

CABIN LEADER, CABIN LEADER ASSISTANT & VOLUNTEER APPLICATION 2008

NAME _____

ADDRESS _____ CITY _____

TELEPHONE (_____) _____ EMAIL: _____ ZIP CODE _____

Are you 18 years old or older? ____ yes. ____ no. If no, state age _____ Cabin Leaders must be 18 or older).

NAME AND ADDRESS OF CHURCH IN WHICH YOU ARE A MEMBER: _____

PASTOR'S NAME _____

PASTOR'S ADDRESS _____

TELEPHONE (_____) _____ Your T-shirt size (circle one) S M L XL XXL XXXL

CAMPING EXPERIENCE (if you have helped at camp before)

Which camp? _____ Year _____ Director's name _____

Do you have any physical or mental impairment that might limit your involvement in the camp activities? If so, please list.

Have you been previously charged or convicted of any crime related to the abuse, mistreatment, or molestation of children? ____ yes. ____ no.

CHECK THE SPECIAL GIFTS/ABILITIES THAT YOU COULD USE IN A LEADERSHIP CAPACITY AT CAMP.

- | | | |
|---|--|--|
| <input type="checkbox"/> Singing | <input type="checkbox"/> Play piano | <input type="checkbox"/> Nature study |
| <input type="checkbox"/> Play guitar | <input type="checkbox"/> Devotional leader | <input type="checkbox"/> Swimming instructor |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Rowboats | <input type="checkbox"/> Recreation leader |
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Bible Study leader | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Nature crafts | <input type="checkbox"/> Drama | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Skits/stunts | <input type="checkbox"/> Campfire building |
| <input type="checkbox"/> Challenge Course Facilitator | Others (please list) _____ (use back if necessary) | |

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp.

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

Do not sign until you have read and understand the above applicant's statement.

Signature of applicant _____ Date ____/____/____

Date of Birth _____ Social Security No. _____

Office use only: Back Ground Fee Pd _____ Chk No _____ Cash _____

Date of Check _____ Accepted Rejected Staff Initials _____

IMPORTANT INFORMATION, PLEASE READ

Applications must be returned no later than two weeks before camp session begins.

In an effort to control cost we are requesting a stipend from each counselor of \$10.00 to help offset the cost of background checks and other administrative cost. Please submit the \$10.00 with the application. If you help at more than one camp session the fee only applies to one session.

Cabin Leader Assistant (CLA):

During the CLA's summer camp session

- a. Will attend CLA training one hour per day Monday-Friday**
- b. CLA's will pay \$50.00 fee for their session to help offset cost of additional training and meals**

Any additional information you would like to share with the Session Director: _____

Have you been contacted by a Session Director to be a Cabin Leader CL Assistant ___ Yes ___ No

Which Session Director contacted you? _____

Which grade level do you desire to work with: (Please mark as many as you desire)

___ K-1 ___ 2-4 ___ 5-6 ___ 7-8 ___ 9-10 ___ 11-12 ___ Special Persons (IC)

___ Outdoor Adventure Camp (Tippy) ___ Backpacking Camp (IC) ___ MAD Camp

Which Camp: ___ Camp Tippecanoe ___ Indian Creek Camp

Send this completed form to the Session (Program) Director or camp where you plan to attend:

Tippecanoe Camp
 PO Box 23
 North Webster, IN 46555
 Office 574-834-4184
 Fax 574-834-1907
 E-mail tippy@abc-indiana.org
www.camptippy.org

Indian Creek Camp
 1770 Avoca Eureka Rd.
 Bedford, IN 47421
 Office 812-279-2161
 Fax 812-279-6620
 E-mail indiancreek@abc-indiana.org
www.campindiancreek.com