

# Cabin Leader, CLA & VOLUNTEER APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_ ZIPCODE \_\_\_\_\_

Are you 18 years old or older? \_\_\_\_\_ yes. \_\_\_\_\_ no. If no, state age \_\_\_\_\_  
(Camp counselors must be 18 or older).

NAME AND ADDRESS OF CHURCH IN WHICH YOU ARE A MEMBER: \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_

PASTOR'S ADDRESS \_\_\_\_\_

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

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 the 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.

### CHECK THE SPECIAL GIFTS/ABILITIES THAT YOU COULD USE IN A LEADERSHIP CAPACITY AT CAMP.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Singing                    | <input type="checkbox"/> Play piano         | <input type="checkbox"/> Nature study        |
| <input type="checkbox"/> Play guitar                | <input type="checkbox"/> Devotional leader  | <input type="checkbox"/> Swimming instructor |
| <input type="checkbox"/> Canoeing                   | <input type="checkbox"/> Rowboats           | <input type="checkbox"/> Recreation leader   |
| <input type="checkbox"/> Storytelling               | <input type="checkbox"/> Bible Study leader | <input type="checkbox"/> Archery             |
| <input type="checkbox"/> Nature crafts              | <input type="checkbox"/> Drama              | <input type="checkbox"/> Volleyball          |
| <input type="checkbox"/> Basketball                 | <input type="checkbox"/> Skits/stunts       | <input type="checkbox"/> Campfire building   |
| <input type="checkbox"/> Others (please list) _____ |   | (use back if necessary)                      |

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 \_\_\_\_\_ Social Security No. \_\_\_\_\_

(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 cost we are requesting a stipend from each cabin leader of \$10.00 to help offset the cost of background checks and other administrative cost. Please submit the \$10.00 with the application. *If you serve at more than one camp session the fee only applies to one session.***

**Cabin Leader Assistant:**

**During the CLA's summer camp session**

- a. Will attend CLA training one hour per day Monday-Friday**
- b. CLA's will pay \$50.00 fee for their session to help offset cost of additional 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**  Yes  No

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

Which grade level do you desire to work with: (Please mark as many as you desire)

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

Which Camp:  Camp Tippecanoe       Indian Creek Camp

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

**Tippecanoe Camp**  
PO Box 23  
North Webster, IN 46555  
Office 574-834-4184  
Fax 574-834-1907  
E-mail [tippy@abc-indiana.org](mailto:tippy@abc-indiana.org)

**Indian Creek Camp**  
1770 Avoca Eureka Rd.  
Bedford, IN 47421  
Office 812-279-2161  
Fax 812-279-6620  
E-mail [indiancreek@abc-indiana.org](mailto:indiancreek@abc-indiana.org)

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