

Name: _____ / _____ DRIVER'S LIC. NO.: _____
Last First

If personal information is different from last year or if you want to verify what we have please write it on the back of this form.

Address _____ / _____ / _____ / _____
City State Zip

Phone: _____ Cell Phone: _____

Check the phone number you want on the staff list.

e-mail: _____

Marital Status: S M D W Spouse's name: _____

Home Church: _____

POSITIONS DESIRED: Please indicate your preferences.

Position preferred (indicate 1st and 2nd choice) in the

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Cabin Counselor | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Nurse (R.N.) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Ass't Director |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Division Director | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Wrangler | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Activity Specialist _____ |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Tuck Shop | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Ass't Wrangler | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Other: _____ |

Age group you prefer to work with (indicate 1st and 2nd choice)

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Voyagers (grade 2) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Trailblazers (grades 5-6) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Challengers (grades 7-9) |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Pathfinders (grades 3-4) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Shikaris (girls grade 7) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Explorers (grades 10-12) |

Week(s) for which you are applying:

- CILT Week (6/9-15) Girls' Week (6/16-22) Boys' Week (6/16-22)

Activity

- What activities do you have experience, training or a passion to teach?
- What activities do you have in interest in learning or improving so that you can assist a more experienced instructor and/or receive additional training or mentoring?
- Do you have a skill or hobby you would like to share with campers in an informal, free time setting?
- Please make a note of any specialized training, certifications, or memberships. **PLEASE include a photocopy** of your certification with this form. If not, are you interested in getting training? Yes No

Order theme camp shirt Cost is \$15 S M L XL XXL

REFERENCES: Give two references of people who know you on a daily basis - professional, personal ,family member

Name _____	Name _____
Address _____	Address _____
City _____ St ____ Zip _____	City _____ St ____ Zip _____
Phone _____	Phone _____
Email _____	Email _____

MOTIVATION: Please comment on the following statement.

The Lord has been working in my life during the past year in the following areas/ways:

After being involved with CAMP CEDARBROOK TEXAS I wish to return because:

STAFF COMMITMENT: This renewal **must be signed** by applicant before it can be accepted.

1. I have read, agree with, and will adhere to CAMP CEDARBROOK TEXAS "Personnel Policies" and "Spiritual Standard and Statement of Faith"
2. I hereby authorize CCT to contact all prior employers and any references listed herein to verify all information provided and to obtain any and all information related to my character and past work performance. I further hereby release all references and prior employers from any liability for information provided in good faith
3. I hereby authorize and give permission to CCT to do a background check as in accordance with the law.
4. I understand that it is my responsibility to attend all training including the pre-camp training and in-camp training as described on information sheet.
5. I will not show inappropriate pictures or videos, use inappropriate sexual or vulgar language, touch children inappropriately, or participate in sexual horseplay with children
6. I commit to report inappropriate behavior and understand reporting is kept confidential
7. I understand that being a volunteer CAMP CEDARBROOK TEXAS staff member means serving...cooperating with the Director and other staff members as "unto the Lord," obeying camp policies and sacrificing personal desires in the interest of the campers. My chief aim will be to make the Lord Jesus Christ real in my life as I live with others.

APPLICANT'S SIGNATURE _____ DATE: _____

Name: _____ Birth date: _____

Address: _____
Street City State Zip

Home Phone _____ Business Phone _____

Social Security # _____ Driver's License # _____ State: _____

Previous Residence(s) for the last 5 years. Include college and home.

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

Have you ever been convicted of, been on probation for, or received a suspended execution of sentence for any act of violence against minors, including but not limited to those listed here?

- Indecent assault and battery on a child under fourteen or on a mentally retarded person
- Rape or assault with the intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any crime

 YES **NO** If yes, please explain on the back.

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

 YES **NO** If yes, please explain.

Are you subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

 YES **NO** If yes, please explain.

