

Postmarked by May 1st to:
P.O. Box 80
VENTURA, IA 50482
PHONE: 641-829-3824
FAX: 641-829-3557
CAMP@IRBC.ORG



Iowa Regular Baptist Camp 2026 Part-Time Staff Application

Please enclose
a current photo.



- Applicants must be 14 years old (federal law) & entering the 8th grade (or above) in the fall of 2026 to be eligible to apply. (Those who are 13 years old & entering 8th grade should contact the camp for eligibility.)
- New Employees – Please include a copy of your social security card (required).
- If your application is accepted, you will receive confirmation and information for Launch Week in May.

Check if your school will still be in session the beginning of Launch Week (June 8-13).
What is your last day of school? (We will contact you with details.) _____

PERSONAL INFORMATION

Name: _____ Email: _____
First Middle Initial Last Nickname

Mailing Address: _____ Home Phone: (____) _____
Street/P.O. Box City State Zip

Age: _____ Date of Birth: ____/____/____ Grade entering this fall: _____ Cell Phone: (____) _____
(Age as of June 15, 2026) (Must be at least entering 8th grade in the fall of 2026)

Male Female Shirt Size: Small Medium Large X-Large XX-Large

Parents'/Guardian Names: _____ Number of siblings: _____

POSITION DESIRED

Part-time tryouts are during Water and Work Week (June 8-13, 2026)

Kitchen/Dining Lifeguard (Must also complete Lifeguard Application)

Kitchen/Dining must be willing to work at least two weeks. Lifeguards must be willing to work at least four weeks.

List any specific qualifications/skills for the position applied for: _____

List previous camp work experience: _____

What other skills or talents do you have that may be used at IRBC? _____

CHURCH INFORMATION

Church Name: _____ Phone: (____) _____

Pastor's Name: _____ How often do you attend church? _____ Are you a member? _____

In what ways are you serving the Lord? _____

How have you served in the past? _____

PERSONAL TESTIMONY

When and how did you become a Christian? Use Scripture. _____

If you were to die today, would you go to heaven? ____ Why or why not? _____

Since your salvation, what changes have taken place? _____

What personal goals do you have in serving at IRBC? _____

Have you ever been convicted of a crime? If yes, explain. _____

Have you ever been accused or convicted of child abuse or molestation? ____ If yes, please explain on separate sheet.

PERSONAL COMMITMENT

“The information I have supplied is true. I understand being a staff member at Iowa Regular Baptist Camp means serving and cooperating with camp administration and other staff members as unto the Lord, obeying all camp rules and sacrificing personal desires in the interest of the campers. My chief aim will be to allow others to see the Lord Jesus Christ living in me.”

Signed: _____ Date: ____/____/____

PARENT/GUARDIAN (IF APPLICANT IS UNDER 18)

“I am in agreement with my son/daughter working at Iowa Regular Baptist Camp. I attest the information given is true. I will be supportive of the camp’s standards and guidelines.

“I hereby give the Iowa Regular Baptist Camp permission to give first aid to my child and authorize treatment by any licensed physician in the event of any emergency, illness, or accident during the period my child is in training or employed by the camp.”

Signed: _____ Date: ____/____/____

Medications: _____

Permission to give: Tylenol Yes No

Reason for medications: _____

Advil Yes No

Physical Limitations: _____ (If yes, explain on separate sheet)

Date of last tetanus shot: ____/____/____

Allergies: _____

Treatment: _____

Insurance: _____

Policy Number: _____

Policy Holder's Name _____

Policy Holder's Birthdate _____

Emergency Contact Name & Number: _____

Alternative Emergency Contact Name & Number _____



2026

Iowa Regular Baptist Camp

Pastoral Reference

Please return within one week to:
PASTOR PHIL BETZ, IRBC
P.O. Box 80
VENTURA, IA 50482
PHONE: 641-829-3824
FAX: 641-829-3557
CAMP@IRBC.ORG

TO BE COMPLETED BY THE APPLICANT:

Name: _____ Phone: (____) _____

Address: _____

Position Applying for: _____ Full-time Part-time

I willingly waive my right to see this reference form.

Signed: _____ Date: ____/____/____

TO BE COMPLETED BY THE PASTOR OR DEACON CHAIRMAN (NOT A RELATIVE OF APPLICANT)

The above person has applied to work at Iowa Regular Baptist Camp. Your comments play an important role in our hiring process. Thank you mailing or email this form to IRBC.

How long have you known the applicant? _____

How well do you know the applicant? _____

Does the applicant profess to be born again? Yes No Unsure

Is the applicant currently a member of your church? Yes No

Is the applicant living a consistent Christian life? Yes No Unsure

What evidence of a Christian testimony have you observed? _____

Please indicate your observations in the following areas:

	Outstanding	Good	Needs Improvement	Definite Problem	Not Observed
Leadership ability	<input type="checkbox"/>				
Relationship with opposite sex	<input type="checkbox"/>				
Cooperation	<input type="checkbox"/>				
Integrity	<input type="checkbox"/>				
Ability to get along with others	<input type="checkbox"/>				
Faithfulness	<input type="checkbox"/>				
Attitude toward authority	<input type="checkbox"/>				
Overall attitude	<input type="checkbox"/>				
Testimony/Reputation	<input type="checkbox"/>				

Comments about above section: _____

In your opinion, does this person possess any outstanding abilities? _____

Does this person have any questionable habits? _____

Please comment on the applicant's:

Church Attendance _____

Ministry Involvement _____

Family Background _____

To the best of your knowledge, has the applicant ever been involved in, investigated for, arrested for, or convicted of child molestation, abuse or a felony? Yes No

Please comment on any other information Iowa Regular Baptist Camp should know that might affect the hiring of the applicant? _____

I would recommend this applicant to IRBC:

- With enthusiasm
- With confidence
- With reservation
- Not recommend

Signed: _____ Date: ____/____/____

Name:	Position:
Church:	
Street Address:	City/State/Zip:
Phone: ()	Email:

I wish to be contacted regarding this applicant.