APPLICATION INSTRUCTIONS
FOR CHAPERONE/ADULT HELP

Phone (423)365-9565 ext 211 * Web Page: www.cedine.org * EMail: David@cedine.org * Fax: (423) 365-6111

Please send all parts of the application to:
Cedine Bible Camp
Attention Camp Director
333 Cedine Camp Rd
Spring City TN 37381

There is a $50 to $100 donation for a chaperone to stay the week. This fee helps to covers food and lodging.

You may wonder why an application? Good question. In our day and age we can not be to careful in deciding who can be around our campers. We train our staff to recognize the signs of those who would abuse children. Most often abuse occurs by someone the camper knows and trust.

What the application involves:

Application. Be sure to answer every question.

Pastoral Reference.
Please have the pastor/youth leader of the church you are attending complete and return this form. If your church is without a pastor or the pastor is related to you, then have one of the church officers complete and return the form. You are responsible to fill in the top portion of the form.

Work Reference.
Please give this form to someone who can vouch for your work ethic. You are responsible to fill in the top portion of the form.

Christian Character References.
Please give this (these) form(s) to someone who can testify to your Christian commitment. You are responsible to fill in the top portion of the form.

Background Check. Please sign and return with application.

Staff Manual.
Please read. You will find it online at Cedine.org

When you will be notified:
When your application and references have been received, they will be reviewed and you will be notified as soon as possible after a decision is made. You may call camp and inquire as to whether or not your application and references have been received.
APPLICATION FOR CHAPERONE/ADULT HELP

Phone (423)365-9565 * Web Page: www.cedine.org * EMail: cedine@cedine.org * Fax: (423) 365-6111

Name ____________________________ Title____________ Home Address__________________________________________
City________________________ST______Zip____________ Sex_____ Age _____ Birthday  Month______Day_____Year_____
Phone___________________ Cell Phone ___________________ EMail___________________________________________
Married___ Single___ Divorced___ Separated___ Living together___ In case of emergency notify________________________________
City________________________ST____ Zip____________ Phone__________________________________________
Church you are a member of _______________________________Pastor _____________________________________
Church you normally attend (if different from the above)? ___________________________________________________________
Pastor's Name ___________________________________________ Phone__________________________________
Address ____________________________________________ City_____________________________ST______ZIP__________
What is your main reason for applying to Cedine Bible Camp? ________________________________________________________
List Ages of Children at home: ______________________________________________________________________

What position do you desire? (Counselor, cook, activity instructor, office secretary, nurse, etc.) __________________________
Dates Available: Summer of 20_______ __________________________________________________________Shirt Size________
SPRITUAL - Briefly write your testimony as to how and when you came into a personal relationship with Jesus Christ.
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
Are you sure you are saved now?_______ Could you lose your salvation? ___________If so, under what circumstances?
______________________________________________________________________________________________________
______________________________________________________________________________________________________
How would you explain the way of salvation to a camper? List facts that must be understood along with supporting Scripture____________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
Do you have a daily Bible reading and prayer time?____________________________________________________________
What is your view of the authority of the Scripture? _____________________________________________
______________________________________________________________________________________

How can a person be filled with the Holy Spirit? ______________________________________________
________________________________________________________________________________________

What do you believe about speaking in tongues and public healing meetings? _______________________
________________________________________________________________________________________

What is your position concerning women as Head/Lead Pastors or Ministers? Please support your view with Scripture.
________________________________________________________________________________________

When was the last time you used tobacco? _______ Alcoholic beverages _______ Hallucinatory drugs ______

Have you ever been convicted of or pleaded guilty to a crime?___________ If yes, explain. ____________

**Character References are Required.**

Please give/send the enclosed Reference questionnaires to those who will fill them out for you. Please ask them to mail it to Cedine. You must fill in your name and the position you are applying for on each reference questionnaire. Please list the names and address of those you are giving these forms to.

