

# CABIN LEADER, CLA & VOLUNTEER APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Zip Code \_\_\_\_\_

Applying as: Cabin Leader (must be 18 & 2 years older than campers at session) \_\_\_\_

Cabin Leader Assistant (must be 16 & 2 years older than campers at session) \_\_\_\_

Other Volunteer (specify) \_\_\_\_\_

Are you 18 years old or older? \_\_\_\_\_ Yes. \_\_\_\_\_ No. If no, state age \_\_\_\_\_  
(Cabin leaders must be 18 or older)

T-shirt size (circle one) S M L XL XXL XXXL

Name and address of church of which you are a member \_\_\_\_\_

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

Camping Experience (if you have helped at camp before):  
Which camp? \_\_\_\_\_ Year \_\_\_\_\_ Director's name \_\_\_\_\_

Do you have any physical or mental impairment that might limit your involvement in camp activities? If so, please list.

Have you been previously charged or convicted of any crime related to the abuse, mistreatment, or molestation of children?  
\_\_\_\_ Yes. \_\_\_\_ No.

Tell us about the special gifts/abilities that you could use in a leadership capacity at camp:

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

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp.

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

**Do not sign until you have read the above applicant's statement.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_\_ County of Residence \_\_\_\_\_

(Over, Please)

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**IMPORTANT, PLEASE READ**

Applications must be returned no later than two weeks before camp session begins.

In an effort to control camp expenses, we are requesting **\$10 from each cabin leader** to help offset the cost of food, t-shirts, etc. Please submit \$10 with the application. (If you serve at more than one camp session you need only pay the fee once.)

Cabin Leader Assistant:

During the CLA's summer camp session

- a. Will attend CLA training for approximately 3 hours
- b. Will pay **\$50.00 fee** to help offset cost of this training and meals

Any additional information you would like to share with the Session Director: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been contacted by a Session Director to be a Cabin Leader/CLA?  Yes  No

Which Session Director contacted you? \_\_\_\_\_

With which grade level do you desire to work? (Please mark as many as you desire):

K-1       2-4       5-6       7-8       9-10       11-12

Which Camp?     Tippecanoe Camp     Indian Creek Baptist Camp

Send this completed form to the Session (Program) Director or camp where you plan to serve:

**Tippecanoe Camp**

P.O. Box 23  
North Webster, IN 46555  
Phone: (574) 834-1907  
Email: [tippy@abc-indiana.org](mailto:tippy@abc-indiana.org)

**Indian Creek Baptist Camp**

1770 Avoca Eureka Road  
Bedford, IN 47421  
Phone: (812) 279-2161  
Email: [indiancreek@abc-indiana.org](mailto:indiancreek@abc-indiana.org)