TCL Application

eaglefern

Eagle Fern Camp is a Christ-centered, evangelical non-profit camping ministry. We believe that Jesus Christ is "the visible image of the invisible God" and that in Him all deity dwells in bodily form. We believe that all scripture is inspired by God and is our final authority for life and faith. We believe that salvation comes through faith in Christ alone. In everything we do, our purpose is to glorify Christ and honor His Word.

Application Deadline April 30th, 2012

Team Preference

Which TCL group you are applying for?

- ❑ **TCL Team Alpha** July 1st - July 21st
- ❑ **TCL Team Omega** July 29th - August 18th
- ❑ **No Preference**

(TCL training for both teams will be on June 29th-30th)

Personal Data

Full Legal Name _____

Parents Name _____

Current Street Address:_____

City/State/Zip _____

(_____)_____ (_____)_____

Home Phone # Your Cell Phone

(_____)_____ _____

Parents Work # Your E-mail Address

Birthday _____/_____/_____ Grade in Fall _____ Gender ❑ Male ❑ Female

Drivers License # _____State_____Expires_____

T-Shirt Size _____

Have you ever been convicted of a misdemeanor or a felony? ❑ Yes ❑ No

Have you ever served at Eagle Fern Camp before? ❑ Yes ❑ No

Date _____What Capacity _____

Church Attending _____

Please list an emergency contact person (other than your parents)

Emergency Contact:_____

Street Address:_____

Mailing Address:_____

_____

City State Zip

(_____)_____(_____)_____

Primary Phone # Alternate Phone #

References

Please do not list relatives!

Youth Pastor or Church Leader

Name _____

Church Name_____

Current Street Address:_____

City/State/Zip _____

(_____)_____ (_____)_____

Home Phone # Work Phone

Employer or Teacher

Name _____

Current Street Address:_____

City/State/Zip _____

(_____)_____ (_____)_____

Home Phone # Work Phone

Personal Reference

Name _____

Current Street Address:_____

City/State/Zip _____

(_____)_____ (_____)_____

Home Phone # Work Phone

Specialized Skills/Certifications

List any areas in which you are currently certified:

- ❑ **Food Handlers License**
- ❑ **Lifeguard**
- ❑ **CPR**
- ❑ **First Aid**
- ❑ **Other** _____

List any specials skills that would contribute to the ministry of Eagle Fern Camp. (sports/music/drama/woodworking/hobbies/outdoor skills/etc.)

_____

_____

Motivation

Why are you applying for the TCL program?

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My Personal Walk

Give a summary of your Christian experience, including your conversion, your present devotional practice, and your current spiritual growth:

Ministry

What Christian ministry service have you been involved in this past year?

Parental Relationship

Please describe your relationship with your parents:

Affirmation * Criminal Records/Liability/Photo Release

I understand that this is an application for **volunteer service** and that no employment contract is being offered. I understand that I will be required to abide by all camp policies, standards, and regulations. I further understand that when my service is completed, I must return all of EFC's property in my custody.

I hereby authorize EFC to contact employers and any references listed herein to verify all information provided and to obtain any and all information related to my character and past work performance. I further hereby release all references from any liability for information provided in good faith.

I hereby affirm that I have read Eagle Fern Camp's attached Statement of Faith. I hereby agree not to promote personal beliefs and doctrines that may differ from this statement, nor to exhibit conduct which is contrary to it.

I understand that Eagle Fern Camp is a tobacco free, alcohol free, and drug free environment.

I affirm that I have neither been convicted of, nor am I the subject of pending charges for any offense involving actual or attempted child abuse or sexual molestation in any jurisdiction. A criminal records release must be completed by all staff and volunteers participating in Eagle Fern Camp sponsored programs. This information will be kept confidential, on file at the camp office.

Current county of residence:_____

Previous states and counties of residence (last 10 years)

_____

_____

_____

I hereby give Eagle Fern Camp permission to conduct a criminal records search in the counties of residence listed above. I understand that this information is being gathered to ensure the safety and well-being of campers and staff at Eagle Fern Camp.

The applicant has permission to engage in all camp activities, both on-campus and off-campus. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury from participation in camp activities including (but not limited to): swimming, archery, BB guns, water-skiing, boating, challenge course, airsoft, and horse program activities. I understand that Eagle Fern Camp has taken safety measures, including having certified staff in first aid, CPR, water safety, challenge course, and horse programs, as well as making every effort to aid the safety of all camp participants. However, I also recognize that Eagle Fern Camp cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child (if applicant is under the age of 18) about the importance of knowing and abiding by the camp rules and regulations. I voluntarily waive any claim against Eagle Fern Camp, its staff members, and Board of Directors, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with camp activities.

I hereby give permission for images of myself/my child, captured during regular and special camping activities through video, photo and digital camera, to be used solely for the purposes of Eagle Fern Camp promotional material and publications, and waive any rights of compensation or ownership thereto.

I hereby affirm and acknowledge, by signing below, that all of the information provided and all of my answers to the questions on this application are true and complete, and that any misrepresentation or omission may be grounds for rejection or, if later "employed," dismissal.

Applicant Signature: _____

Parent/Guardian Signature: _____
(if under age 18)

Date: _____

A current Health Information form must be attached to this application.

Eagle Fern Camp
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Estacada, Oregon 97023
Phone: 503-630-4978
Fax: 503-630-3356
Or on the web at:
www.eagleferncamp.com