



**The Winds Christian Camp  
Summer Staff Application**

16-675 Milo St. – Keaau, HI. 96749  
808 966-8445 – windsofhawaii.org

**Personal Information**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Number: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip Code)

Mailing Address (If different from Home Address): \_\_\_\_\_  
(Street)

(City) (State) (Zip Code)

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

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

Parents Address (If different you're your address): \_\_\_\_\_  
(Street)

(City) (State) (Zip Code)

Education: (Highschool) \_\_\_\_\_

Education: (College) \_\_\_\_\_

Degree: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Home Church: \_\_\_\_\_

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

Shirt Size: (circle one) Adult S M L XL XXL

Have you ever worked at a camp before? \_\_\_\_\_ If so, where? \_\_\_\_\_

Have you ever been on a mission trip? \_\_\_\_\_ If so, where? \_\_\_\_\_

How did you hear about the Winds? \_\_\_\_\_

Why do you want to work at the Winds Christian Camp? \_\_\_\_\_

Please give your personal testimony of salvation: \_\_\_\_\_

Have you ever been convicted of or entered a plea of guilty or "no contest" to any misdemeanors or felonies (other than traffic violations)? \_\_\_\_\_ If yes, please attach an explanation

Have you ever participated in, been accused of, pleaded guilty/"no Contest" to, or been convicted of abuse or any sexual misconduct? \_\_\_\_\_ If yes, please attach an explanation

## Health Information

Physical Condition: (circle one) Poor Fair Average Excellent

Please list any accommodations needed: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any medications you are currently taking and the purpose of each: \_\_\_\_\_

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Date of last physical: \_\_\_\_\_

In case of emergency please contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **Reference Information**

Please list two references that we may contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_