



# 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.