

CAMP VINSON VALLEY

An outreach ministry of
Byron United Methodist Church

2024

CAMP VINSON VALLEY Counselor-In-Training APPLICATION

DATES:

May 28 - July 26

(Camp will be closed Monday, May 27 for Memorial Day and
Thursday, July 4 for Independence Day)

Byron United Methodist Church

P. O. Box 6

Byron, GA 31008

(478) 956-5717

byronumcga@gmail.com

We want to do our best to accommodate the busy schedules of our C.I.Ts and Staff. If you have scheduled events, trips, or other conflicts with our Camp Schedule we ask that you include those with your application.

Space in the CIT Program is limited. Participation is subject to availability, and approval of Camp Vinson Valley leadership team.

Name _____
(First) (Middle) (Last)

Preferred Name _____ Male ____ Female ____

Age as of June 30th, 2024 _____ Birth Date _____ Grade Entering in Fall 2024 _____

Primary Email Address _____

Home Address _____

City/State/Zip _____ T-Shirt size **YS YM YL AS AM AL AXL AXXL**

Parent Primary Contact Phone # (_____) _____

What contributions do you think you can make at Camp? What makes you a unique addition to our Camp Environment? (Don't stress over this, this is a low-pressure opportunity to tell us a little about yourself)

What Church do you attend? _____ Pastor's Name _____

Are you active in a Youth Group? _____ Youth Pastor/Youth Director's Name _____

Have you volunteered or served in a ministry position? (like VBS or Children's Ministry)? If so, tell us about it:

Signature of C.I.T Applicant _____ Date _____

Parent Information

Mother's Name: _____

Mother's Work Number _____

Mother's Cell-Phone Number _____

Fathers Name _____

Fathers Work Number _____

Fathers Cell-Phone Number _____

Primary Parent Email address _____

Emergency Contact _____

Emergency Contact Phone _____

Relationship to C.I.T _____

List authorized person(s) other than parents who will pick up CIT from camp:
Parents may be asked to show ID. upon pick-up

Insurance Information

Primary: Company _____ Policy Number _____

Secondary: Company _____ Policy Number _____

Currently on Medication? YES ____ NO ____ If so, what? _____

Dietary or activity related conditions or restrictions:

Camp Activities are physically demanding. We want to ensure the safety of everyone on campus during the camp day, and to do so we must ask for some general information about your C.I.Ts physical capability and medical history.

Signature of Parent/Guardian Date _____



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I, _____ acknowledge that I have been informed that this program is not a licensed childcare facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Signature of Parent/Guardian

Date