

COUNSELOR IN TRAINING APPLICATION 2009

****SPECIAL NOTE 1****

ANY APPLICANT UNDER THE AGE OF 18 MUST EITHER TURN IN A NEW 2009 CAMP REGISTRATION FORM OR HAVE A PARENT OR LEGAL GUARDIAN SIGN BELOW ALLOWING IYM TO USE A PREVIOUSLY TURNED IN 2009 REGISTRATION FORM FOR MEDICAL AND LEGAL PURPOSES!

THIS APPLICANT WILL BE USING:

____ A 2009 CAMPER REGISTRATION FORM FOR WHICH THEY WILL HAVE ALREADY TURNED IN FOR AN IYM CAMP THAT THEY WILL BE ATTENDING

AS THE PARENT/LEGAL GUARDIAN OF THE APPLICANT, I GIVE PERMISSION FOR IYM TO USE THE APPLICANT'S SUMMER CAMP REGISTRATION FORM IN THE EVENT THAT THEY REGISTER FOR A 2009 SUMMER CAMP.

PARENT/LEGAL GUARDIAN: _____ DATE: (M)____/(D)____/(YR)_____

OR

____ A NEW 2009 CAMPER REGISTRATION FORM THAT IS ATTACHED TO THIS CIT APPLICATION

NAME: _____ GENDER: M / F AGE: _____ BIRTHDAY(M) ____/(D)____/(YR)_____

SCHOOL _____ GRADE: _____ HOME PHONE: (_____) _____ - _____

ADDRESS: _____ CELL PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL ADDRESS: _____

CHURCH: _____ PASTOR: _____

HOW LONG HAVE YOU ATTENDED THIS CHURCH? _____

IF APPLICABLE, WHERE DID YOU ATTEND BEFORE? _____

WHY DO YOU WANT TO BE INVOLVED IN THE INDIANA YEARLY MEETING YOUTH MINISTRIES CAMPING PROGRAM AS A COUNSELOR IN TRAINING?

PLEASE CHECK WHICH CAMP YOU ARE APPLYING FOR TO BE A CIT:

____ KIDS CAMP (JULY 19TH-22ND)
-GRADES 2ND, 3RD & 4TH

____ JUNIOR CAMP (JULY 26TH-31ST)
-GRADES 5TH & 6TH

****SPECIAL NOTE 2****

ALL APPLICATIONS WILL BE REVIEWED BOTH BY THE DIRECTOR OF EACH IYM SUMMER CAMP AND THE DIRECTOR OF YOUTH & CAMPING MINISTRIES. FINAL SAY FOR STAFFING WILL BE GIVEN BY THE DIRECTOR OF YOUTH & CAMPING MINISTRIES.

&

ALL CIT'S ARE EXPECTED TO REPORT TO QHC THE SUNDAY CAMP STARTS BY 9:30 AM. NO EXCEPTIONS WILL BE MADE UNLESS SPECIAL PERMISSION IS GRANTED BY THE DIRECTOR OF YOUTH & CAMPING MINISTRIES (AARON HUGHS – CURRENT DYCM).

PLEASE LIST THE NAMES AND PHONE NUMBERS OF TWO REFERENCES BELOW

NAME: _____ PHONE: (_____) _____ - _____ RELATIONSHIP: _____

NAME: _____ PHONE: (_____) _____ - _____ RELATIONSHIP: _____

PLEASE MAIL BACK TO:

AARON HUGHS

C/O CIT APP.

4715 N WHEELING AVE.

MUNCIE IN, 47304