



Mt. Salem Revival Grounds
Application for Summer Missionary Staff
P.O. Box 186
West Union, WV 26456
304-873-2315

FOR OFFICE USE ONLY

Date Application Rec'd _____
Reference Form 1 _____
Reference Form 2 _____
Medical Release Form _____
Travel or Tour Permission Form _____

Attach
Current
Photograph
(REQUIRED)

Definition of discrimination by Webster's Comprehensive Encyclopedia Dictionary, "The act of discernment or to set apart." Due to the Family Education Rights and Privacy Act of 1974, the staff worker / applicant of Randy Taylor Revival, Inc. and Mt. Salem Revival Grounds, Inc. has the right to access any information from the staff application unless he or she has signed a waiver statement of privacy. If the waiver statement of privacy is not signed and there is information which would need to be kept private (only for the office of personnel) the applicant must communicate personally with an officer of the corporation. It would be done so by contacting the Randy Taylor Revivals' offices.

Mt. Salem Revival Grounds does not discriminate on the basis of race, sex, age or handicap in admission or access to its programs. Any applicant desiring a staff position, must give reference and application by required recommendation forms.

Waiver Statement of Privacy - I willingly waive my right of access to see this recommendation knowing that this waiver is NOT required as a condition for my acceptance.

Signature of Applicant _____

PERSONAL INFORMATION

Name _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Cell, Work or Other: _____
Place of Birth _____ Date of Birth _____
Social Security Number _____
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow(er) / Number of Children _____
Present Occupation _____ How long? _____
Name of Your Local Church _____
Pastor's Name and Address _____

EDUCATIONAL INFORMATION

Name and Address of High School Attended(ing) _____ Date Graduated _____
Phone Number of High School and Principal's Name _____
If you have not graduated, give years attended _____ Have you earned a G.E.D.? _____
List any colleges previously attended:

Name	Address	Years Attended	Date Graduated
_____	_____	_____	_____
_____	_____	_____	_____

Semester Hours Earned or Degrees Awarded _____
Were you ever expelled or suspended by any school or college? _____ If yes, give name of school, date, and reason. _____
Have you received instruction or certification in the following:
☐ Lifeguard ☐ First Aid ☐ CPR Explain. Please give details; certification, dates, etc. Are all cards and(or) certifications up to date?

Do you have a Commercial Driver's License (CDL)? _____ Expiration and Endorsements _____

CHRISTIAN EXPERIENCE

Please give a brief testimony of your salvation, your Christian service experience or areas of service (e.g. *Sunday School teacher, bus worker, counsellor at camp, junior church, etc.*), and a paragraph explaining why you wish to be considered for Mt. Salem Revival Grounds summer staff. Please list any special skills that you have used as part of a Christian ministry (e.g. piano, special music, musical instruments, etc.).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Have you ever won a soul to Christ? _____ Do you go soulwinning on a regular basis? _____ How often? _____

Do you presently listen to any form of rock music, country, or contemporary Christian music? _____

Have you ever used tobacco in any form, alcohol, or illegal drugs? If yes, please give the approximate date of last use, explain. _____

Have you ever been accused of child molestation or been convicted of any crime? _____ If yes, please explain. _____

Have you ever been involved in immorality or gross sin which could hinder your future ministry or the future ministry of Mt. Salem Revival Grounds? _____ If yes, please send a letter of explanation along with this application marked "confidential." Your letter will ***ONLY*** be seen by Dr. Taylor or a member of his senior staff (***ONLY if Dr. Taylor deems it absolutely necessary in regards to job placement.***) Your letter will remain confidential.

Are you aware of any family situations which could have an effect on your ministry here? (e.g. *If from a divorced home - are both parents in agreement with your work for the summer? Does the parent with whom you reside have full or shared custody?, etc.*) _____

GENERAL INFORMATION

If you are an adult (21 or older), please indicate which of the following areas you would prefer to serve in:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Assistant Cook | <input type="checkbox"/> Kitchen Clean-up | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> General Maintenance |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Grounds | <input type="checkbox"/> Summer Staff Supervision on weekends | |
| <input type="checkbox"/> Concession Stand or Gift Shop | <input type="checkbox"/> Errands (This may include trips to town for supplies, trips to airports, etc.) | | |

Note: The preceding choices are preferences. Final job placement will be determined by Mt. Salem staff based upon the requirements of the week.