1. **Pastor:** Name ___________________________ Address ____________________________
   City ____________________________ ST___ ZIP __________________ Phone __________________

2. **Christian Character (not a family member):**
   Name ____________________________ Address __________________________
   City ____________________________ ST___ ZIP __________________ Phone __________________

3. **Employer:** Name ___________________________ Address ____________________________
   City ____________________________ ST___ ZIP __________________ Phone __________________

4. **Academic:** Name ____________________________ Address ____________________________
   City ____________________________ ST___ ZIP __________________ Phone __________________

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give Camp Cedine any information (including opinions) that they may have regarding my character and fitness for my responsibilities at Camp Cedine. In consideration of the receipt and evaluation of this application by Camp Cedine I hereby release any individual or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by in this application.

I have read the Staff Manual and heartily agree with Cedine's doctrinal statement. I understand the position, policies and guidelines and will follow them to the best of my ability. I understand any pictures taken of me may be used to promote Cedine.

Signature ____________________________ Date __________________________

Revised 2/20/15
The above named person is applying for summer ministry staff at Cedine Bible Camp. The personal information requested below supplements their application and personal interview. It is of great importance to us to obtain objective and valid statements from persons who have some personal knowledge of the applicant’s ability and characteristics. Any information which you give us will be regarded as strictly confidential. Please send this form directly to Cedine Bible Camp.

For Staff Returning From The Previous Summer
Please list any changes since the last time you filled out this form.

Please Print Clearly
1. How long have you know the applicant?______________________________________
2. Is the applicant a Christian?_______________ For approximately how long?___________________
3. Have you seen the applicant in response to understanding the Scriptures, witnessing, and prayer life?
_________________________________________________________________________________________
_________________________________________________________________________________________
4. Does the applicant appear to be growing in his/her Christian experience? Please explain
_________________________________________________________________________________________
_________________________________________________________________________________________
5. What spiritual gifts are evident in the applicant’s life?__________________________________________
_________________________________________________________________________________________
6. Describe the applicant’s pattern of church attendance. He/she attends:
☐ All services regularly ☐ 1 or 2 per week ☐ Less than once a month
7. Is the applicant a member of your church?_______________
8. Please indicate which statement best describes the applicant in relation to each characteristic listed below.

<table>
<thead>
<tr>
<th></th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>Not Often</th>
<th>Hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to follow instructions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Loyal</td>
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<td>Able to adjust to different situations</td>
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<td>☐</td>
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<td>☐</td>
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</table>
9. Please grade the applicant on the following characteristics and traits. Use "1" to indicate superior, "2" for above average, "3" if average and "4" if weak in that area. Please evaluate the applicant in relationship to his/her own age group.

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<td>Personal Grooming</td>
<td></td>
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<tr>
<td>Sense of Humor</td>
<td></td>
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<tr>
<td>Willingness</td>
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<tr>
<td>Tact</td>
<td></td>
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<tr>
<td>Initiative</td>
<td></td>
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<tr>
<td>Attitude toward authority</td>
<td></td>
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<tr>
<td>Dependability</td>
<td></td>
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<tr>
<td>Courtesy</td>
<td></td>
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<tr>
<td>Attitude toward hard work</td>
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<tr>
<td>Judgment</td>
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<td>Initial Impression</td>
<td></td>
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<tr>
<td>Public speaking ability</td>
<td></td>
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<tr>
<td>Punctuality</td>
<td></td>
</tr>
<tr>
<td>Ability to make friends</td>
<td></td>
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<tr>
<td>Honesty and personal integrity</td>
<td></td>
</tr>
</tbody>
</table>

10. There is a possibility that the applicant would serve as a camp counselor. Would you consider the applicant qualified to counsel your child or teenager? [ ] yes  [ ] no

11. Please list one strength:_______________________________________________________________________________________
______________________________________________________________________________________________

12. One weakness of the applicant:_______________________________________________________________________________________
______________________________________________________________________________________________

13. Please check your choice of recommendation:

[ ] I strongly recommend [ ] I recommend with some reservation

[ ] I recommend [ ] I do not recommend

14. Please give your opinion on this applicant's overall suitability to work in a ministry setting such as Cedine Bible Camp.

_______________________________________________________________________________________
_______________________________________________________________________________________

Your Name (please print) ____________________________________________________________ Date _______________

Address ______________________________________________________________________________________________

Position/Organization ____________________________________________________ Phone ____________________

E-Mail _________________________ Signature ________________________________________________

Thank you for the early return of this form as it will expedite the candidate’s application process.

