

Ketchum, ID 83340

2018 Program Staff Application Form

E-mail: info@cathedralpines.org

	Cathedral —pines	_	First Time App Date of Application Application Deadli		_Renewal Applicant D18
Step One: Step Two: Step Thre	• .	Training even	ł		
Name				_ Phone ()	
M	ailing Street or PO Box	•	City	State	Zip Code
Age Birt	h Date		Marital Status	Educatio	on Level
Employer			Position	_ Work Phone (()
ChurchNan			Member? _	For h	now Long?
Camp (Check only your Winte Junio Senio Junio Kids Youth Junio	r first two choices) er Retreat r High & r High Camp or High Camp Camp h Fall Retreat r High & r High	Position Cab Minir 18 year 19 year 21 year Assi Minir 16 year 16 year No ACI Direct Nurs Cam Bible Mus Craf	se p Pastor e Teacher ic Director t Director	Skills I Bri Art Bible Craft Drar Nate Rec Sma	ing e Discussion leader fts: ma ure/Outdoor reation/Sports all Group Leader mming/Water Sports sical Instrument ch?
Cathedral Pines HC 64, Box 82			reation Director ship/Campfire Leader Page 1 of 4	•	Phone: 208-726-5007 pp FAX: 208-726-0941

What has been บุ	your previous camping experie	ence at Cathedral Pines?	
What other cam	ping experiences do you have	?	
I have attended	l/I will be attending Leader	Training eventyes	no
Date of Leader	Training event attended _	_//_	
Describe your (Christian background and y	our experience in the Chr	istian faith.
REFERENCES: and responsibili	• •	ther than your pastor, wl	no can speak of your characte
	Address	Zip	Relationship to you
2	Name		Phone
	Address	Zip	Relationship to you
IN CASE OF EN	MERGENCY, whom should v	ve notify?	
			Name
Phone		Address	
•	been investigated for, char ibuse, or drug or alcohol al	_	
	Signature of applicant		Date

The Following Health History Must Be Filled Out Completely.

An incomplete history, including signatures, is cause to refuse or delay acceptance of your application.

	Yes	No
Appendicitis		
Asthma		
Does the camper use an inhaler?		
Convulsions		
Menstrual Problems		
Digestive Problems		
Ear Trouble		
Emotional Trouble		
Epilepsy		
Heart Trouble		
Back or Neck Problems		
Surgery within the last 2 years		
Type of Surgery:		

• All medications must be in their original bottle.

• For the dispensing of any prescription drugs, the camp must have:

Prescription Name(s) _______Prescription Number(s) ______

Dosage Instructions

	Yes	No
Hernia		
Lung Problems		
Skin Problems		
Diabetes		
Mononucleosis		
KNOWN ALERGY TO:		
Penicillin		
Other Drugs		
Insect Stings		
Foods		
Last Tetanus Shot		
Measles Immunization		

Are you a swimmer? Circle YES or NO	T-Shirt size, for camps (circle): S - M - L - XL		
Any Restrictions (As limited by physician—including diet):			
Describe any concerns the camp staff should know about you.			
The above Health History is correct and in an emergency care is necessary for my safety, or my injuries. I also give permission to the camp nurse discretion.	child's. The camp is not responsible for accidents or		
Name of Insurance Carrier	Policy No		
Signature of applicant or Parent/Guardian (if under 18)	Date		
This Portion is to be signed by Your Physician			
FYI • Medications cannot be given without your p	hysician's signature.		

NOTE: Please give this completed form with a self- stamped envelope to your pastor who will mail it for you once your application is complete.

NO APPLICATION WILL BE ACCEPTED WITHOUT A PASTOR'S RECOMMENDATION AND A CRIMINAL BACKGROUND CHECK ON RECORD AT CAMP

Cathedral Pines Baptist Camp HC 64, Box 8296 Ketchum, ID 83340

Prescription Name(s)

Doctor's Signature ___

Page 3 of 4

Camp Phone: 208-726-5007 Camb FAX: 208-726-0941 E-mail: info@cathedralpines.org



Pastor's Recommendation for Christian Service

Dear Pastor: The person asking you for this recommendation for Christian service at Cathedral Pines Baptist Camp is seeking to be an Event Director at one of our events. We are seeking persons who will contribute to the fun, proclamation of the Gospel and the disciple making effort in this event. Please review this application and fill out. Any information will be held in the strictest of confidence.

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Please share some of this person's faith jour	rney of which you are aware?
How have you observed this person's organi	izational skills?
Would you have this person serve in your lo	cal church in similar tasks?
How does this person contribute positively t	to the ministry teams on which they serve?
I have reviewed the application of	Along of Applicant
and recommend them for Christian service a position listed on this application.	
(Pastor's Name)	(Pastor's Signature)
(Church and City)	
Date	
Pastor's Contact Phone	
Pastor Contact Email	