

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



BIBLE MISSION

CAMP, RETREAT AND CONFERENCE CENTER

333 CEDINE CAMP ROAD • SPRING CITY, TENNESSEE 37381-6132

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 _____

Phone _____ Address _____ City _____ ST _____ Zip _____

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 _____

SPIRITUAL - 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? _____

Name _____

Date Received _____

Entered on Computer _____

By _____

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 _____

PASTORAL 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

This section to be completed by applicant:

Applicant's Name _____ Dates Available _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Position Applying for 1. _____ 2. _____ 3. _____

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.

	Most of the time	Some of the time	Not Often	Hardly ever
Able to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing and friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An able leader of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent in Christian testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined in personal habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adjust to different situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to cope with other's problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily offended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclined to criticize others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work without close supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work in a team situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

- | | | |
|-----------------------|-----------------------------|------------------------------------|
| ___ 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 |

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:

- | | |
|---|--|
| <input type="checkbox"/> I strongly recommend | <input type="checkbox"/> I recommend with some reservation |
| <input type="checkbox"/> I recommend | <input type="checkbox"/> I do not recommend |

14. Please give your opinion on this applicant's over all 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.

WORK 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

This section to be completed by applicant:

Applicant's Name _____ Dates Available _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Position Applying for 1. _____ 2. _____ 3. _____

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:

	Superior	Above Average	Average	Poor	Not Observed
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gives advance notice for time off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rarely misses work due to illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn new tasks quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility/Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considerate of co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polite and helpful to customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens and follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoroughness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness in supervising others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Camp Director
333 Cedine Camp Rd
Spring City, TN 37381

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

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This section to be completed by applicant:

Applicant's Name _____ Dates Available _____ Phone _____

Address _____ City _____ State _____ Zip _____

Position Applying for 1. _____ 2. _____ 3. _____

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

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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. 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.

	Most of the time	Some of the time	Not often	Hardly ever
Able to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing and friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An able leader of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent in Christian testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined in personal habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adjust to different situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to cope with other's problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily offended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclined to criticize others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work without close supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work in a team situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

- | | | |
|-----------------------|-----------------------------|------------------------------------|
| ___ 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:

- | | |
|---|--|
| <input type="checkbox"/> I strongly recommend | <input type="checkbox"/> I recommend with some reservation |
| <input type="checkbox"/> I recommend | <input type="checkbox"/> I do not recommend |

12. Please give your opinion on this applicant's over all 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

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 though 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 midriff 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 _____, herby 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.