



# 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 2010

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

**Session C:** August 1-5, August 8-13, August 15-19

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** \_\_\_\_\_