APPLICATION INSTRUCTIONS
FOR SUMMER MISSIONARY SERVICE

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

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.

Academic Reference.
Please give this form to a teacher, guidance counselor or professor to complete and return. You are responsible to fill in the top portion of the form. If you have been out of school (high school/college) for more than a year, you may send another Christian character.

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.

Staff Manual.
Please read and bring to camp with you.

Interviews.
All potential staff, including returning staff, will be interviewed in person and/or by telephone. Interviews will be scheduled after all the application materials have been received.

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 SUMMER MISSIONARY SERVICE

Name ____________________________________________ 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__________________________________
Relationship ______________________________________________
Address ___________________________________________________
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? ________________________________________
_________________________________________________________________________________________

Social Security #___________________ List Ages of Children at home: _________________________________________ 
School Year Address________________________________ City____ ST____ Zip__________________________
Phone____________________________ EMail__________________________________________________________

What position do you desire? (Counselor, cook, activity instructor, office secretary, nurse, etc.) 

Dates Available: Summer of 20_______ From________________To_______________ Shirt Size________
EDUCATION (Circle the year completed by June) High School - 1 2 3 4; College/Bible Inst - 1 2 3 4
Post Graduate - 1 2 3 4: School now attending (if any)__________________________________________
What field of study have you pursued since high school?_______________________________________
What courses in Personal Evangelism and Discipleship have you taken?_______________________________
What experience in Personal Evangelism and Discipleship have you had?______________________________
What courses have you taken in camp counseling?_________________________________________________
If none, are you willing to take a correspondence course in Camp Counseling?_______________________
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?_______ Why?______________________________________________
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 the origin of man?_________________________________________________________________
What is man's present spiritual condition?_____________________________________________________
Why?___________________________________________________________________________________
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 Pastors or Preachers? _________________________________
________________________________________________________________________________________

When was the last time you used tobacco? _____________________ Alcoholic beverages? ______________

Hallucinatory drugs ______________________________

Are you willing to forget "race" and live with others as a true child of God? ________________________

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

If you prefer, you may refuse to answer the next 2 question, or you may discuss your answer in confidence with the camp director rather than answering it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for work at the camp.

Were you a victim of abuse or molestation while a minor? _________________________________

Do you have any physical weaknesses, limitations or past history that would affect your ministry with us? _____________

If yes please explain ____________________________________________________________

List all previous youth work in which you have been involved and the name and address of the church or other organization where the work was performed ___________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

CAMPING INFORMATION

What camps have you attended? ______________________________________________________________

What camps have you worked at? _____________________________________________________________

What position did you hold? __________________________________________________________________

In the following list, put 1 before activities you can organize and teach: 2 for those in which you can assist in teaching: 3 for those with which you are slightly familiar.

____ Archery     ____ Softball     ____ Canoeing     ____ Hiking     ____ Horseback riding
____ Volleyball   ____ Basketball    ____ Crafts     ____ Biking     ____ Fishing     ____ Choir
Swimming classification (check one) ___ Advanced ___ Intermediate ___ Beginner ___ Non-Swimmer

Please list any certifications you have_______________________________________________________________________________

Please list any talents or skills God has given you:________________________________________________________________________
FINANCIAL INFORMATION

1. Are you willing and able to serve as a summer missionary with no promised pay?______________________

2. Because this is a mission program the camp fees are set to cover only food, lodging and other benefits, but no salaries. College age staff serving all summer may receive money from the summer staff fund. This fund is made up of gifts from churches and individuals interested in this ministry.

3. If applying for the entire summer how much financial help will you need? ___________________________

PROCESSING INFORMATION:

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.

Signature ___________________________ Date ___________________________

Are you also interested in MAPS (Ministry Apprenticeship and Practical Studies) 15 month internship?______

Revised 11/25/09
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. 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>Characteristic</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>Not Often</th>
<th>Hardly ever</th>
</tr>
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<tbody>
<tr>
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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>Attitude toward authority</td>
</tr>
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<td>Dependability</td>
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<td>Judgment</td>
<td>Initial Impression</td>
<td>Public speaking ability</td>
</tr>
<tr>
<td>Punctuality</td>
<td>Ability to make friends</td>
<td>Honesty and personal integrity</td>
</tr>
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</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.

______________________________________________________________________________________________

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
ACADEMIC 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:

<table>
<thead>
<tr>
<th>Applicant's Name</th>
<th>Dates Available</th>
<th>Phone</th>
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<tr>
<th>Address</th>
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<th>Zip</th>
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<th>Position Applying for 1.</th>
<th>2.</th>
<th>3.</th>
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For Staff Returning From The Previous Summer
Please list any changes since the last time you filled out this form.

Please Print Clearly
1. The applicant’s homework assignments are (check all that apply)
   - neat
   - messy
   - done well
   - often have careless errors
   - on time
   - often late

2. The applicant’s motivation would best be described as:
   - Excellent-highly self motivated
   - Good-effectively motivated
   - Average-motivated if there is an external reward
   - Poor-rarely motivated by any means

3. 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

5. Please list one strength:  
________________________________________________________________________
________________________________________________________________________

6. One weakness of the applicant:  
________________________________________________________________________
________________________________________________________________________

7. Please check your choice of recommendation:

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

    [ ] I recommend  [ ] I do not recommend

8. 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
Revised 3/09
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.

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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>
<thead>
<tr>
<th></th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Poor</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punctuality</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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<td>Learn new tasks quickly</td>
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<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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</table>

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
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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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<tr>
<td>Moody</td>
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<tr>
<td>Able to work without close supervision</td>
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<tr>
<td>Able to work in a team situation</td>
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</tbody>
</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.

- 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