

CAMP VINSON VALLEY

PLEASE ATTACH A RECENT PHOTO OF YOURSELF
Prior CITS need not attach a photo

We prefer applicants who are 14 years of age to apply as a CIT

Byron United Methodist Church
P.O. Box 6
105 West Heritage Blvd.
Byron, GA 31008
Office #: (478) 956-5717
CIT APPLICATION 2019

(please type or print)

Name: _____

Social Security Number _____

Mailing Address _____
Street City State Zip

Phone # _____

Are there any reasons you may have difficulty in performing any of the essential elements of the job for which you have applied? If so, please explain _____

Date of Birth _____ Age as of June 30 _____ Male Female

Camp Experience				
Dates	Summer Camp	Director	Address	Camper or Staff

References: (Give names of 3 people having knowledge of your character.)		
Name	Address and City	Phone

Your email address _____

T-Shirt size: S M L XL XXL

What contributions do you think you can make at camp? What skills do you have?

What church do you attend? _____

Pastor's Name: _____

Give your Statement of Faith:

Are you available for an interview? Yes No - If hired, all female personnel **must** wear a one-piece bathing suit.

I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I understand that, if selected, I will be an unpaid in-training individual, and that any agreement to the contrary must be in writing and signed by the director of the camp. ***I understand that I will be charged an activity fee of \$50 per week for the first three weeks of employment.*** I also understand that untrue, misleading, or omitted information may result in dismissal, regardless of the time of discovery by the camp.

Signature of Applicant: _____

Signature of Parent _____

Camp Vinson Valley is an outreach ministry of the Byron United Methodist Church.

CAMP DATES: MAY 28th - JULY 26th

MEDICAL AUTHORIZATION

As a parent/guardian of the counselor in training (CIT), I authorize the Byron United Methodist Church staff and volunteer staff to administer first aid or take the CIT to a physician for treatment. I, _____, give my permission to the Byron United Methodist Church Camp Director or to other staff members to call a doctor for medical or surgical care for the CIT _____. Should an emergency arise, I understand that a conscientious effort will be made to locate the parents or emergency contacts of the CIT before any action will be taken, but if it is not possible to locate the parents or emergency contacts, I understand that this expense will be accepted by the parent/guardian.

Permission to use camper photos for advertising

Camp Vinson Valley may use pictures of my child in their promotional materials, including both printed and electronic media.
Circle one: Yes No

Parent/Guardian Signature and date