

CAMP TAPAWINGO COUNSELOR IN TRAINING

Application Form 2010

PLEASE
ATTACH
RECENT
PHOTO

PERSONAL INFORMATION

*Photo will help us to learn your name.

NAME _____ SOCIAL SECURITY # _____
FIRST MIDDLE INITIAL LAST

HOME PHONE () _____ CELL PHONE () _____ BIRTHDATE _____ / _____ / _____
MONTH / DAY / YEAR

PRESENT AGE _____ GRADE ENTERING IN FALL _____ EMAIL ADDRESS _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENTS NAME _____

Are you living with both your parents? Y NO If not with whom? _____

Person to be notified in an emergency _____ Relationship _____

Address _____ Phone () _____

Have you been a Tapawingo Camper before? Y N If so how long? _____

Have you ever been convicted of a felony or misdemeanor? Y N (Conviction will not necessarily exclude you from C.I.T. program)

If Yes, please explain _____

Do you have any physical limitations, chronic illnesses or do you take drugs for a physical or psychological reason? Y N

If Yes, please explain. _____

CHURCH MEMBERSHIP

I am a MEMBER REGULAR ATTENDANT at _____ Church

Address _____ Phone () _____

Pastor _____ Youth/College Pastor _____ Denomination _____

Have you ever received Christ Jesus as your personal Savior? Y N Not sure If Yes, at what age? _____

SESSION PREFERENCE

Please check which session you would like to attend.

Session 1 (July 4-24, 2010) Session 2 (July 25 – August 14, 2010)

GETTING TO KNOW YOU

Please answer the following on a separate sheet of paper (#1-3)

1. Describe how your relationship with Jesus began. Describe what your experience (relationship) has been like since.
2. What do you wish to gain/accomplish from the Counselor in Training Program?
3. Describe your relationship with your parents.
4. Please describe your wilderness/camping experience.
5. Please list (in order of importance) any activities that you are currently involved in.

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6. Please list two strengths _____

7. Please list two weaknesses _____

8. Please have two references (one from a family member and one from a Pastor/Youth Leader) filled out and mailed to us to complete the application process.

CAMP-of-the-WOODS DOCTRINAL STATEMENT

1. We believe in the DIVINE AUTHORITY of the Bible alone.
2. We believe in ONE GOD, eternally existing in three persons: Father, Son, and Holy Spirit.
3. We believe in the DEITY & HUMANITY of JESUS CHRIST in one Person.
4. We believe that ALL mankind is LOST eternally without JESUS CHRIST.
5. We believe in the SUBSTITUTIONARY ATONEMENT as well as the BODILY RESURRECTION and ASCENSION into Heaven of JESUS CHRIST.
6. We believe that the ONLY way to Heaven is by FAITH through JESUS CHRIST alone.
7. We believe in the PHYSICAL RETURN of JESUS CHRIST.

As a matter of operational policy, we believe the ministry of the Holy Spirit, in the life of a believer, is to glorify Jesus Christ in and through that life. Since our organization is interdenominational, and the employees come from various denominational backgrounds, we ask our staff not to teach, promote or practice any controversial interpretation of the ministry of the gifts of the Holy Spirit. We are not asking one to change personal beliefs, but to adhere to this policy which has been established for a community order, pleasing and acceptable to our Lord.

CODE OF CONDUCT

As can be expected, CAMP-of-the-WOODS/Tapawingo do not allow any of its employees, either on or off the grounds, to use tobacco products, drink alcoholic beverages, or use illegal drugs. Also, theft, immorality, damaging of property, physical injury to others, deception and other forms of biblically unacceptable behavior may be causes of immediate dismissal.

TAPAWINGO MISSION STATEMENT

"To clearly and lovingly glorify Jesus Christ as Lord and Savior through personal example, meaningful activity, Biblical direction and Christ-centered relationships in a safe and friendly environment that promotes health growth and development in all areas of a young woman's life."

As a Counselor in Training I understand that...

1. I will NEVER be left to supervise campers on my own.
2. I am only able to provide direction to a camper under the direct supervision of a Tapawingo Staff member.
3. I am to participate in all activities diligently, cheerfully, and to the best of my ability.
4. I agree with the above Doctrinal Statement, Code of Conduct and Tapawingo Mission Statement and commit to adhere to the standard that is placed before me.

