

(Please attach a recent photograph of yourself here.)

**APPLICATION FOR CAMP COUNSELOR
ALABAMA BAPTIST BOY'S CAMP FOR
MISSIONS & ADVENTURE**

Have you attended a RA Camp? _____

If yes, how many times? ___ as a 1st-6th grader
___ as a 7th-12th grader

At Shocco ___ Baldwin ___ Marshall ___

Mail completed form to: Steve Stephens
Camp Director, P. O. Box 11870
Montgomery, AL 36111-0870

PERSONAL:

Full Name _____ E-mail _____
(CIRCLE NAME YOU GO BY) Home Phone _____
Present Phone _____

Permanent Address _____
STREET ADDRESS _____
CITY STATE ZIP

Present Address _____
STREET ADDRESS _____
CITY STATE ZIP

Fall School/College Classification _____ Age _____ Birthdate _____

Fall College Address (if known) _____ Fall College Phone _____

Father's Name (or Guardian) _____ Occupation _____

Address and Phone, if different _____

Mother's Name (or Guardian) _____ Occupation _____

Address and Phone, if different _____

Number of brothers and sisters in your family and ages _____

Height _____ Weight _____ Shirt Size _____ Jacket Size _____

CHURCH INFORMATION:

Church Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Pastor's Name _____ How many years have you attended this church? _____

Describe in one sentence what it means to you to be a Christian? _____

List church activities in which you have participated: _____

What church leadership positions have you held? _____

RA/CHALLENGERS ACHIEVEMENTS:

(This information does not have a strong bearing on your employment; but is helpful information.)

How many years have you been involved in Royal Ambassadors/Challengers? _____

Name of a RA or Challenger leader. _____

In what RA/Challengers or other mission projects have you participated?

What is the highest Brotherhood campcraft award you have earned? _____

Any other camping or campcraft awards (ACA, BSA, etc.)? _____

Certified in Swimming? _____ Life-saving? _____ Water Safety Instruction? _____

Red Cross First Aid (level) _____

RELATIONSHIPS:

Are you willing to work long hours and keep a Christ-like attitude? _____

If you do not presently put God first, others second and yourself third can you put God first, campers second and yourself third this summer? _____

What are some of your personal traits or problems that sometimes make it difficult for you to get along with others? _____

List experience in working with boy's ages 9-17. _____

Do you use tobacco in any form? Yes _____ No _____ If yes, explain _____

Do you drink alcoholic beverages? Yes _____ No _____ If yes, explain _____

Attach at least two pages to this application giving your personal testimony.

Follow this outline:

1. My Life before Christ
2. How I realized I Needed Christ
3. How I Become a Christian.
4. My Life Since Meeting Christ (Make sure this portion of your testimony is in detail.)

Give name, addresses of following references: (We must have three references. Take the time to obtain good addresses.)

Pastor _____

Address _____

Youth Minister, Youth Leader or Campus Minister

Title: _____ Name _____
(Work Phone) (Home Phone)

Address _____

Non-relative Reference (May be a school teacher or neighbor.)

Name _____
(Work Phone) (Home Phone)

Address _____

What can you contribute to camp? _____

Alabama Baptist RA Camp runs from June through July. Check the weeks you feel that you will be available this summer. (An exact check list will be required later, so at this time do not worry about changes that may develop.)

<input type="checkbox"/> Third week of June
<input type="checkbox"/> Fourth week of June

<input type="checkbox"/> First week of July
<input type="checkbox"/> Second week of July
<input type="checkbox"/> Third week of July
<input type="checkbox"/> Fourth week of July

The answers I have given are all true, and if accepted, I promise to do my best to live up to putting God first, the boys second, and myself last. I will follow, without complaining, the leadership of the camp and the personal conduct standards set.

Signature of Applicant _____ Date _____

FUTURE PLANS:

Expected Vocation: _____

After this year do you plan to attend college? _____ Graduate School? _____

Seminary _____ trade _____ Other? _____

SKILLS:

Do you play piano? _____ guitar? _____ Other Instruments (list)? _____

Do you sing? _____ lead singing? _____ preach? _____

give devotional? _____ share testimony? _____ lead discussions? _____

Lead group games? _____ have experience working with children? _____

other experiences or skills you think might be useful: _____

Interest and hobbies: _____

SKILLS SURVEY

Please check skills that you feel proficient in to where you could teach the skill and rules to boys, grades 4-12.

- | | |
|-----------------------|-----------------------------|
| _____ Soccer | _____ Camping |
| _____ Rifery | _____ Basketball |
| _____ Sling Shot | _____ Wood Carving |
| _____ Swimming | _____ Backpacking |
| _____ Outdoor Cooking | _____ Rappelling |
| _____ Survival | _____ Compass & Map Reading |
| _____ Archery | _____ Canoeing |
| _____ Botany (Nature) | |

Is there a skill or two listed above that you would like to learn, and know that you will have the opportunity to before the summer? _____

MEDICAL INFORMATION:

Full Name _____ Age _____
(Circle name you want to be called.)

Address _____

City _____ State _____ Zip _____

Birthrate _____ Birthplace _____ Height _____ Weight _____

List any physical difficulties such as allergies, diabetes, disabilities or other. _____

List an medications you are using. _____

Additional medical information: _____

Physician _____ Phone (____) _____

IN CASE OF AN ACCIDENT OR UNEXPECTED ILLNESS, THE ATTENDING
PHYSICIAN OR HOSPITAL HAS MY PERMISSION TO ADMINISTER MEDICAL CARE
TO MY SON, AS THEY SEE NECESSARY.

Parent or Guardian _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _(____) _____ Office Phone _(____) _____

MEDICAL INSURANCE INFORMATION:

Insuring Company _____ Policy Number _____

Address _____ City _____

State _____ Zip _____ Phone_(____) _____

(Signature of parent or guardian)

(Date)

**PRIMARY SCREENING FORM FOR
CHILDREN & YOUTH WORK
OFFICE OF MEN'S MINISTRIES
ALABAMA BAPTIST CONVENTION**

Date _____

Name _____ (please print)
Last First Middle

Home Address _____

Please answer the following questions and then sign this form.

(1) Have you ever been arrested, charged or convicted for a criminal offense?

_____ no _____ yes (If yes, please give details.)

_____ no _____ yes (If yes, please give details.)

(2) Have you ever received treatment of drug/alcohol abuse?

_____ no _____ yes (If yes, please give details.)

_____ no _____ yes (If yes, please give details.)

(3) Were you ever a victim of abuse or molestation while a minor?

_____ no _____ yes (If yes, please give details.)

_____ no _____ yes (If yes, please give details.)

(4) Have you ever been investigated for child abuse/neglect or investigated for suspected Child abuse/neglect?

(5) Are you currently receiving or have received treatment/counseling from a psychologist/psychiatrist/counselor

_____ no _____ yes (If yes, please give details.)

I have read the above questions and answered honestly.

Signature

Date