



APPLICATION FOR MINISTRY

Leaders in Training (LIT)

Full Name _____ Home Phone (_____) _____

Address _____
street address city state zip

Birth Date (mo/day/yr) _____ Current year in school _____ Email _____

Parents _____ Work/Cell Phone (_____) _____

Church _____ Church Phone (_____) _____

Emergency contact _____ Phone (_____) _____

PERSONAL REFERENCES:

Spiritual Leader (eg. Pastor, Youth Pastor, Sunday School Teacher who knows you well)

Name _____ Address _____

City _____ State/Zip _____ Phone (_____) _____

Employer or Adult Friend

Name _____ Address _____

City _____ State/Zip _____ Phone (_____) _____

CRIMINAL BACKGROUND:

Have you ever been convicted of a felony? Yes No

Are you currently under indictment or on probation for any crime?

If yes to either, please describe in more detail.

Have you completed Sweat Team at Camp Lebanon? Yes No When?

Have you completed our Leaders In Training (LIT) Program? Yes No When?

Why would you like to return to Camp Lebanon?

Please answer the following questions. Attach an additional sheet if necessary.

Describe your relationship with God.

What do you think it means to be a Christian? How do you think that is shown in one's life?

What has happened in your life since you last served at Camp Lebanon?

How do you think you can improve in your position if you return to Camp?

Are you involved with a youth group? How?

What are your beliefs concerning the Bible, its authenticity, its relevance, and its purpose?

How would you explain to a child how they can become a Christian?

STATEMENT OF FAITH:

The Cedar Lake Baptist Assembly, Inc., which owns and operates Camp Lebanon, willingly and fervently declares its doctrinal belief as follows:

We believe the **Bible** to be inspired, the only infallible, authoritative Word of God.

We believe there is one **God**, eternally existent in three persons: Father, Son, and Holy Ghost.

We believe in the deity of our **Lord Jesus Christ**, in His Virgin Birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal, premillennial return in power and glory.

We believe that for the salvation of lost and sinful men **regeneration by the Holy Spirit** is absolutely essential.

We believe in the present ministry of the **Holy Spirit** by Whose indwelling the Christian is able to live a godly life.

We believe in the **resurrection** of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.

We believe the **true living Church** is composed of all regenerated believers and its supreme mission is to fulfill Christ's Great Commission in preaching the Gospel to all people.

We believe that believers are to observe the ordinances of **baptism** (by immersion) and the **Lord's Supper** and to unite in evangelical churches and to continue faithfully in this fellowship.

I am in full agreement with the above Statement of Faith. Yes No
(If no, please explain. Attach a separate sheet of paper if necessary)

Do you have any questions or comments for Camp Lebanon?

SIGNATURES

I acknowledge that all information supplied is accurate and true and I grant Camp Lebanon personnel permission to confer with the listed references.

Signed _____ Date _____

NOTE: If the applicant for a volunteer position is under 18 years of age, a parent or guardian must sign below. Your signature indicates this application is made with your approval.

Signed _____ Date _____

Camp may give our phone number to other Junior Staff Parents interested in carpooling: yes no

CAMP HEALTH HISTORY AND EXAMINATION FORMS FOR STAFF

Developed by American Camping Association, Inc in consultation with the American Medical Association and the American Academy of Pediatrics

Full Name _____ Date of Birth _____ Sex _____ Age _____

Parents or Guardians _____ Home Phone _____

Home Address _____

Cell Phone _____ Work Phone _____

Second Parent/Guardian or Emergency Contact _____

Home Address _____

Cell Phone _____ Work Phone _____

If not available in an emergency, notify:

Name _____ Phone _____

Cell Phone _____ Work Phone _____

Health History (Check—giving approximate dates)

Frequent Ear Infections _____

Heart Defect/Disease _____

Convulsions _____

Diabetes _____

Bleeding/Clotting Disorder _____

Hypertension _____

Mononucleosis _____

Diseases

Chicken Pox _____

Measles _____

German Measles _____

Mumps _____

Allergies

Hay Fever _____

Ivy Poisoning, etc _____

Insect Stings _____

Penicillian _____

Other Drugs _____

Asthma _____

IMMUNIZATIONS: (Σ if up to date) _____ tetanus _____ diphtheria _____ polio _____ pertussis
_____ mumps _____ measles _____ rubella _____ hepatitis B

Operations or serious injuries (include dates) _____

Disability or chronic or recurring illness _____

Any specific activities to be encouraged or limited by physician's advice _____

Dietary modifications _____

Current medications (send with instructions) _____

Other diseases or details of above _____

Name of dentist/orthodontist _____

Name of physician _____ Phone _____

Date of last physical examination _____

Do you carry family medical/hospital insurance? _____

If so, indicate insurance company _____ Policy or Group # _____

Suggestions or health-related information for camp personnel _____

(for females) Has this person menstruated? _____ If so, is her menstrual history normal? _____

Special Considerations _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/my child as named above. This form may be photocopied for use out of camp.