Have you ever been placed on any local, state, or federal registry for sex offenders.

 YES **NO** If yes, please explain.

Have you ever been sued in a civil court of law where the allegation involved illegal, inappropriate, or sexual conduct or contact with a minor child.

YES **NO** If yes, please explain.

Have you ever been disciplined or dismissed from any volunteer/employment position for any reason following allegations of sexual misconduct, physical and/or verbal aggression, or other inappropriate behavior or conduct.

YES **NO** If yes, please explain.

Do you have any disciplinary action or investigation pending by an employer, organization, professional association, or licensing body, for violence, sexual misconduct, or other misconduct involving children.

YES **NO** If yes, please explain.

Have you ever sought out or intentionally viewed child pornography.

YES **NO** If yes, please explain.

Have you ever been convicted of a Class C misdemeanor or felony?

YES **NO** If yes, please explain.

I understand that:

- The camp may deny employment to anyone who answers yes to any of the above questions
- In applying for a position this information is subject to verification
- The camp may terminate employment or volunteer service of any person is:
 - Found to have a history of complaints of abuse of a minor and/or
 - Found to have resigned, been terminated, or been asked to resign (paid or volunteer) due to complaints of sexual abuse of a minor
 - This disclosure statement must be updated yearly.

I give permission for CAMP CEDARBROOK to run a background check on me. **YES** **NO**

Signature _____

Date _____

Name: _____ / _____ / _____ / _____ / _____
Last First Middle DOB Age

Address: _____ / _____ / _____ / _____
Street City State Zip

Social Security # _____ Driver's License # _____ State: _____

Do you have medical insurance? Yes No If yes, please provide ID # _____
 Name of company _____
 Address of company _____

In Case of Emergency Notify _____ Phone _____

Physician _____ Phone _____

*Date of last physical examination _____ by DR. _____

Height _____ Weight _____ General Health Good Fair Poor Date of Last Tetanus _____

Allergies? YES NO If Yes, specify: _____

Operations? YES NO If Yes, specify with dates: _____

Serious Illnesses? YES NO If Yes, specify with dates: _____

Physical Disability? YES NO If Yes, specify: _____

Can you participate in all activities? YES NO If no, specify limitations: _____

Please list prescription medication you will be taking while at camp for health conditions that could be affected by you participation in the camp program.

MEDICATION	DOSE	REASON FOR TAKING

Note: Please do not bring unnecessary or non-prescription medication to camp. We have a well-stocked infirmary.

EMERGENCY AUTHORIZATION

To the best of my knowledge, all of the above information is correct, accurate and complete. In the event of any illness, accident or injury, I give permission for CAMP CEDARBROOK to arrange transport for me to the nearest medical facility for any medical treatment deemed necessary including emergency room care, hospitalization and/or surgery. I authorize CC to release information, including health history, about my child to necessary personnel, including camp, hospital, and emergency staff.

Signature: _____ Date: _____

*If you have not had a physical exam within the last 2 to 3 years, or if you have any chronic or recurring illness, we strongly recommend clearance by a physician before you attend camp.

RETURN SIGNED STAFF APPLICATION TO:

CCT
391 County Road 333
Rosebud, TX 76570

GIRLS: Elizabeth Eakins

BOYS: Steven Farmer

2019 INFORMATION

Training Weekend: **Attendance is required** of all staff

Friday, April 26th, 8:00 pm through Sunday, April 28th 11:30 am

Cost: Love offering will be taken to help cover our \$106/person charge

Camp Dates: Each CAMP CEDARBROOK staff member needs to arrive at camp by 2:00 pm on Saturday. Assistant Directors, Division Directors, and Support Staff by 1:00 pm. Staff are usually free to leave about 12:00 pm on Saturday or as soon as your area is closed down. All staff must be out of camp by 1:00 pm.

CILT Camp: June 9 – 15

GIRLS' Camp: June 16 – 22

BOYS' Camp: June 16 – 22