



2010 Cabin Leader Application Form

First Time Applicant Renewal Applicant

Date of Application _____

Application Deadline: June 1, 2010

Step One: Complete and submit application

Step Two: If applicable, Complete Background Check

Name _____ Phone (____) _____

Address _____ E-mail _____
 Mailing Street or PO box number City State Zip Code

Age ____ Birth Date _____ Sex ____ Marital Status _____ Education Level _____
(If under 18 please complete the health history)

Employer _____ Position _____ Work Phone (____) _____

Church _____ Member _____ For how Long? _____
 (Name) (City)

I would like to Serve: (Please check your interests and rank your references, with #1 being highest.)

Camp

(check only your first two choices)

Middler

Junior

Junior High

Senior High

Fall Rally

Spring Rally

Winter

 (Name of Special Camp)

Position

Adult Cabin Leader

Age Minimums:

(18 years for Middler and Junior Camp

19 years for Junior High Camp

21 years for Senior High Camp)

Assistant Cabin Leader

Age Minimums:

(16 years for Middler and Junior Camps

16 years for Junior High Camp

No ACL's for Senior High Camp)

Director

Nurse

Camp Pastor

Bible Teacher

Crafts Director

Music Director

Music Assistant

Recreation Director

Worship/Campfire Leader

Skills I Bring

Art

Bible Discussion Leader

Crafts (Which? _____)

Drama

Nature/Outdoor

Recreation/Sports

Small Group Leader

Swimming (WSI? ____)

Musical Instrument

Which ? _____

(Other skills and interests)

CATHEDRAL PINES BAPTIST CAMP
 HC 64 Box 8296
 KETCHUM, IDAHO 83340

CAMP PHONE: (208) 726-5007
CAMP FAX: (208) 726-0941
EMAIL: CAMP@CATHEDRALPINES.ORG

What has been your previous camping experience at Cathedral Pines? _____

If this is a renewal Application, please skip to the Emergency Contact Section and Continue

What other camping experiences do you have?

Briefly describe your Christian background and your experience in the Christian faith.

REFERENCES: Please name two people, other than your pastor, who can speak of your character and responsibility.

1. _____ (Name) _____ (Phone)

_____ (Address) _____ (Zip) _____ (Relationship to you)
2. _____ (Name) _____ (Phone)

_____ (Address) _____ (Zip) _____ (Relationship to you)

Please indicate any *health* or *dietary* restrictions that might need consideration.

IN CASE OF EMERGENCY, whom should we notify? _____ (Name)

(Phone) _____ (Address) _____ (relationship to you)

Have you ever been investigated for, charged with, or convicted of an offense involving child abuse, sexual abuse, or drug or alcohol abuse? ____ (Yes or No If yes, please explain.

(Signature of applicant) _____ (Date)

Cathedral Pines Baptist Camp
XC 64 Box 8296
Ketchikan, Alaska 99901

Camp Phone: (208) 726-5007
Camp Fax: (208) 726-0941
Email: camp@cathedralpines.org

THE FOLLOWING HEALTH HISTORY MUST BE FILLED OUT COMPLETELY.

HEALTH HISTORY

An incomplete history, including signatures, is cause to refuse or delay acceptance of your application.

	YES	NO		YES	NO
APPENDICITIS	—	—	SWIMMER	—	—
ASTHMA	—	—	HERNIA	—	—
INHALER	—	—	LUNG PROBLEM	—	—
CONVULSIONS	—	—	SKIN PROBLEMS	—	—
MENSTRUAL PROBLEMS	—	—	DIABETES	—	—
DIGESTIVE PROBLEMS	—	—	MONONUCLEOSIS	—	—
EAR TROUBLE	—	—	KNOWN ALLERGY TO:		
EMOTIONAL TROUBLE	—	—	PENICILLIN	—	—
EPILEPSY	—	—	OTHER DRUGS	—	—
HEART TROUBLE	—	—	INSECT STINGS	—	—
BACK OR NECK PROBLEMS	—	—	FOODS _____	—	
SURGERY WITHIN LAST 2 YEARS	—	—	LAST TETANUS SHOT _____		
TYPE OF SURGERY _____			MEASLES IMMUNIZATION _____		
CAMPER RESTRICTIONS (INCLUDE DIET):			T-SHIRTS (S-M-L-XL) CHILD OR ADULT _____		
(LIMITED BY PHYSICIAN)					
DESCRIBE ANY CONCERNS THE CAMP STAFF SHOULD KNOW ABOUT YOU _____					

Please continue on a separate sheet if necessary

THE ABOVE HEALTH HISTORY IS CORRECT AND IN AN EMERGENCY, I GIVE MY AUTHORIZATION TO PROVIDE WHATEVER EMERGENCY CARE IS NECESSARY FOR MY CHILD'S SAFETY. THE CAMP IS NOT RESPONSIBLE FOR ACCIDENTS OR INJURIES. I ALSO GIVE PERMISSION TO THE CAMP NURSE TO ADMINISTER OVER THE COUNTER MEDICATIONS AT THEIR DISCRETION.

Name of Insurance Carrier _____ **Policy No.** _____

Signature of Parent/Guardian _____ **Date** _____

(If under 18)

This Portion Is to Filled out by Your Physician

MEDICATIONS CANNOT BE GIVEN WITHOUT YOUR PHYSICIAN'S SIGNATURE.

ALL MEDICATIONS MUST BE IN THEIR ORIGINAL BOTTLE.

FOR THE DISPENSING OF ANY PRESCRIPTION DRUGS THE CAMP MUST HAVE:

Prescription Name (s) _____

Prescription Number (s) _____

Dosage _____

DR.'s SIGNATURE _____

NOTE: Please give this completed form with a self- stamped envelope to your pastor who will mail it for you once your application and background check is complete.

NO APPLICATION WILL BE ACCEPTED WITHOUT A PASTOR'S RECOMMENDATION
And BACK GROUND CHECK

Cathedral Pines Baptist Camp
KC 64 Box 8296
Ketchum, Idaho 83340

Camp Phone: (208) 726-5007
Camp Fax: (208) 726-0941
Email: camp@cathedralpines.org

Pastor's Recommendation

Dear Pastor: We need qualified persons to counsel in our camping program. *Please review this application and sign it only if you feel this person is qualified to give leadership.* Additional comments about this person's qualifications, personality, abilities, and spiritual maturity would be welcome and would be greatly appreciated and held in the strictest of confidence.

Dated this _____ day of _____

I have reviewed this application and recommend _____
Name of Applicant

for the position listed above.

(Pastor's Signature)

(Church and City)

Pastor Contact Phone _____

Pastor Contact Email _____

REMIT COMPLETED APPLICATION TO CATHEDRAL PINES:

**Attention: Camp Registration
Kari Hoagland
11901 West Mesquite Drive
Boise, Idaho 83713
208-375-7667
email: kari@cathedralpines.org**

**Cathedral Pines Baptist Camp
XC 64 Box 8296
Ketchum, Idaho 83340**

**Camp Phone: (208) 726-5007
Camp Fax: (208) 726-0941
Email: camp@cathedralpines.org**