Applicants below 21 years of age will be expected to help out in many different areas. Responsibilities will be chosen and assigned by Mt. Salem full-time staff. Young ladies may be expected to clean shower houses, kitchens, hotel rooms, work in the concession stands or gift shops, etc. Young men may be asked to help with building and maintenance projects, grounds, mowing, etc. Each applicant ***must*** be willing to ***serve*** in whatever capacity necessary. Please note any medical condition or injuries which could hinder your work in any area (e.g. back problems, etc.) on your Medical Release Form. Past experiences, previous summer help, and performance will be considered when responsibilities are assigned.

Please list any special skills in regards to your work. (e.g. office or computer skills, cash register, retail experience, etc.) _____

We prefer for summer staff to commit to a five to six week work period; Please contact the camp office for exact dates.

Please indicate which dates you would like to work: ☐ First Work Period ☐ Second Work Period ☐ Other _____

Understand that Mt. Salem Revival Grounds reserves the right to limit the number of personnel for any week or weeks. Applicants will be chosen on a basis of merit and current needs.

Please read and sign:

I hereby certify that this application is true and complete with no omissions in any area. I also understand that any untrue statement will make me subject to immediate dismissal from Mt. Salem Revival Grounds summer staff. Upon acceptance I agree to comply with the doctrines, rules, regulations, and leadership directives of the institution and to maintain standards of conduct in accordance with the aims and objectives of Mt. Salem Revival Grounds. I understand that failure to comply with known rules and guidelines will result in disciplinary action. Incident reports will be filled out upon each incident of disrespect, direct disobedience, or failure to comply with established rules or policies. Upon receipt of three incident reports the offending party will be dismissed and sent home at the individuals own expense. *(Parents will be notified after each warning or write up and a copy of the incident report will be sent home.)*

Signature of Applicant _____ Date _____

Signature of Parent _____ Date _____

Please return this application along with a PICTURE of yourself to:

Office of Personnel
Mt. Salem Revival Grounds
P.O. Box 186
West Union, WV 26456

Please indicate T-Shirt size: ☐ SM ☐ MED ☐ LRG ☐ X-LRG ☐ XX-LRG
This Information is necessary for advance uniform T-Shirt purchase. Uniform T-Shirts will be provided by Mt. Salem for staff based upon planned work periods. Additional uniforms may be purchased.

Please contact our office with any questions: (304) 873-2315. You will be contacted by letter as soon as your application has been processed.

Please give the attached reference forms to your pastor. Applications will not be processed until reference forms have been completed and returned. Please note and sign the waiver contained in the first paragraph of the reference forms.

Do not forget to enclose the Medical Release Form and the Travel and/or Tour Release Form. Applications will not be processed until these forms have been received.



Mt. Salem Revival Grounds

Application for Summer Missionary Staff

P.O. Box 186

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304-873-2315

REFERENCE FORM 1 - To be completed by Pastor.

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Date Form Received _____

Pastor's Name _____

Church Name _____

Application Received _____

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Signature of Applicant _____

NAME OF APPLICANT _____

This applicant is desiring a staff position at Mt. Salem and has given your name as a reference. Each staff applicant must submit two recommendation forms, one of which must be from his pastor. Serious consideration is given to this recommendation; therefore, we request that you complete the form carefully and candidly. Please return it directly to the address given above.

1. In what capacity do you know the applicant? _____

2. How long have you known the applicant? _____

3. How well do you know him/her?

☐ Just by name and sight.

☐ Fairly well...have had a number of personal contacts.

☐ Casually...have had a few personal contacts.

☐ Have had a very close relationship.

4. To the best of your knowledge, has the applicant been born again by faith in Jesus Christ?

☐ YES

☐ NO

☐ I don't know

Comments: _____

5. To what extent is the applicant engaged in the activities of your church?

☐ Is irregular in attendance. Little interest in activities. ☐ Seldom participates in activities although regularly attends.