DATE _____ SIGNATURE _____

PARENTAL AUTHORIZATION

I approve of _____ being at Camp Tapawingo as a counselor in training and I commit to be supportive of all management decisions pertaining directly or indirectly to my child.

DATE _____ SIGNATURE _____

Once this is complete, please mail back to:
Camp Tapawingo P.O. Box 250 Speculator, NY 12164

CONFIDENTIAL

Camp Tapawingo
PO BOX 250
Speculator, NY 12164
(518)548-5091



**Reference Form to be
completed by a
FAMILY
MEMBER**

Counselor in Training Program

Applicant's Name _____
Address _____

The above person has applied to participate in the Counselor in Training Program of Camp Tapawingo. Please complete and return to the above address as soon as possible. Your referral is important to us as we select applicants for this program.

1. How long have you known the Applicant and in what capacity?
2. Is the Applicant a Christian? Y N Not Sure For approximately how long? _____
3. Does the Applicant appear to be growing in his/her walk with the Lord? If so, what demonstrates this?
4. In what area(s) does the Applicant need to be nurtured in order to grow and improve?
5. In what areas could the Applicant benefit from Tapawingo's CIT program?
6. List two strengths:
7. List two weaknesses:

Any other comments you think would be helpful (continue on back if needed):

Printed Name _____
Signature _____ Date ____/____/____
Position/Organization _____ Phone Number (____) _____

Thank you for taking the time to fill out this reference form. Your opinion is valued in the selection of our Counselor in Training participants.

To find out more about this program and the ministry of Camp Tapawingo, please visit our website at www.campofthewoods.org and click on the link for Tapawingo

Questions or Comments? Contact Joy Huseland, Director at joyh@campofthewoods.org

CONFIDENTIAL

Camp Tapawingo
PO BOX 250
Speculator, NY 12164
(518)548-5091



**Reference Form to be
completed by a
PASTOR**
(Pastor, Youth Pastor, or Bible
Study Leader)

Counselor in Training Program

Applicant's Name _____
Address _____

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SUMMER 2010 TAPAWINGO REGISTRATION FORM (for girls ages 9 to 17)

Each camper must have a separate registration form. If registering more than one, photocopy this form. See other side for mailing address.

1 CAMPER INFORMATION (Please print legibly)

Last Name _____ First Name _____

Birthdate / / Age at Camp _____ Grade in Fall 2010 _____
Mo Day Year

Address _____

City _____ State _____ Zip _____

Home Phone _____

School Name _____

Church Name (optional) _____

Church Address _____

First time at Tapawingo Renewal

First year at Tapawingo _____ No. of previous years at Tapawingo _____

If first time at Tapawingo, who referred you? _____

Relationship to you (be specific) _____

If you would like to share a cabin with a **friend of the same age** please indicate friend's name (one name only). _____

Note: You must check with your friend's family first, and you MUST BOTH agree before you list her name above.

2 PARENT or GUARDIAN INFORMATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell _____ Email _____

Relationship to Camper _____

Parents staying at CAMP-of-the-WOODS this summer. Dates _____

BILLING INFORMATION (if different from above)

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell _____ Email _____

Relationship to Camper _____

3 WAIVERS AND CONDITIONS OF ENROLLMENT

I give permission for my daughter or ward to participate in swimming at sites that are not inspected by a permit-issuing official. With the permit-issuing official's knowledge, qualified Tapawingo staff will determine the suitability of the swimming site. I understand the location of canoe trips, swimming, and hiking may be remote or inaccessible and thus prevent prompt transfer to an emergency medical health care facility.

I give permission for my daughter or ward's picture to be used on the CAMP-of-the-WOODS and Tapawingo website and promotional materials, publications and forms of communication.

All deposits are non-refundable and non-transferable. **No refunds for cancellation less than 4 weeks prior to camper's arrival.**

I have read and hereby agree with the following waivers, conditions, and policies:

Parent/Guardian Signature: _____

4 CAMPING PERIODS (Maximum of four sessions)

July 18 - July 24

July 25 - July 31

June 27 - July 3

August 1 - August 7

July 4 - July 10

August 8 - August 14

July 11 - July 17

August 15 - August 21

Counselor In Training (CIT) program information and application are on our website at: www.camp-of-the-woods.org. Click the "Tapawingo" link.

