



Application for Youth Camp Rec Staff

South Texas Youth Ministries

PO Box 9714

Houston, Texas 77213

Phone: 713.455.5252 | Fax: 713.450.2177

APPLICANTS MUST BE 18 YEARS OR OLDER

PERSONAL

Full Name _____

Present Address _____

City _____ State _____ Zip _____

Home Phone # _____ Best time to call _____

Permanent Address _____

City _____ State _____ Zip _____

Cell Phone # _____ Alt. Phone # _____

Email _____

Gender: Male Female Birth Day _____ Age _____

Marital Status: Single Married Divorced Widowed Separated

Social Security # _____ Birthplace _____

Date Graduated from High School/GED _____

EDUCATION

High School _____ Date Attended _____

College _____ Date Attended _____

Degree/Course _____

Hours Completed: _____

Other _____ Date Attended _____

WORK HISTORY

Present Employer: _____

Address: _____

Dates (From / To) _____

Duties Performed: _____

Past Employer: _____

Address: _____

Dates (From / To) _____

Duties Performed: _____



HEALTH INFORMATION

Have you ever used illegal drugs? Y N

If "yes" Last Date Used _____

Do you smoke? Y N

If "yes" Last Date Used _____

Do you drink alcoholic beverages? Y N

If "yes" Late Date Used _____

Have you ever been arrested? Y N

If "yes" Explain.

Please describe any physical or emotional limitations. State special attention or special treatment required.

Has your education/employment been disrupted for any period of time because of a physical problem or nervous disorder?

Do you have any allergies? (If yes, please explain)

PARENTS

Name of your **Father** or Guardian (Living: Y N)

Address _____

City _____ State _____ Zip _____

Occupation _____

Has he accepted Christ? Y N

Denominational Preference _____

Phone # _____



Name of your **Mother** or Guardian (Living: Y N)

Address _____

City _____ State _____ Zip _____

Occupation _____

Has she accepted Christ? Y N

Denominational Preference _____

Phone # _____

SPIRITUAL BACKGROUND

How long have you been saved? _____

Have you been baptized in water? Y N

Have you been filled with the Holy Spirit with the evidence of speaking in tongues? Y N When? _____

Name of Home Church _____

Denomination _____

Name of Senior Pastor _____

Youth Pastor _____

How long have you attended this church? _____

Are you a member? Y N

List the different ministries you are involved in:

REFERENCES: (Name, Relation, Phone Number)

- 1. _____
- 2. _____
- 3. _____



PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOU ABILITY

1. What is your definition of a servant?

2. Have you prayed concerning this commitment? Y N

3. Will you be bringing a car? Y N

4. What are the last 3 movies you watched?

5. What are the last 3 books you have read?

When you mail in your application, please include the following:

1. A RECENT PHOTO OF YOURSELF. (IT WILL NOT BE RETURNED)
2. YOUR TYPED OR WRITTEN PERSONAL TESTIMONY.
3. A COPY OF YOUR DRIVER'S LICENSE OR A PHOTO ID
4. A LETTER OF RECOMMENDATION FROM YOUR SENIOR PASTOR OR YOUTH PASTOR.

I have honestly completed the application with all known information and agree to abide to the rules of the camp leadership? This is a limited ministry and I understand that by filling out this application, I may or may not be accepted to be a part of it.

Date _____

Signature _____

This either needs to be emailed to Melissa Willis at melissa@stxym.org or mailed to:

South Texas Youth Ministries
REC STAFF
P.O. Box 9714
Houston, TX 77213