



## Camp Eunice CIT Registration Form

Send to: Ms. Cheryl Johnson  
3196 Zoar Road, Baxley, GA 31513  
Contact Ms. Cheryl at 912.278.5753

Name \_\_\_\_\_ Age \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_ Female \_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Church Name \_\_\_\_\_ Pastor \_\_\_\_\_

Doctor \_\_\_\_\_ Address/Phone# \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Phone # \_\_\_\_\_ Name of Insured \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_ Recent Illnesses \_\_\_\_\_

### STAFF USE ONLY

Paid       Assigned A Position       Added To Online Database       Medical Form Given To Nurse

Staff Notes:

\_\_\_\_ Yes, I would like to purchase a Camp Eunice T-Shirt for \$10. Please check the size below.

Size: \_\_\_\_YS    \_\_\_\_YM    \_\_\_\_YL    \_\_\_\_AS    \_\_\_\_AM    \_\_\_\_AL    \_\_\_\_AXL    \_\_\_\_AXXL



## STATEMENT OF FAITH

### **All staff are required to read and agree to the following:**

1. The churches of this association, accepting the Bible as the supreme rule of faith and practice; united through the grace of our Lord Jesus Christ, the Only Head of the church; recognizing the Christian liberty (not sinful liberty) and right of each individual to interpret the Scripture for himself; dedicated to the principle of Christian unity (with or without organic unity); do humbly depend on the Holy Spirit to lead us into all truth, enabling us to walk in the ways of The Lord.
2. We accept as our motto: “ In Essentials-Unity; In Non-Essentials-Liberty; In All Things-Charity.”
3. We do not believe that any orthodox evangelical protestant church would leave out of its requirement for membership anything that is essential for the salvation of the soul. Therefore, we define as essentials those things we find required for membership in all protestant denominations. Other doctrines are good and helpful, but are sectarian and not absolutely essential for salvation (though they help much in Christian growth). Such doctrines are considered non-essentials. Each member’s acceptance of them, in his own judgment, is his optional Christian Liberty.
4. We consider the following to be some of the Essentials: The Bible, the infallible, authoritative written word of God; the Holy Trinity: The Father, Son, and Holy Ghost; the deity of Christ, His virgin birth, His sinless life, His miracles, His vicarious suffering and atoning death through his shed blood; His bodily resurrection, His ascension to the right hand of the Father, His personal return in power and glory; Repentance; Faith; Regeneration by the Holy Spirit; the resurrection of the saved unto the resurrection of life and the lost unto the resurrection of damnation. These things are essential. These things are fundamental. They are the very heart of the Christian faith.

*It is understood that any breach of this agreement can and will be brought to the Board Of Directors for disciplinary action. You also agree to abide by this disciplinary action where applicable by law.*

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Publication Permission

I do hereby agree to grant Camp Eunice, Inc. the right to publish my campers likeness and voice through such media including but not limited to video, images, and audio recordings for the purpose of publication in flyers, magazines, radio spots, television spots, social media, website postings, and all other forms deemed proper by Camp Eunice, Inc. for the purpose of advertisement for the camp. It is understood that all forms of media created published, performed, or recorded shall not require your review or approval to be published in said media.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**Medical Information Form**

**\*\*\*CONFIDENTIAL\*\*\***

Have you had the following conditions? (Please check all that apply.)

Chicken Pox       Measles       3-day Measles       Hepatitis  
 Scarlet Fever       Asthma       Rheumatic Fever       Other \_\_\_\_\_

Have you had problems with the following?

Heart       Skin       Ears       Tonsils       Bedwetting       Penicillin

List any known allergies (i.e. food, medication, animal, plant, etc.):

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List any pertinent medical history:

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List any medications with the dosage and time(s) given:

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**While realizing that Camp Eunice has thrived on the hard work, effort, and selfless dedication of its volunteer staff as well as the love, prayers, and support of so many brothers and sisters in Christ, and must continue to do so in order to serve The Lord faithfully, we also know that those entrusted with leadership positions in this ministry must be individuals of high character as well as spiritual maturity. It is because of this that we have developed a selection process for our counselors in training. The process consists of two parts; An application to serve, and three recommendations including one from a pastor.**

Using a separate sheet of paper, please write an essay to be reviewed by the Camp Eunice Board Of Directors. If approved as a counselor in training, you will be notified by camp staff. In your essay please include the following:

1. Your personal testimony, including how you came to know Jesus as your Savior. Be specific and detailed. It is a good idea to include scripture references as well as names of those who helped lead you to accept the gift of salvation. Also, please discuss your baptism and rebirth in Christ.
2. A brief description of your walk with Christ, including how you have grown spiritually since you were saved, your involvement with church activities, and your personal devotion, prayer, and study habits. Please discuss those individuals who are helping you to grow in Christ.
3. What your impression of a good camp counselor is. Once again please be detailed and specific.
4. How you can be a benefit to the counselors and staff, and why you should be chosen to serve here. Please include examples of your spiritual maturity, leadership ability, and your overall character and personality, which you feel, are suited to help you be a leader in the youth camp environment.

### **Agreement Of Counselor In Training**

I agree to abide by the rules and regulations of Camp Eunice, Inc., as explained to me by the Board Of Directors and camp staff. I understand that any inappropriate actions by myself could result in disciplinary actions and any misconduct on my part may require the board of directors to reduce my responsibilities to that of a camper and/or to contact my parents. I pledge to follow the rules and to support the camp staff to the best of my ability, while putting myself in the position of being a leader and role model for the campers. I also agree that my testimony for Christ and my willingness to serve others must take precedence in all activities.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**REFERENCE REQUEST**

To be filled out by three references including your pastor.

