

Returning Leader-In-Training Application

Application Deadline is May 1st. Positions are not guaranteed. Late applications may not be considered.
Registration fee of \$50.00 must be received along with your application.

Name _____ Age _____ Gender _____ Grade Finished _____

Date of Birth (mm/dd/yyyy) _____

Address _____ City _____ State _____ Zip _____

Phone number _____ Cell phone _____ Work _____

Parent/ Guardian _____ Phone _____

Are you actively involved in your church? _____ How? _____

Church name _____ Pastor _____

Address _____ City _____ State _____ Zip _____

Youth Leader/ Bible Group Leader _____ Phone _____

Have you been involved in regular Bible study? _____ Where? _____

How many times a week? _____

How much time do you spend daily in personal devotions and prayer? _____

How has your relationship with Jesus changed since you served with us last summer? _____

Are you actively sharing Jesus with your friends, family and others? _____ How? _____

=====Office Use Only=====

Date Received _____ Registration Fee? _____

Correspondence Course? _____

Required Reading Completed? _____

Date of Arrival _____

Date of Departure _____

Health Form? _____

Application Complete? _____ Date Completed _____

Camp Year 2008

Leader-In-Training Name _____

What weeks/dates are you available to serve with us?

(Important: Please do not check weeks unless you are sure of your availability to commit your service. Example: Do not check a week of service if you only think you can come, or want to serve, but haven't cleared it with your parents. Please make sure your parents have approved of the week(s) you check and that you can commit to them).

Activity & Specialty Staff Training May 27-31 <input type="checkbox"/>	Junior Camp #2 June 16-21 <input type="checkbox"/>	Junior Camp #4 July 14-19 <input type="checkbox"/>
Counselor & LIT Training June 2-7 <input type="checkbox"/>	Teen Camp #1 June 23-28 <input type="checkbox"/>	Middler Camp July 21-26 <input type="checkbox"/>
Junior Camp #1 June 9-14 <input type="checkbox"/>	Junior Camp #3 July 7-12 <input type="checkbox"/>	Teen Camp #2 July 28- August 2 <input type="checkbox"/>

****Area of Ministry Preferred: List any Camp achievements or experience you may have in this area.**

- _____ Kitchen (Dishes/Dining Room)_____
- _____ Assistant Cook _____
- _____ Horsemanship Assistant _____
- _____ Kids Klub /Snack Shop _____
- _____ Office/Housekeeping _____
- _____ Recreation Assistant _____
- _____ Waterfront Assistant _____
- _____ Biking Assistant _____
- _____ Fishing Assistant _____
- _____ Canoeing Assistant _____
- _____ Riflery Assistant _____
- _____ Archery Assistant _____
- _____ Maintenance/Grounds _____
- _____ Assistant Counselor _____

****Please see Job Descriptions for age and requirements for each position available****

By signing below, you are committing to serve at Cedine to the best of your ability, as serving unto the Lord, and upon acceptance of service, will make arrangements to arrive for the week(s) you have committed to.

LIT Signature _____ Date _____

Parent(s) Signature _____ Date _____

****LEADER - IN - TRAINING JOB DESCRIPTIONS****

Kitchen Assistant

14 and older
On the job training is provided

Cook's Assistant

16 and older
Staff Training is preferred, on the job training is provided
Minimum of 2 weeks of ministry

Dinning Room Assistant

14 and older
On the job training is provided

Counselor's Assistant

16 and older
Attend staff training and have been previously involved in Teen Discipleship Program.
Preferably all summer

Horsemanship Assistant

14 and older
Have previous Horsemanship training (or attend Horsemanship training)
Minimum of 4 weeks of ministry

