



What has been your previous camping experience at Cathedral Pines? \_\_\_\_\_

What other camping experiences do you have? \_\_\_\_\_

I have attended/I will be attending Leader Training event \_\_\_\_yes \_\_\_\_no

Date of Leader Training event attended \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe your Christian background and your experience in the Christian faith.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** Please name two people, other than your pastor, who can speak of your character and responsibility.

1. \_\_\_\_\_  
Name Phone

Address Zip Relationship to you

2. \_\_\_\_\_  
Name Phone

Address Zip Relationship to you

**IN CASE OF EMERGENCY,** whom should we notify? \_\_\_\_\_  
Name

Phone Address Relationship to you

Have you ever been investigated for, charged with, or convicted of an offense involving child abuse, sexual abuse, or drug or alcohol abuse? \_\_\_\_ Yes or No; If yes, please explain.

\_\_\_\_\_  
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:		

	Yes	No
Hernia		
Lung Problems		
Skin Problems		
Diabetes		
Mononucleosis		
KNOWN ALLERGY 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, I give my authorization to provide whatever emergency care is necessary for my safety, or my child's. The camp is not responsible for accidents or injuries. I also give permission to the camp nurse to administer over the counter medications at their discretion.

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 physician's signature.
  - 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 \_\_\_\_\_

Doctor'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**



## 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.

Please share some of this person's faith journey of which you are aware?

How have you observed this person's organizational skills?

Would you have this person serve in your local church in similar tasks?

How does this person contribute positively to the ministry teams on which they serve?

I have reviewed the application of \_\_\_\_\_  
Name of Applicant

and recommend them for Christian service at Cathedral Pines Baptist Camp for the position listed on this application.

\_\_\_\_\_  
(Pastor's Name) (Pastor's Signature )

\_\_\_\_\_  
(Church and City)

Date \_\_\_\_\_

Pastor's Contact Phone \_\_\_\_\_

Pastor Contact Email \_\_\_\_\_