

Leaders In Training Application (Age 15-18)

Application Deadline is May 1st. Positions are not guaranteed. Registration fee of \$50.00 or Bible Correspondence Certificate or Quiz Verse Certificate must be received *along with* your application for it to be considered.

To be filled out by LIT: Name: First _____ MI: _____ Last: _____

Street Address: _____ City: _____ State: _____

Your cell number: _____ Best time to call: _____ DOB: _____

Your Email: _____ Are you a former camper? _____ LIT? _____ Bible Quizzer? _____

Do you know any Cedine staff that would recommend you? _____ Who? _____

What school do you attend? _____ Current grade level: _____ Current GPA: _____

Do you have Facebook? _____ May we friend you? _____

Who do you live with and what is their name and relationship to you? _____

Church name: _____ Sunday school teacher/youth worker name and phone number: _____ How often do you attend? _____

Do you own your own Bible and how often do you read it? _____

What activity do you enjoy most in your spare time?

Most recent employer? _____ Phone number: _____

On a separate sheet of paper, tell us about your salvation testimony and relationship with Jesus.

Are there any weeks in June and July that you are not available? Give dates: _____

What jobs do you feel qualified to work in?

If you are 16 or older, do you want to be trained as assistant Counselor? _____ Do you have special skills? i.e. childcare, swimming, horsemanship ect... _____ Are you willing to serve in any job you may be assigned at camp to the best of your ability and with a good attitude? _____ Will you commit to living under the rules of Cedine even though you may not agree with them? _____ Often you will be placed under different supervisors, are you willing to accept and respect their authority? _____

We are excited that you are choosing to serve the Lord this summer at Cedine. It is our desire that you not only grow in your relationship with Jesus and your leadership skills, but that you have a wonderful time of building relationships with God's team of servants here at Cedine. We will contact you by phone as soon as your application and fee is processed. We look forward to getting to know you better. Phil and Julie Zimmerman, LIT Directors, lit@cedine.org

LIT Signature: _____ Date: _____

To be filled out by Parent/Guardian: Please allow the applicant to fill out their application first. Please review and discuss their answers. Thanks.

Your name: First _____ MI: _____ Last: _____ Does the applicant live in your house? _____ If not, please supply your mailing address:

Phone number: _____ Your email: _____

What is your relationship to the LIT? _____

We would like your permission to do a phone interview with your child. Is this is ok? _____ If yes, would you like to be present during this interview? _____ If yes, what is the best time to call? _____

What do you hope will be accomplished by having your child serve with Cedine this summer?

Have you and your child reviewed, signed and understood together the guidelines and policies of the LIT program at Cedine? _____

- Ⓢ Please note that the LIT training week is mandatory for service. As well as *at least three* additional weeks of service.
- Ⓢ Please note also that the LIT fee of \$50.00 or Bible Quizzing or Correspondence Certificate is required to accompany this application. Or if you choose to email or fax this application, you may pay online through cedine.org, under 'Make a Payment'. Be sure to note "LIT fee for (your child's name)" under 'Other', "What is this payment for?" Box.

We will contact you or your child by phone, email (if provided) or mail, after this application is processed. Please call us if you have any questions.

We are highly honored that you would entrust your child in our care this summer. We take this responsibility seriously. Having six children of our own, we know the difficulty in raising teenagers in this current culture. Please pray with us and for us as we attempt to give your teen an understanding of God's loving plan for their lives. We do this through daily Bible study and an attempt to demonstrate godly behavior in daily life.

Serving together for your child, Phil and Julie Zimmerman

Cedine LIT Directors, lit@cedine.org, 423.365.9565

By signing below, you give permission for your child to serve with Cedine Bible Camp's Leader In Training Program upon their acceptance, and further give permission for your child 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 weekend outings or shopping approved by the Camp Director. All other trips off camp property with anyone will require written parent permission, either by mail, fax or email to Camp Director or Registrar.

Parent Signature: _____ Date: _____

LIT dress code and guidelines are as follows:

Physical presentation for girls:

It is our desire that ladies dress in a way that is not revealing or distracting to our young men. Therefore, while on staff, we ask that ladies wear:

- ✓ T-shirts only, with sleeves... no v-necks or low cut shirts. T-shirts only.
- ✓ Pants and jeans that do not reveal, and are not too tight.
- ✓ Dresses, skirts and shorts are to be half-way to the knee or when your arms are down at your sides, they should be no shorter than the tip of your middle finger, and should not be tight or revealing.
- ✓ Earrings in the ears only.
- ✓ Tattoos must be covered at all times.
- ✓ Shower shoes, sliders and flip-flops are not allowed outside the cabin.
- ✓ One-piece swim suits. Bring a long, dark t-shirt and shorts, or cover-up for co-ed swimming.

Physical presentation for the guys:

- ✓ Sagging pants are not allowed.
- ✓ T-shirts only, with sleeves...No muscle shirts, sleeveless shirts or sleeveless undershirts. T-shirts only.
- ✓ Tattoos must be covered at all times.
- ✓ Earrings are not allowed at any time while on staff at Cedine.
- ✓ Shower shoes, sliders and flip-flops are not allowed outside the cabin.
- ✓ Dark t-shirt needed to be worn during LIT co-ed swim times.

- ✓ *Everyone is required to be fully dressed going to and from the swimming area.*
- ✓ *Long pants and closed toed shoes are required for horseback riding.*
- ✓ *Everyone needs to have church dress for Sundays that keeps in line with this dress code.*

Guidelines:

- Ⓢ Cell phone usage by LITs is only permitted between noon on Saturday through noon on Monday.
- Ⓢ All electronics, including all cell phones, must be turned in to the camp office by noon on Monday, and will be kept in a secure place until noon on Saturday.
- Ⓢ Emergency phone calls can be made or received through our camp office.
- Ⓢ I-pads, lap tops, cell phones, chargers and any other electronic must be turned in to the camp office by noon on Monday
- Ⓢ LITs are required to respect authority while on staff at Cedine.
- Ⓢ No LIT will be allowed to drive a vehicle on camp property at any time. Please leave personal vehicles at home.
- Ⓢ Dating relationships are highly discouraged at Cedine, and physical relationships of any kind are not permitted. The general rule at Cedine is hands off.
- Ⓢ LITs are not allowed to leave camp property with anyone, unless parent permission is given in writing by email, fax or mail.
- Ⓢ Failure to live with the stated guidelines of Cedine will result in the LIT being warned once, and if failure to comply the second time, the LIT will be released from staff at Cedine, the parent will be called and will need to be picked up immediately at the parents expense.

Please read through before signing this document. By signing this document, both LIT applicant and parent understands the guidelines and dress code stated, and agrees to comply.

Parent signature: _____ Date: _____

LIT signature: _____ Date: _____

Health History & Medical Form

A new health form must be completed and received for every person, regardless of previous years served. Thank you.

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. Non-compliance 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 _____

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? _____ Explain:

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

Explain: _____

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. _____

Other(s) _____

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 or
contacts?) 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 in the event of an incident.

Revised 02/18