Horsemanship Assistant Instructor

16 and older
Attend CHA and Staff Training
Minimum of 4 weeks of ministry

Housekeeping / Snack Shop Assistant

On the job training provided
14 and older

Maintenance Assistant

16 and older
On the job training provided
Minimum of 4 weeks of ministry

Office Assistant

16 and older
On the job training provided
Minimum of 4 weeks of ministry

Recreation Assistant

15 and older
On the job training provided
Minimum of 2 weeks of ministry

Biking Assistant

15 and older
On the job training provided
Minimum of 2 weeks of ministry

Waterfront Assistant

15 and older
Attend Lifeguard and Staff training (or have previous water safety training or good swimming abilities).
Minimum of 4 weeks of ministry

Life Guard

16 and older
Attend Lifeguard and Staff Training (or already be certified as a lifeguard and water safety training).
Minimum of 4 weeks of ministry

Fishing Assistant

14 and older
Tennessee Fishing License is required for anyone over 16
On the job training is provided

Canoeing Assistant

On the job training is provided
Minimum of 2 weeks of ministry

Riflery Assistant

On the job training is provided
Minimum of 2 weeks of ministry

Archery Assistant

On the job training is provided
Minimum of 2 weeks of ministry

****KEEP FOR YOUR RECORDS****

Parental Permission Form

Date _____

I give my child, _____ permission to go with Cedine's LIT director and other Camp staff for activities that require leaving camp property. This permission applies only to group activities that pertain to the LIT or Camp Cedine outings or shopping approved by the Camp Director.

Parent signature _____

LIT's name _____
(print)

Cedine Bible Camp

Health History & Medical Form

This form must be on file for every LIT

LIT Name: _____ Week(s) serving: _____

*Your child is not completely registered unless all information is submitted. Please help us to get prompt emergency care for your child while contacting you. Noncompliance may hinder early registration rewards and the registration processes. If we already have a completed medical history on file, you may fill in only the new health information, updates and signature.

Social Security # or Insurance &

A copy of insurance card can be attached if necessary

Parent / Guardian: Family member(s) to contact in an emergency

Mother: _____ Phone: Home _____

Cell _____ Work _____

Father: _____ Phone: (Home: if not in the home) _____
Cell _____ Work _____

Other: Relationship _____ Name _____
Phone: Home _____ Cell _____ Work _____

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**Health History: Are there any physical limitations that would prohibit your child's activities at camp or activities that you do want your child to participate in? If yes, explain:**

\_\_\_\_\_

**Is camper currently under medical or psychological care, which would inhibit his activities at camp? Yes \_\_\_ No \_\_\_**

**Date of last medical examination or hospital stay** \_\_\_\_\_

**Allergies: Camper has allergies to: (foods, medicines, other)** \_\_\_\_\_

**Medication: ALL medications, vitamins, herbs must be in the original containers. List medication and supplements taken by the camper: 1. \_\_\_\_\_ 2. \_\_\_\_\_**

**3. \_\_\_\_\_ 4. \_\_\_\_\_**

**Reason:** \_\_\_\_\_

### Immunization: Date of last Tetanus:

My child's records of the necessary immunizations are up to date. yes \_\_\_ no \_\_\_  
(Please attach copy of immunization records)

My child has a history of or has had:

Asthma  Diabetes  Bed wetting  Menstrual Cramps  Sleepwalking  Heart defects

Migraines  Seizures  Frequent Ear Infections  Blood Disorders

Hearing Problems  Chicken Pox  Eye Problems (glasses)  Other \_\_\_\_\_

Please give us your treatment for checked item

above: \_\_\_\_\_

\_\_\_\_\_

**Parent / Guardian Authorization for health care: The above health history is correct to the best of my knowledge and the person described has my permission to participate in all camp activities except as noted.**

**I give permission to the camp healthcare staff to administer medication and to perform treatment or medication for minor illnesses and injuries. I give permission to Cedine Bible Camp to transport my child to a healthcare provider. I give my permission to the physician selected to order x-rays, routine tests, and treatment for the health of my child. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize and secure proper treatment for my child.**

**Signature of parent /guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

*For questions concerning this health form, please call camp. This information is provided to the camp healthcare staff for adequate care of the camper.*