

CAMP TAPAWINGO COUNSELOR IN TRAINING

Application Form 2009

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 5 – July 25) Session 2 (July 26 – August 15)

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 _____

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 Kim Grubb, Assistant Director at kimg@campofthewoods.org

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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

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Address _____

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