|-------|
| waterfront activities | outdoors | games |
| sports : _____ | arts : _____ | drama |
| archery | music | dance |
| other : _____ | | |

Personal and Spiritual History (Use another sheet if needed)

1. Write a brief testimony about how you became a Christian.

2. What are 2 events that have significantly impacted your relationship with God.

3. Describe three major ways in which you have grown in your faith since you became a Christian.

4. How would you describe your spiritual journey today?

5. What accountability do you currently have in your Christian walk?

6. What do you do when you have a conflict with someone?
How do you handle confrontation?

Health History

Name: _____ DOB (M?D?Y): _____

Insurance Carrier: _____ Policy #: _____

Immunizations

Tetanus : __/__/__ Hepatitis A : #1 __/__/__ #2 __/__/__

Hepatitis B: __/__/__

Have you ever had chicken pox? Yes No

Medications

Please list each medication, it's dosage and the time that it is given:

Additional Information

Please list any known allergies (food/medications/bees) and type of reaction(s) :

Please list any frequent or chronic illness (es) that the team leaders should be aware of:

Please explain any behavioral or dietary restrictions:

Please explain any other information that you think would be necessary for the team leaders to know:

Health History Continued

This is a very important section.

Every applicant please sign below

I give permission for Baptist Youth Camp to seek medical attention for me if I am unable to make such a decision.

Printed Name: _____

Signed: _____ Date: _____

If applicant is under 18 a parent or guardian must sign below

I give permission for Baptist Youth Camp to seek medical attention for _____ if the need should arise.

Parent or Guardian Printed Name: _____

Signed: _____ Date: _____

**Thanks for taking the time to fill out these forms.
Please return this application and health form as soon
as possible to:**

Adrian C. Munro
PO Box 1214, Ellsworth Maine 04605
207-460-1536 A@BYC.cc