Sponsor, upon completion please mail to Camp Eunice, P.O. Box 1872, Fort Valley, GA 31030.

**Name Of Applicant** \_\_\_\_\_

*You are being asked to sponsor the person named above as a counselor in training (CIT) at Camp Eunice by giving them your recommendation to serve. We would appreciate your assistance in helping us evaluate the overall spiritual maturity of this applicant as well as how they can assist our camping program.*

**1. Briefly describe your relationship with the applicant:** \_\_\_\_\_

\_\_\_\_\_

**2. How long have you known the applicant?** \_\_\_\_\_

**3. Please answer the following by placing a check mark in the appropriate blanks:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| A. Is the applicant mature enough to be responsible for children in a camp setting?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Is the applicant responsible enough to carry out delegated duties?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Will the applicant get along with coworkers under close living conditions?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Will the applicant accept ongoing guidance and supervision?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Do you know of any personality conflicts or emotional problems with the applicant?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Does the applicant have any physical limitations?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Would you want this applicant to be a camp counselor with your children?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| H. How would you rate this applicant as a potential camp staff member?   |                              |                             |
| <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Exceptionally Strong |                              |                             |

**4. Please place a check beside the statements which best describe the applicant:**

- |  |  |
|--|--|
| <input type="checkbox"/> Is a self starter, takes initiative | <input type="checkbox"/> Is tolerant of ideas of others        |
| <input type="checkbox"/> Seems to have self confidence       | <input type="checkbox"/> Follows through on responsibilities   |
| <input type="checkbox"/> Almost always seems happy           | <input type="checkbox"/> Is a hard worker                      |
| <input type="checkbox"/> Enjoys working with people          | <input type="checkbox"/> Expresses themselves well             |
| <input type="checkbox"/> Is very often moody or depressed    | <input type="checkbox"/> Gets angry or loses temper easily     |
| <input type="checkbox"/> Seems to be self centered           | <input type="checkbox"/> Is intolerant of others or prejudiced |
| <input type="checkbox"/> Causes problems or conflicts        | <input type="checkbox"/> Is immature or childish               |
| <input type="checkbox"/> Does not project confidence         | <input type="checkbox"/> Needs close supervision               |



**5. On a separate sheet of paper please give us a brief overview of the applicant. We are primarily interested in their overall spiritual maturity as well as their daily walk with The Lord. Any specific illustrations, which you can give, would be helpful. Also, please discuss what you feel are the applicants strengths as well as their weaknesses as pertaining to the supervision and guidance of young people in a camping environment. Please give us the essence of why you are sponsoring the candidate and how you feel that they can benefit the ministry of Jesus Christ at Camp Eunice. Thank you in advance for your time and effort in considering the applicant for a position in leadership.**

***6. Having duly considered the qualifications of the applicant named above as they pertain to a leadership position in the ministry of Jesus Christ at Camp Eunice, I hereby offer myself as a sponsor on their behalf. The applicant has my full confidence to serve as a counselor in training.***

**Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature** \_\_\_\_\_

**Title or Position** \_\_\_\_\_



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1. Briefly describe your relationship with the applicant: \_\_\_\_\_

\_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

### 3. Please answer the following by placing a check mark in the appropriate blanks:

- A. Is the applicant mature enough to be responsible for children in a camp setting?  Yes  No
- B. Is the applicant responsible enough to carry out delegated duties?  Yes  No
- C. Will the applicant get along with coworkers under close living conditions?  Yes  No
- D. Will the applicant accept ongoing guidance and supervision?  Yes  No
- E. Do you know of any personality conflicts or emotional problems with the applicant?  Yes  No
- F. Does the applicant have any physical limitations?  Yes  No
- G. Would you want this applicant to be a camp counselor with your children?  Yes  No
- H. How would you rate this applicant as a potential camp staff member?  
 Below Average  Average  Above Average  Exceptionally Strong

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- |  |  |
|--|--|
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**Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature** \_\_\_\_\_

**Title or Position** \_\_\_\_\_



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**3. Please answer the following by placing a check mark in the appropriate blanks:**

- |   |             |                   |
|---|-------------|-------------------|
| A. Is the applicant mature enough to be responsible for children in a camp setting?   | ___ Yes     | ___ No            |
| B. Is the applicant responsible enough to carry out delegated duties?                 | ___ Yes     | ___ No            |
| C. Will the applicant get along with coworkers under close living conditions?         | ___ Yes     | ___ No            |
| D. Will the applicant accept ongoing guidance and supervision?                        | ___ Yes     | ___ No            |
| E. Do you know of any personality conflicts or emotional problems with the applicant? | ___ Yes     | ___ No            |
| F. Does the applicant have any physical limitations?                                  | ___ Yes     | ___ No            |
| G. Would you want this applicant to be a camp counselor with your children?           | ___ Yes     | ___ No            |
| H. How would you rate this applicant as a potential camp staff member?                |             |                   |
| ___ Below Average   | ___ Average | ___ Above Average |
| ___ Exceptionally Strong  |             |                   |

**4. Please place a check beside the statements which best describe the applicant:**

- |   |   |
|---|---|
| ___ Is a self starter, takes initiative | ___ Is tolerant of ideas of others        |
| ___ Seems to have self confidence       | ___ Follows through on responsibilities   |
| ___ Almost always seems happy           | ___ Is a hard worker                      |
| ___ Enjoys working with people          | ___ Expresses themselves well             |
| ___ Is very often moody or depressed    | ___ Gets angry or loses temper easily     |
| ___ Seems to be self centered           | ___ Is intolerant of others or prejudiced |
| ___ Causes problems or conflicts        | ___ Is immature or childish               |
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**Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature** \_\_\_\_\_

**Title or Position** \_\_\_\_\_