We are so excited that you are interested in joining our staff for our upcoming conference! Please take some time to review the following details. If you have any questions, please don’t hesitate to ask – either contacting Julie directly or via our website (npines.org).

2019 CONFERENCE DATES

Week 1:  July 21 – July 27
Week 2:  July 28 – August 3

ABOUT NORTHERN PINES

Northern Pines is a premier non-denominational and Christ-centered family conference that meets at Green Lake, WI. We look for engaging and motivated youth and adults to fill our staff positions each year.

SOME INFORMATION ABOUT BEING ON STAFF

1. First week staff members are expected to arrive at Green Lake Conference Center, Green Lake, WI in the early afternoon of Saturday, July 21. Second week staff members are expected to arrive the evening of Saturday, July 28.

2. Counselors/Teachers receive a weekly honorarium.

CRITERIA FOR SELECTION

- evidence of commitment to Christ.
- experience in counseling/teaching or other child care/youth leadership activities.
- participation in Christian activities aimed at personal spiritual growth. i.e. campus Bible Study, Intervarsity, Campus Crusade.
- commitment/involvement with a local church.
- compatibility with other staff members - we seek a balance of personality types, temperaments, and even personal activity level.

APPLICATION INSTRUCTIONS

1. References should be returned directly by those you ask to complete the reference.

2. Ask non-Northern Pines personnel to complete the reference forms.

3. Return application materials to:
   Julie Jaderston
4. Questions? Contact Julie!
   Phone: (612) 861-5100
   Online: npines.org
   Email: jjaderston@npines.org
Name: ______________________________________________________________

Today's Date: ____________________

Position Applying for: ____________________________________________________

Two (CCA, Wilderness Counselor, Counselor, Teacher, Assistant Director, Director)

Available to serve Week: ☐ One ☐ Either ☐ Both ☐ Two

Gender: ______________________________________________________________

Date of Birth: ____________________

Email Address: _________________________________________________________

Phone Number: _______________________________________________________

Address: __________________________________________________________________

Street City State Zip

Last school attended: ______________________________________________________

Year you graduate(d) from High School: __________________________

High School graduates, please summarize your post High School education/job experience in the space below:

Your church: ____________________________________________________________

Church Phone: _________________________________________________________

Address: __________________________________________________________________

Street City State Zip

In case of emergency, we should try to notify:

Name: ________________________________________________________________

Phone: _________________________________________________________________

Relationship (to you): ___________________________________________________

Address: __________________________________________________________________

Street City State Zip

Please briefly state the following in the spaces provided:

How you know you are a Christian.

Christian activities in which you are presently active.

Camp experiences (names, locations, years, capacity (camper/staff), and responsibilities if applicable).
Other (non-camp) leadership experience.

Why you want to be a part of Northern Pines.

Do you have a/any Health Condition(s) or disabilities? ☐ No  ☐ Yes (if yes, please explain below)

Were you under a doctor’s care in the last six months? ☐ No  ☐ Yes (if yes, please explain below)

Do you use tobacco, alcohol, or drugs? ☐ No  ☐ Yes (if yes, please explain below)

Included with this application are two personal reference forms. Please give them to the two persons you list below. Ask them to complete the form and return it directly to Northern Pines. (a copy is also available online—npines.org/staff)

1. YOUR PASTOR, YOUTH PASTOR, OR OTHER CHRISTIAN LEADER

Name: ____________________________________________                        Phone:

__________________________________________                        Email:

Relationship (to you): ____________________________________________

Address: ____________________________________________________

__________________________________________                        City

Street _____________________________                        State

Zip

2. OTHER ADULT

Name: ____________________________________________                        Phone:

__________________________________________                        Email:

Relationship (to you): ____________________________________________

Address: ____________________________________________________

__________________________________________                        City

Street _____________________________                        State

Zip
APPLICANT’S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this form to give you any information (including opinions) they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this form by Northern Pines of Minnesota, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization identified by me in this form.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Signature: ________________________________ Date: __________________________

* * * * *

Should I be accepted, I agree to be bound by the Bylaws and policies of Northern Pines of Minnesota, and to refrain from unscriptural conduct in the performance of my services on their behalf.

I certify that (a) no civil, criminal, or ecclesiastical complaint related to sexual misconduct ever has been sustained or is pending against me; (b) I have never resigned or been terminated from any paid or unpaid position for reasons related to sexual misconduct. I understand that any false or inaccurate statement made in this application will be grounds for the immediate revocation of all privileges and immediate dismissal from the staff.

