

# 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 2018**

*(please type or print)*

Date of Application \_\_\_\_\_

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 29th - JULY 27th**

**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