



## RETURNING STAFF APPLICATION

Please email completed application to: [reid@sonshineministries.com](mailto:reid@sonshineministries.com)  
 Or mail to: SONSHINE MINISTRIES P.O. BOX 1527 WOODBRIDGE, CA 95258  
 Please return this application promptly. If you have questions or concerns please email  
[reid@sonshineministries.com](mailto:reid@sonshineministries.com) or call 209-663-0131.

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ E-mail \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ (HM) PHONE \_\_\_\_\_

EDUCATIONAL BACKGROUND \_\_\_\_\_

**NOTE: IF YOU HAVE BEEN A PART OF OUR TEAM BARNABAS/TRAINEE/DRIVER PROGRAM, REFERENCES ARE NOT NEEDED AND A SHORT PHONE INTERVIEW WILL BE SCHEDULED FOR DECEMBER.**



1. LIST ALL CHURCHES/ORGANIZATIONS YOU ARE CURRENTLY INVOLVED IN AND IN WHAT CAPACITY.
  
2. WHY ARE YOU APPLYING TO BE A SONSHINE STAFF MEMBER AGAIN?
  
3. WHAT POSITION ARE YOU APPLYING FOR? \_\_\_ DRIVER (OR) \_\_\_ TRAINEE
  
4. AS A STAFF MEMBER YOU WILL PROFOUNDLY DISCOVER THE JOY, PAIN, SACRIFICE, AND CHALLENGE, OF HUMBLY SERVING AND LEADING ONE ANOTHER AND CAMPERS. WHAT DO YOU UNDERSTAND THIS TO MEAN?
  
5. IN YOUR OWN WORDS, DEFINE LEADERSHIP.
  
6. WHAT WERE THE HIGHLIGHTS OF YOUR EXPERIENCE LAST SUMMER?