

BAPTIST CAMPING VICTORIA

INTERNSHIP APPLICATION

(Please email this once filled out to Baptist Camping Victoria)

DATE: _____



57 Noble Street, Anglesea

Victoria 3230

Ph: (03) 5263 3222

office@baptistcamping.com.au

PERSONAL INFORMATION

NAME			
EMAIL ADDRESS			
CONTACT NUMBER		DATE OF BIRTH	
COUNTRY OF BIRTH		GENDER	
ADDRESS			

HEALTH INFORMATION

MEDICARE NUMBER		
AMBULANCE COVER		
PRIVATE HEALTH COVER		
DO YOU HAVE ANY DISABILITY, IMPAIRMENT, OR MEDICAL CONDITION WHICH MAY AFFECT YOUR ACADEMIC STUDIES, OR YOUR ABILITY TO PARTICIPATE PHYSICALLY / SOCIALLY IN THE PROGRAM. (If yes please explain)	YES / NO	
DO YOU REQUIRE A SPECIAL DIET? (If so please explain)		
DO YOU HAVE ANY CHRONIC HEALTH PROBLEMS OR PHYSICAL LIMITATIONS? (If so please explain)		
HAVE YOU EVER SOUGHT COUNSELLING FOR DEPRESSION, BEHAVIOURAL, ANXIETY, OR ANY OTHER? (If so please explain)		

DO YOU HOLD A CURRENT FIRST AID CERTIFICATE?	
DO YOU HOLD A CURRENT SURF OR POOL BRONZE MEDALLION?	
ARE YOU CURRENTLY IN A COMMITTED RELATIONSHIP? (If so please explain)	

PREVIOUS STUDY

SECONDARY SCHOOL ATTENDED			
YEAR LEVEL COMPLETED		YEAR COMPLETED	
DID YOU ATTEND UNIVERSITY / TAFE		YEAR COMPLETED	
NAME OF THE UNIVERSITY / TAFE			
NAME OF THE COURSE			
OTHER CERTIFICATES OR AWARDS			

WORK HISTORY

EMPLOYER			
ROLE		DURATION	
RESPONSIBILITIES			

EMPLOYER			
ROLE		DURATION	
RESPONSIBILITIES			

CAMP EXPERIENCE

CAMP / CAMPSITE			
ROLE		DURATION	
RESPONSIBILITIES			

CAMP / CAMPSITE			
ROLE		DURATION	
RESPONSIBILITIES			

FAITH JOURNEY

HOW LONG HAVE YOU BEEN A CHRISTIAN?	
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WHAT CHURCH ARE YOU CURRENTLY ATTENDING?	
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HOW LONG HAVE YOU BEEN ATTENDING?	
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MINISTER / PASTOR'S NAME	
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PLEASE DESCRIBE YOUR CURRENT CHURCH INVOLVEMENT

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HOW WOULD YOU DESCRIBE YOUR SPIRITUAL MATURITY?

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PLEASE DESCRIBE YOUR CHRISTIAN JOURNEY
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WHAT DO YOU FEEL ARE YOUR SPIRITUAL GIFTS OR TALENTS?

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PROGRAM EXPECTATIONS

WHAT LED YOU TO APPLY FOR THE BAPTIST CAMPING VICTORIA INTERNSHIP?

WHAT AREAS IN YOUR LIFE WOULD YOU LIKE TO GROW AND DEVELOP THROUGHOUT THE YEAR

WHAT DO YOU ANTICIPATE TO BE THE BIGGEST CHALLENGES YOU WILL FACE THROUGHOUT THE YEAR

BASED OFF YOUR UNDERSTANDING OF THE INTERNSHIP, HOW WILL THIS EXPERIENCE BENEFIT YOUR FUTURE CAREER PATH?

ATHLETIC ABILITY AND OUTDOOR SKILLS

Through the training and experiences on camp, you will build up a great base level fitness, while also developing a love for spending time in the outdoors. Your response in these areas will not affect the outcome of your application, but simply to help us gauge your base level to begin with.

PLEASE RATE YOUR ABILITY FROM 1 TO 10 ON EACH OF THE AREAS AND MAKE COMMENTS FOR YOUR RATING

(1 = NOT ABLE / 10 = EXTREMELY COMPETENT)

BIKE RIDING

1 2 3 4 5 6 7 8 9 10

COMMENT

WORKING AT HEIGHTS

1 2 3 4 5 6 7 8 9 10

COMMENT

HIGH ROPES COURSE

1 2 3 4 5 6 7 8 9 10

COMMENT

CLIMBING

1 2 3 4 5 6 7 8 9 10

COMMENT

SWIMMING - SURF

1 2 3 4 5 6 7 8 9 10

COMMENT

SWIMMING - FLAT WATER

1 2 3 4 5 6 7 8 9 10

COMMENT

PHYSICAL FITNESS

1 2 3 4 5 6 7 8 9 10

COMMENT

RUNNING - SHORT DISTANCE

1 2 3 4 5 6 7 8 9 10

COMMENT

RUNNING - LONG DISTANCE

1 2 3 4 5 6 7 8 9 10

COMMENT

REFERENCES

Please provide the contact details for the following people. We will send them through some information to fill out in regards to your application. It is important to let each of these people know that they should expect us to contact them.

PASTOR / ELDER

NAME	
CONTACT NUMBER	
EMAIL	
ADDRESS	

TEACHER / EMPLOYER

NAME	
CONTACT NUMBER	
EMAIL	
ADDRESS	

CHRISTIAN MENTOR / FRIEND

NAME	
CONTACT NUMBER	
EMAIL	
ADDRESS	