☐ Is cooperative and usually willing to help in the various activities of the church.

☐ Enthusiastically engages in the activities for his or her age group.

6. If the applicant does not participate, do you know why? _____ Please explain. _____

7. In comparison with other members of his or her youth group, how would you rate this person in the following areas?

	Outstanding	Superior	Above Average	Average	Below Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyalty to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. In your opinion, does the applicant possess any outstanding abilities? _____

9. Please check the terms which best describe the applicant's attitude toward the church and toward the things for which the church stands.

<input type="checkbox"/> Warmhearted	<input type="checkbox"/> Devoted	<input type="checkbox"/> Enthusiastic	<input type="checkbox"/> Critical	<input type="checkbox"/> Contemptuous	<input type="checkbox"/> Bitter	<input type="checkbox"/> Tolerant
<input type="checkbox"/> Respectful	<input type="checkbox"/> Rebellious	<input type="checkbox"/> Antagonistic	<input type="checkbox"/> Loving	<input type="checkbox"/> Passive	<input type="checkbox"/> Grateful	

10. In your estimation, this applicant's spiritual influence on fellow staff members will be: (Please circle one)

<input type="checkbox"/> Strengthening	<input type="checkbox"/> Neutral	<input type="checkbox"/> Injurious	<input type="checkbox"/> Don't know
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11. Has the applicant's entire record been such that you would place full confidence in his or her integrity? _____

Comments: _____

12. Are there personality traits which hinder this applicant in his or her relationships with others? _____

Explain: _____

13. Please describe home factors which might affect the applicant's ministry at Mt. Salem. We are interested in positive as well as negative factors. _____

14. If you were looking to fill a similar position in your church or a ministry of your church, would you consider using this applicant? _____ Explain: _____

15. Would you recommend hiring this applicant? _____ Explain: _____

REFERENCE INFORMATION

Your Name: _____ Position: _____

Church: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

If there is further information about this applicant which you feel needs to be considered, please contact Dr. Taylor's office or send a letter of explanation along with this reference form marked "confidential." Your letter will **ONLY** be seen by Dr. Taylor or a member of his senior staff (**ONLY if Dr. Taylor deems it absolutely necessary in regards to job placement.**) Your letter will remain confidential.



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REFERENCE FORM 2

Note to Pastor:

This second reference may be given to another adult or staff member of the church.

This second reference form is optional. If you would prefer to be the only reference for the applicant then please indicate so by sending this blank reference form along with your reference.

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☐ NO

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Comments: _____

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Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyalty to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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REFERENCE INFORMATION

Your Name: _____ Position: _____

Church: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

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MEDICAL RELEASE FORM

Name _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Cell, Work or Other: _____
Place of Birth _____ Date of Birth _____
Social Security Number _____



Medical Allergies: _____

Medications taken regularly: _____

Special Physical Conditions or Medical Conditions which could prove to be contagious. (Diabetes, Asthma, Back Problems, Heart Problems, Hepatitis, etc.): _____

Please fill out the following insurance information. If you are under 21 please have your parents fill out the following.

I authorize the Director of Mt. Salem Revival Grounds to act for me according to his best judgment in any emergency requiring medical attention. I will not hold the camp or the camp staff liable for any injuries incurred by my son/daughter. I also understand that in the event of a medical emergency, my insurance will be used for my child and the camp insurance is purely secondary.

Parent or Legal Guardian's signature: _____ Phone: _____

In case of emergency please contact _____ Phone: _____

List another contact in case you are unable to be reached. _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Principal Policy Holder's Name: _____

Principal Policy Holder's place of employment: _____

Principal Policy Holder's employment phone: _____

Travel and/or Tour Permission for Mt. Salem Revival Grounds Associates

Minors must have the following signed:

I hereby give permission for my child to travel with or tour on an extension trip, and absolve Mt. Salem Revival Grounds from liability to my child in case of accident or serious illness. I hereby authorize Mt. Salem Revival Grounds to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request the Mt. Salem Revival Grounds to notify me.

SIGNATURE OF BOTH PARENTS OR GUARDIAN:

Father _____ Mother _____

Date _____