Note: If you are unable to make the above certification, please contact Julie Jaderston at jjaderston@npines.org to provide a description of the complaint, termination, or the outcome of the situation and any explanatory comments you care to add.

Signature: ________________________________ Date: __________________________
I believe in the Bible as the Word of God, a divine revelation, in the original language verbally inspired in its entirety. Acceptance of the Bible as the final authority in all matters.

I believe in the Deity of the Triune God: God the Father, Christ the Son, and the Holy Spirit.

I believe in the Deity of the Lord Jesus Christ, His substitutionary atonement for sin, His bodily resurrection and His personal, visible return to earth to reign in righteousness and glory.

I believe in the person of the Holy Spirit and His Word of conviction, regeneration and sanctification; Who indwells every believer.

I believe in the necessity of the New Birth, in Salvation by faith in Jesus Christ alone.

I believe that the Church is the Body of Christ, a spiritual organism of born again believers who publicly confess Christ, and remember His death in the sacrament of communion.

I believe in the importance of a life wholly committed to the will of God, in Christ.

In signing this statement, you are indicating that you agree with the position of Northern Pines on these matters, and that as a member of the staff, you will uphold them in word and action.

Signature: _____ ______________________________ Date: _
(applicant) has applied to work as ______________________________ on the staff of our Christian Family Conference. This leadership position will require living and working closely with others. Your confidential evaluation of the applicant is solicited to help us in determining his/her suitability for the position. Please add any additional information that you think would be relevant. The applicant has given his/her authorization (below) for you to furnish the information.

“I hereby authorize _________________________________________to furnish to Northern Pines of Minnesota, Inc. the information requested on this form related to my Staff Application, and I hereby release you from all liability for any damage whatsoever resulting from your furnishing this information to Northern Pines.”

Applicant’s Signature: __________________________________________ Date: __________________________

**PERSONAL QUALITIES**

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<thead>
<tr>
<th>Quality</th>
<th>Superior</th>
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**ATTITUDES TOWARD:**

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Parents (if applicable) | | | | | |
Peers | | | | | |
Authority | | | | | |
Opposite sex | | | | | |
Hard work | | | | | |

SIGNATURE: ___________________________________________ DATE: __________________________

Name: ___________________________________________ Phone: __________________________

Address: ___________________________________________ ___________________________________________ ___________________________________________

Street               City            State        Zip

How long have you known the applicant? ___________________________________________
In what capacity do you know the applicant?

Please send completed form (and any additional comments) to jjaderston@npines.org or Julie Jaderston, 101 W 22nd Avenue, Hutchinson, KS 67502
(applicant) has applied to work as ______________________________ on the staff of our Christian Family Conference. This leadership position will require living and working closely with others. Your confidential evaluation of the applicant is solicited to help us in determining his/her suitability for the position. Please add any additional information that you think would be relevant. The applicant has given his/her authorization (below) for you to furnish the information.

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**SIGNATURE:** ___________________________________________________ DATE: __________________________

Name: ___________________________________________________ Phone: __________________________

Address: ___________________________________________________ __________________________

_________________________________________________ Street __________ City __________ State __________ Zip __________

How long have you known the applicant? __________________________

In what capacity do you know the applicant? __________________________

*Please send completed form (and any additional comments) to jjaderston@npines.org or Julie Jaderston, 101 W 22nd Avenue, Hutchinson, KS 67502*
In connection with my application for employment or to serve as a volunteer with Northern Pines ("Client"), I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

Residents of Minnesota and Oklahoma only:

Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on this Disclosure and Authorization.

☐ I wish to receive a copy of any consumer report on me that is requested.

Residents of New York only:

Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect My Ministry directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.

☐ I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.
Residents of Washington State only:

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act’s disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect My Ministry directly.

Residents of California and Maine only:

Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization.

☐ I wish to receive a copy of any report on me that is requested.

Signature: __________________________________________ Date: ______________________

Your Information

Name: ____________________________ Phone Number: __________________________

First   MI   Last

Address: ________________________________________________________________

Street          City          State          Zip

SSN: __________________________ Driver’s License or State ID#: __________________________

State Issued: ______

Email Address: ____________________________________________________________

For identification purposes only, please provide FULL Date of birth: __________________________

Please List Other Names Used:

__________________________________________

Protect My Ministry, Inc.  
14499 Dale Mabry Hwy, Ste 201 South  
Tampa, FL 33618  
Phone: 800-319-5581 Fax: 800-319-5582  
www.protectmyministry.com

Northern Pines  
PO Box 1864  
Minnetonka, MN 55345  
Phone: 612-861-5100  
www.npines.org