Camp Director
333 Cedine Camp Rd
Spring City, TN 37381

Revised 3/09
The above named person is applying for summer ministry staff at Cedine Bible Camp. The personal information requested below supplements their application and personal interview. It is of great importance to us to obtain objective and valid statements from persons who have some personal knowledge of the applicant's ability and characteristics. Any information which you give us will be regarded as strictly confidential. Please send this form directly to Cedine Bible Camp.

**For Staff Returning From The Previous Summer**
Please list any changes since the last time you filled out this form.

**Please Print Clearly**
1. Please rate the applicant on the following:

<table>
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<tr>
<th></th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Poor</th>
<th>Not Observed</th>
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<tbody>
<tr>
<td>Punctuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gives advance notice for time off</td>
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<tr>
<td>Rarely misses work due to illness</td>
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<tr>
<td>Learn new tasks quickly</td>
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<tr>
<td>Flexibility/Adaptability</td>
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<tr>
<td>Attitude</td>
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<tr>
<td>Considerate of co-workers</td>
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<tr>
<td>Polite and helpful to customers</td>
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<tr>
<td>Consistency</td>
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<tr>
<td>Listens and follows directions</td>
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<tr>
<td>Thoroughness</td>
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<tr>
<td>Effectiveness in supervising others</td>
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2. Does the applicant respond well to authority?

_____________________________________________________

3. Does the applicant accept criticism well?

_____________________________________________________

4. How well does the applicant work under pressure?

_____________________________________________________
5. Does the applicant go beyond his/her required tasks?
______________________________________________________________________________________________
______________________________________________________________________________________________

6. Does the applicant take the initiative to get tasks done that he/she sees need to be done or has not been assigned?
______________________________________________________________________________________________
______________________________________________________________________________________________

7. Is the applicant willing to come in, if able, and work on days he/she has off?
______________________________________________________________________________________________
______________________________________________________________________________________________

8. Please list one strength of the applicant:____________________________________________________________
______________________________________________________________________________________________

9. Please list one weakness of the applicant:___________________________________________________________
______________________________________________________________________________________________

10. Additional Comments

Your Name (please print) __________________________ _________________________________________ Date ________________
Address ______________________________________________________________________________________________
Position/Organization ________________________________________________________________ Phone ________________
E-Mail ______________________________ Signature _______________________________________________________

Thank you for the early return of this form as it will expedite the candidate’s application process.
CHRISTIAN CHARACTER RECOMMENDATION FOR SUMMER STAFF
CEDINE BIBLE CAMP AND CONFERENCE CENTER
333 CEDINE CAMP RD, SPRING CITY, TN 37381
Phone (423) 365-9565 FAX (423) 365-6111

The above named person is applying for summer ministry staff at Cedine Bible Camp. The personal information requested below supplements their application and personal interview. It is of great importance to us to obtain objective and valid statements from persons who have some personal knowledge of the applicant's ability and characteristics. Any information which you give us will be regarded as strictly confidential. Please send this form directly to Cedine Bible Camp.

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3. Have you seen the applicant in response to understanding the Scriptures, witnessing, and prayer life?
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4. Does the applicant appear to be growing in his/her Christian experience? Please Explain
   ___________________________________________________________________________
   ___________________________________________________________________________
5. What spiritual gifts are evident in the applicant's life?_______________________________
   ___________________________________________________________________________
6. Do you feel that the applicant has a tender heart towards God and a teachable spirit?___________________________
   ___________________________________________________________________________
7. What do you consider to be special about the applicant?______________________________
   ___________________________________________________________________________
8. Please indicate which statement best describes the applicant in relation to each characteristic listed below.

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___Personal Grooming          ___Sense of Humor                ___Willingness
___Tact                             ___Initiative                    ___Attitude toward authority
___Dependability                   ___Courtesy                      ___Attitude toward hard work
___Judgment                          ___Initial Impression            ___Public speaking ability
___Punctuality                       ___Ability to make friends     ___Honesty and personal integrity

8. How do you think this applicant will do as a member of our staff?
______________________________________________________________________________________________
______________________________________________________________________________________________

9. Please list one strength:
___________________________________________________________________________________________
______________________________________________________________________________________________

10. one weakness of the applicant:
___________________________________________________________________________________________
______________________________________________________________________________________________

11. Please check your choice of recommendation:

[ ] I strongly recommend               [ ] I recommend with some reservation
[ ] I recommend                        [ ] I do not recommend

12. Please give your opinion on this applicant's overall suitability to work in a ministry setting such as Cedine Bible Camp.

