

**APPLICATION FOR SUMMER MISSIONARY SERVICE**



**BIBLE MISSION**

**CAMP, RETREAT AND CONFERENCE CENTER**

**333 CEDINE CAMP ROAD • SPRING CITY, TENNESSEE 37381-6132**

Phone (423)365-9565 \* Web Page: www.cedine.org \* EMail: cedine@cedine.org \* Fax: (423) 365-6111

Name \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthday Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Phone \_\_\_\_\_ EMail \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Church you are a member of? \_\_\_\_\_

Pastor \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Church you normally attend (if different from the above)?  
\_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

What is your main reason for applying to Cedine Bible Camp? \_\_\_\_\_  
\_\_\_\_\_

What position do you desire? (Counselor, cook, activity instructor, office secretary, nurse, etc.) \_\_\_\_\_

Dates Available: Summer of 20 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Shirt Size \_\_\_\_\_

Social Security # \_\_\_\_\_ List Ages of Children at home: \_\_\_\_\_

School Year Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ EMail \_\_\_\_\_

**Your Picture**  
Helps us to begin praying for you and to get to know you better!

Name \_\_\_\_\_ Date Received \_\_\_\_\_ Entered on Computer \_\_\_\_\_ By \_\_\_\_\_

EDUCATION (Circle the year completed by June) High School - 1 2 3 4 ; College/Bible Inst - 1 2 3 4

Post Graduate - 1 2 3 4: School now attending (if any) \_\_\_\_\_

What field of study have you pursued since high school? \_\_\_\_\_

What courses in Personal Evangelism and Discipleship have you taken? \_\_\_\_\_

\_\_\_\_\_

What experience in Personal Evangelism and Discipleship have you had? \_\_\_\_\_

\_\_\_\_\_

What courses have you taken in camp counseling? \_\_\_\_\_

If none, are you willing to take a correspondence course in Camp Counseling? \_\_\_\_\_

Have you read the Counselor's Manual and will you follow these guidelines? \_\_\_\_\_

Have you read and do you heartily agree with Cedine's doctrinal statement? (included in the Counselor's Manual)

\_\_\_\_\_

SPIRITUAL - Briefly write your testimony as to how and when you came into a personal relationship with Jesus Christ. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you sure you are saved now? \_\_\_\_\_ Why? \_\_\_\_\_

Could you lose your salvation? \_\_\_\_\_ If so, under what circumstances? \_\_\_\_\_

\_\_\_\_\_

How would you explain the way of salvation to a camper? List facts that must be understood along with supporting Scripture \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a daily Bible reading and prayer time? \_\_\_\_\_

What is the origin of man? \_\_\_\_\_

What is man's present spiritual condition? \_\_\_\_\_

Why? \_\_\_\_\_

What is your view of the authority of the Scripture? \_\_\_\_\_

\_\_\_\_\_

How can a person be filled with the Holy Spirit? \_\_\_\_\_

\_\_\_\_\_

What do you believe about speaking in tongues and public healing meetings? \_\_\_\_\_

\_\_\_\_\_

When was the last time you used tobacco? \_\_\_\_\_ Alcoholic beverages? \_\_\_\_\_

Hallucinatory drugs \_\_\_\_\_

Are you willing to forget "race" and live with others as a true child of God? \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

Were you a victim of abuse or molestation while a minor? \_\_\_\_\_

(If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the camp director rather than answering it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for work at the camp.)

List all previous youth work in which you have been involved and the name and address of the church or other organization where the work was performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### CAMPING INFORMATION

What camps have you attended? \_\_\_\_\_

What camps have you worked at? \_\_\_\_\_

What position did you hold? \_\_\_\_\_

In the following list, put 1 before activities you can organize and teach; 2 for those in which you can assist in teaching; 3 for those with which you are slightly familiar.

\_\_\_ Archery \_\_\_ Softball \_\_\_ Canoeing \_\_\_ Hiking \_\_\_ Horseback riding \_\_\_ Riflery \_\_\_ Water Skiing

\_\_\_ Volleyball \_\_\_ Basketball \_\_\_ Crafts \_\_\_ Biking \_\_\_ Fishing \_\_\_ Choir

Swimming classification (check one) \_\_\_ Advanced \_\_\_ Intermediate \_\_\_ Beginner \_\_\_ Non-Swimmer

Please list any certifications you have \_\_\_\_\_

Please list any talents or skills God has given you: \_\_\_\_\_

Do you have any physical weaknesses, limitations or past history that would affect your ministry with us? \_\_\_\_\_

(If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the camp director rather than answering it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for work at the camp.)

If yes please explain \_\_\_\_\_

\_\_\_\_\_

FINANCIAL INFORMATION

- 1. Are you willing and able to serve as a summer missionary with no promised pay? \_\_\_\_\_
- 2. Because this is a mission program the camp fees are set to cover only food, lodging and other benefits, but no salaries. College age staff serving all summer may receive what they need/request up to \$100 per week served, from the summer staff fund. This fund is made up of gifts from churches and individuals interested in this ministry.
- 3. If applying for the entire summer how much financial help will you need? \_\_\_\_\_

**PROCESSING INFORMATION:**

Character References are Required.

Please give/send the enclosed Reference questionnaires to those who will fill them out for you. Please ask them to mail it to Cedine. You must fill in your name and the position you are applying for on each reference questionnaire. Please list the names and address of those you are giving these forms to.

1. Pastor or full-time Christian worker:

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

2. Christian Worker or Teacher:

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

3. Employer (past or present) or Professor or Teacher in the school in which you are presently enrolled:

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

4. Personal friend - (not a family member)

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give Camp Cedine any information (including opinions) that they may have regarding my character and fitness for my responsibilities at Camp Cedine. In consideration of the receipt and evaluation of this application by Camp Cedine I hereby release any individual or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by in this application.

I have read the Staff Manual and heartily agree with Cedine's doctrinal statement. I understand the position, policies and guidelines and will follow them to the best of my ability.

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