



Victory Ministries of Alaska

RESIDENTIAL CAMPING PROGRAM
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PREVIOUS SEASONAL/SUMMER WORKER APPLICATION UPDATE

Victory Ministries is a religious organization and all staff is expected to live by Biblical principles. Our primary mission to those that we serve is to "build lives worth living." This application is to be completed by all, whether volunteer or compensated, involved in the supervision or custody of a minor, or those who may come in contact with minors. It is being used to help the camps provide a spiritually correct, safe and secure environment for those children and youth who participate in our programs and use our facilities.

*This Application Update is for those who served here within the last year and have filled out a seasonal/summer worker application.

I will commit myself to work from _____ to _____ (dates)

In what capacity did you serve? _____ What dates/years did you serve? _____

- My ministry preference is:
- | | | |
|------------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Camp Counselor | <input type="checkbox"/> W.I.T. (2-4 weeks only) | <input type="checkbox"/> Wrangler |
| <input type="checkbox"/> Office Worker | <input type="checkbox"/> Kitchen Help | <input type="checkbox"/> Maintenance Worker |
| <input type="checkbox"/> Gift Shop Attendant | <input type="checkbox"/> Ministry Team | <input type="checkbox"/> Cleaning Help |
| <input type="checkbox"/> Water Front Lifeguard | <input type="checkbox"/> Program Assistant | <input type="checkbox"/> Landscaping/Grounds Care |
- Other (please specify) _____

My location preference for ministry is: (check one)

- Camp Li-Wa Victory Bible Camps No Preference

PERSONAL INFORMATION: Male Female Social Security # _____

Name _____ Camp Name _____ Age _____ Date of Birth _____

Present Mailing Address _____ Phone _____

City _____ State/Province _____ Postal Code _____

Permanent Address _____ E-Mail _____

City _____ State/Province _____ Postal Code _____

Name, age, and relationship of family members coming with you.

Church _____ Denomination _____ School Attending _____

Address _____ Church Phone _____

City _____ State/Province _____ Zip _____

In reapplying to work with the residential camping ministry you are again volunteering to give your time to the Lord. Are you self sufficient, still willing and able to put in a full day's work? Yes No If no please explain on a separate piece of paper.

Have there been any changes regarding your personal/spiritual life? Yes No

Have you ever been charged with child or sexual abuse? Yes No

Have you ever been convicted of a felony? Yes No

Do you use tobacco, alcohol, illegal drugs? Yes No

If yes to any on left, please explain on a separate piece of paper, or on the fax if you submit by Email

I still agree with the Victory Ministries Doctrinal Statement. I certify the information in this application is true to the best of my knowledge. If accepted, I will commit myself to serve the Lord through the residential camping ministry, and I will refrain from unscriptural conduct.

Check box if you agree. Date _____

Please check with camp nurse when you arrive, to update your medical records. Have with you dates of new immunizations or health exams.



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AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS VERIFICATION AND FINGERPRINT INFORMATION

(Please Print Name)

I, _____, hereby authorize **Victory Ministries of Alaska** to obtain and/or request information about my criminal history and fingerprints from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same.

Signature of Applicant: _____ Date: _____

| | | | |
|------------------------------------------------|-----------------------|--------------------------------|-----------------|
| Name (Last) | (First) | (Middle) | |
| Address | City | State | ZIP Code |
| Other names used by applicant (if any): | | | |
| Date of Birth | Place of Birth | Social Security Number | |
| Driver's License No. | Issuing State | License expiration date | |