Your Name (please print) ___________________________________________________________ Date ____________
Address _____________________________________________________________________________
Position/Organization ________________________________________________________________ Phone ______________
E-Mail _________________________ Signature _____________________________________________

Thank you for the early return of this form as it will expedite the candidate’s application process.

Camp Director
333 Cedine Camp Rd
Spring City, TN 37381

Revised 3/09
Adult Staff orientation

Thank you for giving a week of your time to serve with us at Cedine Bible Camp!

There are a few things that we would like you to know this week to make your time of service a little nicer.

- We want you to enjoy your week. If you need anything or there is a problem with your room please let us know and we will be glad to assist you.
- If you have been accepted to serve for the week you may pick up your staff shirts in the office. Just ask one of the office staff to help you.
- If accepted to serve on staff, check with the director for your assignment at breakfast Tuesday morning. You are assigned an activity to help the campers with the activity not to do the activity, just help the campers.
- Get your room key at the office and return to the office before you leave.
- We have found over the years that it is best for adult staff, especially parents with campers at camp to stay out of the villages at all times. Entrust your children to the staff and let camp care for and discipline them etc. If you try to help it becomes two authorities and the camper will often play one against the other. If you are aware of issues please come to the office and let us know so we can work through it together.
- Campers are not allowed to come to your room.
- We ask you to abide to the same dress code as the campers. At least two inch straps, no mid riff or cleavage showing, shorts must be half way to the knee; guys must keep their shirts on all the time. No muscle shirts.
- Cell phone/Electronic equipment - Please DO NOT use your cell phones or electronic equipment around the campers and campers including your own are not allowed to use without permission from the camp director.
- Cars - If you have a car here do not give rides to campers or allow camper to sit in your car.
- Please remove all body piercing (Except ear rings in women) and keep tattoos covered
- Meal times- Junior camp breakfast 8:00 Lunch 12:00 Supper 5:00
  Teen camp Breakfast 7:45 lunch 12:05 supper 5:15
- Some weeks there will be an Adult Bible Study Tuesday through Friday in Ambassador Hall check with director for details other wise you are welcome to sit in the back of the chapel.
- Please ask the office staff for a weekly schedule.
- We sincerely hope you have a great week!

Thanks again if you have any questions feel free to ask and we would value your input and evaluation of camp including these guidelines! Have a wonderful week.
NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT

**Summer Staff**

I _____________________________, hereby authorize Cedine Ministries to have the following background check screening reports processed through the agency contacted by the church and/or its agent or representative for employment or volunteer purposes: Application Verification, National Criminal Report, Sexual Abuse Registry and County Court Report.

I am aware that this background check is only a screening tool and I may be asked to provide additional information or my fingerprints to resolve issues discovered during the screening.

I am aware that the background check screening report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Cedine Ministries within a reasonable time after I execute this authorization.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

**PLEASE PRINT**

Full Name: ___________________________ Social Security No. __________________________

All other names that have been used (ex: Maiden Name) __________________________________________

Address: __________________________________________ Date of Birth: _________________

City/State/Zip: __________________________________________ County: _______________________________

Gender: Female                   Male

DATE: ___________________________

APPLICANT'S SIGNATURE

By submitting this application: You understand that if the background check identifies a pending adjudication or conviction for any proscribed offense(s), application approval by Cedine Ministries will be withheld or revoked. You acknowledge that Cedine Ministries may withhold, suspend, or revoke a credential if you have ever, as an adult or a juvenile, been convicted, adjudicated or placed on term or probation or parole for any felony-level crime or offense. You hereby consent to the release by Cedine Ministries of the fact of your approval or non-approval by Cedine Ministries. You hereby release the contracted agency, as custodian of such records, and such agency employees or personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to you, your heirs or assigns, family or associates because of compliance with or release of information pursuant to this authorization, except in the case of gross negligence. You acknowledge that you have read the foregoing release, understand it and agree to the terms and conditions therein.