Signature of parent/guardian _____

Witness _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of minor _____

MINISTRY AVAILABILITY – SUMMER 2007

Name _____ Phone (_____)_____

Step 1: MINISTRY OPPORTUNITY DESIRED

Leaders In Training (select session desired)

Step 2: AVAILABILITY

Session A: June 13-18, June 20-24, July 5-8

Session B: July 11-16, July 18-22, August 1-5

Check list before mailing application in:

- Application filled out**
- Health Form Filled out**
- Reference form given to reference**
- Date selected for session**
- Doctrinal Statement signed**

**Dates will not be confirmed until both application and
reference have been received**

CAMP LEBANON CONFIDENTIAL JUNIOR STAFF REFERENCE

This form is to be filled out each year by a Spiritual Leader who knows you well (Pastor, Youth Leader, etc) other than a relative. Please give them this form with a stamped envelope addressed to Camp or have them e-mail or fax it.

I authorize this reference to provide the following information, and I waive all rights to view this document.

Applicant's Name _____ Position Applied For _____

Signature _____ Date _____

Name Of Reference _____ Position _____

Address _____ Phone _____

Because of Camp Lebanon's camper-centered philosophy of ministry, our program is only as strong as the team joined in loving young people into a richer experience of Christianity. Thank you for your honest evaluation of the applicant.

How long have you known this applicant and in what capacity?

Does the applicant demonstrate a consistent lifestyle of commitment to Jesus Christ? YES NO Please explain.

What would you consider to be the applicant's strengths?

What would you consider to be the applicant's weaknesses?

With 1 being the lowest (extremely poor) and 5 being highest (excellent), please evaluate the applicant.

| | | | | | | | | | | | |
|---------------------------|---|---|---|---|---|-------------------------------------|---|---|---|---|---|
| First Impression | 1 | 2 | 3 | 4 | 5 | Sense of Humor | 1 | 2 | 3 | 4 | 5 |
| Appearance | 1 | 2 | 3 | 4 | 5 | Enthusiasm | 1 | 2 | 3 | 4 | 5 |
| Teammanship | 1 | 2 | 3 | 4 | 5 | Spiritual discipline and maturity | 1 | 2 | 3 | 4 | 5 |
| Flexibility | 1 | 2 | 3 | 4 | 5 | Communicates Christ's life and love | 1 | 2 | 3 | 4 | 5 |
| Emotional Stability | 1 | 2 | 3 | 4 | 5 | Scriptural Knowledge | 1 | 2 | 3 | 4 | 5 |
| Temper Control | 1 | 2 | 3 | 4 | 5 | Teachability | 1 | 2 | 3 | 4 | 5 |
| Response to Authority | 1 | 2 | 3 | 4 | 5 | Willingness to Serve | 1 | 2 | 3 | 4 | 5 |
| Follow-through | 1 | 2 | 3 | 4 | 5 | Leadership with Children | 1 | 2 | 3 | 4 | 5 |
| Responsibility | 1 | 2 | 3 | 4 | 5 | Leadership with Teens | 1 | 2 | 3 | 4 | 5 |
| Relationship with Parents | 1 | 2 | 3 | 4 | 5 | Relationships with Peers | 1 | 2 | 3 | 4 | 5 |
| Physical Stamina | 1 | 2 | 3 | 4 | 5 | Overall Attitude | 1 | 2 | 3 | 4 | 5 |

Would you feel comfortable having this applicant serve as your child's counselor? YES NO

Would you recommend without hesitation the applicant for the position desired? YES NO

If "no" to either, please explain on the backside.

Are you aware of any past or current criminal behavior or inappropriate relationships? YES NO

If "yes", please explain on back side. Feel free to add any additional comments.

Signature _____ Date _____