



Program Staff Application Form

_____ First Time Applicant _____ Renewal Applicant
 Date of Application _____

- Step One: Complete and submit application
- Step Two: Attend Leader Training Camp
- Step Three: If applicable, Complete Background Check

Name _____ Phone (____) _____

Address _____
 Mailing Street or PO Box _____ City _____ State _____ Zip Code _____

E-mail _____

Age ____ Birth Date _____ Sex ____ Marital Status _____ Education Level _____

Employer _____ Position _____ Work Phone (____) _____

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

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

Camp

(Check only your first two choices)

_____ Junior High

_____ Senior High

_____ Kids

_____ Youth Fall Rally

*Junior High &
Senior High*

_____ Winter Camp

*Junior High &
Senior High*

Position

_____ **Cabin Leader**

Minimum Age:

18 years old for Kids Camp

19 years old for Junior High Camp

21 years old for Senior High Camp

_____ **Assistant Cabin Leader**

Minimum Age:

16 years old for Kids Camp

16 years old for Junior High Camp

No ACL's for Senior High Camp

_____ Director

_____ Nurse

_____ Camp Pastor

_____ Bible Teacher

_____ Music Director

_____ Craft Director

_____ Recreation Director

_____ Worship/Campfire Leader

Skills I Bring

_____ Art

_____ Bible Discussion leader

_____ Crafts: _____

_____ Drama

_____ Nature/Outdoor

_____ Recreation/Sports

_____ Small Group Leader

_____ Swimming/Water Sports

_____ Musical Instrument

_____ Which?

_____ Other:

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

What other camping experiences do you have? _____

I have attended/I will be attending Leader Training Camp ____yes ____no

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

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

The Following Health History Must Be Filled Out Completely.

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

	Yes	No
Appendicitis		
Asthma		
Does the camper use an inhaler?		
Convulsions		
Menstrual Problems		
Digestive Problems		
Ear Trouble		
Emotional Trouble		
Epilepsy		
Heart Trouble		
Back or Neck Problems		
Surgery within the last 2 years		
Type of Surgery:		

	Yes	No
Hernia		
Lung Problems		
Skin Problems		
Diabetes		
Mononucleosis		
KNOWN ALLERGY TO:		
Penicillin		
Other Drugs		
Insect Stings		
Foods		
Last Tetanus Shot		
Measles Immunization		

Are you a swimmer? Circle YES or NO

T-Shirt size (circle): S - M - L - XL

Any Restrictions (As limited by physician—including diet): _____

Describe any concerns the camp staff should know about you.

The above Health History is correct and in an emergency, I give my authorization to provide whatever emergency care is necessary for my safety, or my child's. 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 applicant or Parent/Guardian (if under 18) _____ Date _____

This Portion is to be signed by Your Physician

- FYI**
- 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 Instructions _____

Doctor'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 is complete.

**NO APPLICATION WILL BE ACCEPTED WITHOUT A PASTOR'S RECOMMENDATION
AND A CRIMINAL BACKGROUND CHECK ON RECORD AT CAMP**



Pastor's Recommendation for Christian Service

Dear Pastor: The person asking you for this recommendation for Christian service at Cathedral Pines Baptist Camp is seeking to be an Event Director at one of our events. We are seeking persons who will contribute to the fun, proclamation of the Gospel and the disciple making effort in this event. Please review this application and fill out. Any information will be held in the strictest of confidence.

Please share some of this person's faith journey of which you are aware?

How have you observed this person's organizational skills?

Would you have this person serve in your local church in similar tasks?

How does this person contribute positively to the ministry teams on which they serve?

I have reviewed the application of _____
Name of Applicant

and recommend them for Christian service at Cathedral Pines Baptist Camp for the position listed on this application.

(Pastor's Name) (Pastor's Signature)

(Church and City)

Date _____

Pastor's Contact Phone _____

Pastor Contact Email _____