CIT Sessions:

July 4 - July 24

July 25 - August 14

5 DEPOSITS & FEES

The weekly rate of \$495.00 per camper includes meals, lodging, hiking, and most activities, excluding handcrafts & giftshop. A Deposit of \$75.00 per camper per session is due with the Application, plus a \$10.00 Membership Fee for Gospel Volunteers, Inc. The total of \$85.00 must accompany this Application for a one-week session. For multiple sessions multiply the number of sessions x \$75.00 but only pay the \$10.00 Membership Fee once.

Line #		No. of Sessions	Cost per Session	Total
1	Number of One-Week Sessions (Maximum four sessions)		x \$495.00 = \$	
2	\$75.00 Deposit due per camper, per session		x \$75.00 = \$	
3	Annual Gospel Volunteers, Inc. Membership Fee (Annual charge per camper)			\$10.00
5	Total Deposit, plus Annual Membership Fee must accompany Registration Form (add lines 2 & 3)			
6	Balance Owed after Paying Deposit [subtract line 2 from line 1]. Balance due 4 weeks prior to arrival			

6 METHOD OF PAYMENT

Check enclosed (payable to CAMP-of-the-WOODS). Full balance must be received at least 4 weeks prior to camper's arrival at Tapawingo.

MasterCard Visa Discover Card # (Print Legibly) _____ Exp. Date _____

Zip Code _____ (where you receive your credit card statement)

NOTE: Reservations must be paid in full 4 weeks prior to your camper's arrival at Tapawingo. If paying by credit card, I give permission to charge the balance of the outstanding bill to my credit card listed above 4 weeks prior to my camper's arrival at Tapawingo.

Signature (as name appears on card): _____

Date: _____

IMPORTANT INFORMATION, WAIVERS & CONDITIONS

RESERVATIONS:

- Reservations accepted in writing post-marked October 15, 2009 or later.
 - - Reservations received between October 15 and November 2 will be processed on November 2, 2009.
 - - After November 2, 2009, reservations will be processed in the order they are received.
- One form is to be used per camper. (You may photocopy the registration form.)
- No reservations accepted by **fax** or **email**.
- Weekly reservations accepted by telephone after December 1, 2009. **Deposit must be paid by credit card when making telephone reservations.**
- Limit of 4 sessions per camper.
- Rates are subject to change.
- Vacation Accident Insurance is included in all rates.

DEPOSITS & PAYMENTS:

- Proper deposit amount must be included with registration form. Remaining balance may be paid by credit card or check and may also include the camper's store and crafts account.
- Deposits are non-refundable and non-transferable when cancelling a reservation.
- Reservations must be paid in full 4 weeks prior to arrival.

CANCELLATIONS:

- All cancellations must be made by telephone and confirmed in writing.
- If cancellation is made less than 4 weeks prior to arrival, the full amount is forfeited.

TRANSPORTATION:

- If you desire a pick-up or drop-off at the Albany Airport, the fee is \$100.00 per camper, per one-way trip, subject to fuel surcharge. Call Camp Tapawingo and speak only to the Director to arrange transportation.

GENERAL INFORMATION:

- No e-mail, telephone, or fax for contacting campers. E-mail, telephone and fax only for business or emergencies.
- Tapawingo is a Christian girls' camp and all rules and regulations are for the safety and welfare of campers. To be effective we need the total support and cooperation of parents and guardians.
- Camper check-in time is Sunday 1:15 p.m. Camp ends the following Saturday morning between 9:30 a.m. and 10:30 a.m.
Note: No pets allowed on Camp grounds.
- Campers requesting to arrive on Saturday will be charged a \$70 fee subject to availability.
- Additional information will be mailed once reservations are made.

MEMBERSHIPS in Gospel Volunteers, Inc.:

- Everyone staying at Camp Tapawingo must purchase membership (once per calendar year) and adhere to all policies. Memberships are non-transferable.

Camp Tapawingo is required to be permitted to operate by the New York State Department of Health and is to be inspected twice yearly. Inspection reports concerning Camp Tapawingo are filed at the following address:

MAILING & CONTACT INFORMATION

Camp Tapawingo
P.O. Box 250, Route 30
Speculator, NY 12164-0250

Phone: 518-548-5091
Fax: 518-548-9787
Email: tapawingo@camp-of-the-woods.org