

**CAMP CEDAR FALLS  
STAFF APPLICATION**

Southern California Conference of SDA  
Youth Ministries Department  
PO Box 969  
Glendale, CA 91209-0969  
818-546-8439

<b>Office Use Only:</b>
Date Received:
1 ____ 2 ____ 3 ____ Recommendations Rec'd
Interview Date:
Contract: Sent ____ Rec'd ____

<b>Office Use Only:</b>
____ I-9
____ W-4
____ Background Check
____ Medical Consent
____ Uniform Fee
____ Work Permit

**PERSONAL**

Name: \_\_\_\_\_ Age: \_\_\_\_ Male or Female (Circle) Email: \_\_\_\_\_  
Present Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Present Year in High School: \_\_\_\_ Present Year in College: \_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Do you have a CA driver's license? Yes \_\_\_\_ No \_\_\_\_ If yes, license # \_\_\_\_\_  
How long have you been an SDA? \_\_\_\_ Home Church \_\_\_\_\_ Pastor \_\_\_\_\_  
What commitments do you have for this summer and when? \_\_\_\_\_

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**BACKGROUND**

Is there anything that will hinder your capability to function as camp staff? (allergies, sunlight, etc.): \_\_\_\_\_  
You have my permission to contact the following individual or answer questions on my behalf in case of an emergency:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
What other language do you speak, other than English? \_\_\_\_\_

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**CAMP EXPERIENCE**

Years employed as staff for any summer camp: \_\_\_\_ Position(s) held: \_\_\_\_\_  
List camp and director: \_\_\_\_\_  
For which position are you applying? (Please list in priority)  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_