

Tall Timber Ranch A.I.M. Crew Application

Name: _____ Age: _____ Grade: _____

Address: _____ Phone: () _____

Parent/guardian (if you are a minor): _____

Home church: _____ Pastor: _____ E-mail: _____

PERSONAL REFERENCES:

Persons who could respond to your qualifications as a camp counselor and leader of young people. Please indicate their name, address, and telephone number.

Minister: _____ Phone: _____

Christian worker: _____ Phone : _____

Other: _____ Phone : _____

Please check the session you are applying for:

Session 1 (July 3-July 20) Session 2(July 21- August 13)

Have you attended Tall Timber Ranch before? Y N

Please indicate year: YILT: _____ Counselor: _____ Camper: _____

Activities, Skills, and Interests: On the following list, put a number 1 before those areas that you can lead or organize, and the number 2 before those that you can help with.

COUNSELING

_____ Bible Study
_____ Group Speaking
_____ Worship
_____ Camper discipline
_____ Small Groups
_____ Seminars
_____ One on one counseling

CAMPING

_____ Swimming
_____ Outdoor skills
_____ Guitar
_____ Song leading
_____ Crafts
_____ Games
_____ First aid

List any information about these skills below:

1. Have you been convicted of a crime in the past ten years? Y N If yes describe in full.
2. In the space below, list church activities you have been involved in and any leadership positions you have held.

3. Please describe any activities or leadership positions you have had which are related to youth work and/or camp counseling.

4. Write a brief statement about why you would like to be on A.I.M. Crew.

5. Please share about your Christian experience. How you got to know Christ and how you are different today because of that commitment.

Describe any physical injuries, limitations, medications, allergies, etc. which could affect or limit you work.

Date of last tetanus shot: _____ Regular Medication: _____

Allergies: _____

One of the following may be administered to my child as needed.

Tylenol Ibuprofen

FOR MINORS ONLY

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event that I cannot be reached through reasonable efforts, I hereby give my permission to the physician selected by the Camp Director to secure proper treatment or to hospitalize, to order injections, transfusion, anesthesia, or surgery for my child. I further agree that I will not hold Tall Timber Ranch or the Presbytery of Central Washington or North Puget Sound, their agents or employees, responsible for any accident or injury arising out of my child's participation during the time period described in this application form.

Parent Signature and Date: _____

Signature: _____ Date: _____

Send Application to: Tall Timber Ranch; 27875 White River Rd; Leavenworth, WA 98826 (509)763-3127

Revised 2/09