

2023 Camp Volunteer Application for Teens

Fill out this application and return to Debbie in the Youth Center



Please mark the camps you want to serve at

Wonder 6/26-6/27

Wonder 6/28-6/29

Mahanaim 7/27-7/30 (typically 9th or older)

MS Camp 7/10-7/14 (Must be in 11 or 12th)

Choose the **mandatory** pre-camp meetings you will attend (and mark it on your calendar)

Camp Wonder ___ Wed. June 21st 5:00 pm OR ___ Sun. June 25th 11:45 am

Camp Mahanaim ___ Wed. July 19th 5:00 pm OR ___ Sun. July 16th 11:45 am

Above meetings will be held in Room 8

Middle School Camp ___ Wed. July 5th 5:30 pm OR ___ Sun. July 9th 11:45 am

This meeting will be held in the Teen Room

Name _____ Phone _____ Do you text y/n _____ Email _____
(Circle one)

Address: _____

M/F (circle one) _____ Age _____ Birthdate _____ Going into Grade _____

What Social Media Sites do you use (such as Instagram, Tick-tock, Snapchat etc)? _____

School you will be attending in September _____

Interests/Hobbies _____

Do you believe you are Living and walking in the Lord's will at this time in your life? _____

If you are a regular Children's Ministry Volunteer and you have a current Youth worker application on file, you may skip to **section B**
(If you are unsure about having a current application on file, please ask Debbie)

Do you attend church? _____ Name of Church _____
Pastor's Name _____ Phone _____
How long have you attended? _____ Have you accepted Jesus Christ as your personal Savior? _____

Please give a short testimony about your life and your walk with Jesus and why you want to be a CIT.

If you need more writing space, please use the back of this application.

HAVE YOU AT ANY TIME EVER:

- Been convicted of, or pleaded guilty or no contest to, any crime? _____
- Participated in, or been accused, convicted, or pleaded guilty or no contest to abuse or any sexual misconduct? _____

ARE YOU AWARE OF:

- Having any traits or tendencies that could pose any threat to children, youth, or others? _____
- Any reason why you should not work with children, youth, or others? _____

If the answer to any of these questions is "yes," please explain in detail:

Adult Reference _____ Phone _____ + _____
(Not a relative)_

Adult Reference _____ Phone _____
(Not a relative)

SECTION B

TRAIL CHRISTIAN FELLOWSHIP
MEDICAL RELEASE & PERMISSION SLIP FOR CIT'S

I/We _____ give permission for _____
(Parent or Guardian) (Child & age)
to volunteer at the designated camp (s). We also hereby give to TRAIL CHRISTIAN FELLOWSHIP and/or its
representatives the authority to obtain medical treatment in case of accident, illness, or injury.

HEALTH INSURANCE: _____,
POLICY/GROUP# _____ DR. _____ PHONE _____,

Allergies: _____

Medication(s) required or needed (and for what reason) _____

Date of Last Tetanus shot _____

We release TRAIL CHRISTIAN FELLOWSHIP and its representatives from any liabilities incurred from accidental
injury or illness.

Name of Parent or Legal Guardian

(Print Name)
SIGNED: _____ DATE: _____ PHONE: _____
(Parents signature)

ALTERNATE PERSON TO CALL: _____ PHONE: _____

Staff reserves the right to choose suitable helpers based on age, maturity, past behavior, and references.

**NOTE: This is an application, and you will be notified if you are not eligible to participate in one or more
camps.**

Questions?
Debbie Conley, Director of Children's Ministry (541)261-2605