



Instructions/Information concerning your  
Northern Pines Staff Application  
(counselor/teacher)

**Northern Pines 2010 Family Conference Dates:**

Week 1: July 25 – July 31  
Week 2: August 1 – August 7

1. Ask non-Northern Pines personnel to complete the reference forms.
2. References should be returned directly by those you ask to complete the reference.
3. Counselors/Teachers receive a weekly honorarium.
4. Staffing decisions are made with the following considerations/criteria in mind:
  - 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, Intersity, 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.
5. First week staff members are expected to arrive at Green Lake Conference Center, Green Lake, WI in the early afternoon of Saturday, July 24. Second week staff members are expected to arrive the evening of Saturday, July 31.

Return application materials to:

Julie Jaderston  
303 East Main  
Sterling, KS 67579

Phone (612) 861-5100

Email – [jjaderston@npines.org](mailto:jjaderston@npines.org)



Mail completed form to:  
PO Box 1864  
Minnetonka, Mn 55345  
or FAX to  
(952) 294-4341

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_  
(CCA, Wilderness Counselor, Counselor, Teacher, Assistant Director, Director)

Available to serve Week: \_\_\_One \_\_\_Two \_\_\_Either \_\_\_Both email address: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Year you graduate(d) from High School: \_\_\_\_\_  
*(For High School graduates, please summarize your post High School education/job experience on an attached sheet)*

Gender: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Condition \_\_\_\_\_ List any special health considerations of disabilities \_\_\_\_\_

Were you under a doctor's care in the last six months? \_\_\_\_\_ *If yes, explain on an attached sheet.*

Do you use tobacco, alcohol, or drugs? \_\_\_\_\_ *If yes, explain on an attached sheet.*

In case of emergency, we should try to notify: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Your church: \_\_\_\_\_ Church Phone: (\_\_\_\_) \_\_\_\_\_

Church Address: \_\_\_\_\_  
City State Zip

List Christian activities in which you are presently active *(use additional sheets as necessary):*

**STATE BRIEFLY ON AN ATTACHED SHEET, THE FOLLOWING:**

How you know you are a Christian.

Camp experiences (names, locations, years, status (camper/staff, responsibilities).

Other leadership experience.

Briefly state why you want to be a part of Northern Pines.

Enclosed 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.

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

2. OTHER ADULT

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**APPLICANT'S STATEMENT**

The information contained in this form and on the attached sheet(s) is correct to the best of my knowledge. I authorize any references or churches listed in this form and on the attached sheet(s) 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: \_\_\_\_\_

\* \* \* \* \*

**NORTHERN PINES STATEMENT OF FAITH**

(The bylaws of Northern Pines require that staff members and members of the Board of Directors sign this statement each year.)

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: \_\_\_\_\_

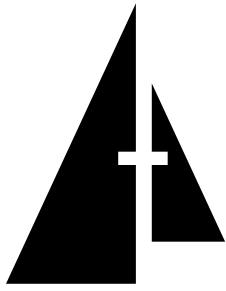
\* \* \* \* \*

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, you may instead give on an attached page a description of the complaint, termination, or the outcome of the situation and any explanatory comments you care to add.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# northern pines

of Minnesota, Inc.

## STAFF REFERENCE

\_\_\_\_\_ (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	Superior	Above Average	Average	Weak area	Not observed	*Comments:
Self Esteem						
Self Control						
Personal appearance and cleanliness						
Physical fitness						
Honesty and Integrity						
Initiative						
Stick-to-it-ive-ness						
Willingness to learn						
Evidence of Christian commitment and growth						
Quality of Christian example						
Makes friends/relates to others						
Concern for others						
Works with others						
Punctuality						
Dependability						
Adaptability						
Emotional stability						
Courtesy & tact						
ATTITUDES TOWARD:						
Church						
Parents (if applicable)						
Peers						
Authority						
Opposite sex						
Hard work						

\*Additional comments on the reverse side

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

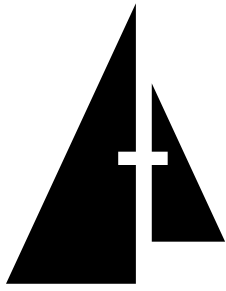
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Phone: \_\_\_\_\_

Mail completed form to: Julie Jaderston  
303 East Main Street, Sterling, KS. 67579



# northern pines

of Minnesota, Inc.

## STAFF REFERENCE

\_\_\_\_\_ (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	Superior	Above Average	Average	Weak area	Not observed	*Comments:
Self Esteem						
Self Control						
Personal appearance and cleanliness						
Physical fitness						
Honesty and Integrity						
Initiative						
Stick-to-it-ive-ness						
Willingness to learn						
Evidence of Christian commitment and growth						
Quality of Christian example						
Makes friends/relates to others						
Concern for others						
Works with others						
Punctuality						
Dependability						
Adaptability						
Emotional stability						
Courtesy & tact						
ATTITUDES TOWARD:						
Church						
Parents (if applicable)						
Peers						
Authority						
Opposite sex						
Hard work						

\*Additional comments on the reverse side

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

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

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Phone: \_\_\_\_\_

Mail completed form to: Julie Jaderston  
303 East Main Street, Sterling, KS. 67579