



10312 Agnew Road
 Louisville, NE 68037
 402-234-2552
 www.campofthegoodshepherd.org

OFFICE USE ONLY.

Applying for:

- Li'l Lambs Camp
- First Chance
- Middler Camp
- Junior Camp
- Junior High Camp
- Last Chance Camp
- Lakota Camp #1
- Lakota Camp #2
- All
- References Received

Camp(s) Chosen: _____

"SHEEP DOG" TEEN HELPER APPLICATION FORM [For teens ages 13 - 18.]

Full Name:
 (First) _____
 (Middle) _____
 (Last) _____

Birth date: ____ / ____ / ____ Gender: Male / Female

Address: _____

City, State, Zip: _____ Phone Number: (_____) _____ - _____

Emergency Contact (Name): _____ Phone Number: (_____) _____ - _____

E-mail [Print clearly!]: _____

Important: In case of an emergency, I hereby give my permission to the camp authorities to select a physician and/or to hospitalize and secure proper treatment for me. I also give the CGS staff permission to transport me off camp property for the purpose of medical care. CGS has my permission to use any photographs or videos of me. I acknowledge and understand that participation in camp activities and sporting events may expose me to certain known and unknown hazards, which could result in physical injury. I understand that the purpose of this release form is to relieve CGS, its owners, agents and employees from any liability for injuries sustained by me as a result of participation in a camp activity. I accept the expense of emergency medical/surgical treatment. I realize any camp insurance for me is secondary to my personal insurance.

I give my permission for my child to participate as a Camp of the Good Shepherd SHEEP DOG Teen Helper this summer.

Parent/Guardian's Signature (REQUIRED): _____ Date: ____ / ____ / ____

Parent/Guardian's Name(s): _____ Relationship to Applicant: _____

Home/Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Address (if different from applicant): _____

City, State, Zip: _____

Medical Information: Family Physician: _____ Phone: (_____) _____ - _____

Insurance Carrier: _____ Insurance Policy #: _____

1. Briefly explain why you wish to be a CGS SHEEP DOG Teen Helper (For teens ages 13 - 18 who have completed 7th grade by start of camps).

2. Write a brief statement of your personal faith in Christ.

3. To what church do you belong?

Name of church (include town): _____

4. How are you serving Christ in your church or school?

5. Do you have dietary limitations, physical challenges or health concerns of which we should be aware? List below.

Statement of Personal Integrity

- Yes / No Have you ever been convicted of a felony or misdemeanor other than a minor traffic offense?
- Yes / No Have you ever been convicted of child abuse or molesting a child?
- Yes / No Are there other facts or circumstances involving you or your background that we should know before entrusting you with the supervision, care and guidance of children? If yes, please explain on a separate sheet of paper.
- I understand that if I'm accepted as an FGCI/CGS worker or short-term worker, in accordance with FGCI/CGS insurance requirements, FGCI may perform a background check on me.

Letters of Recommendation

Two (2) letters of recommendation are required for individuals desiring to work at CGS. One of the two letters must come from a minister or church leader who has witnessed your service or ministry involvement. The other letter of recommendation should also come from a church or spiritual leader. [If you have already served as a SHEEP DOG Teen Helper in the past, you do not need recommendation letters.]

Letters of recommendation should include information about the church leader's/minister's relationship with the applicant and observations made in regard to the applicant's spiritual, mental and physical state that would benefit or hinder the success of CGS as well as information regarding teaching and other ministry giftedness and experience of the applicant. Information shall remain confidential. Listed below are the names of the people who will be sending my recommendations:

Name: _____ Position: _____

Name: _____ Position: _____

Statement of Responsibility / Acceptance as a Helper

I understand that I am a representative of the Lord Jesus Christ and the ministry of For God's Children International and Camp of the Good Shepherd and that my inclusion in the CGS SHEEP DOG Teen Helper Program is contingent upon my cooperation with camp staff and behavior in keeping with the Christian lifestyle prescribed in the Bible.

I understand that applications are due by the end of April, and that those who apply first will be considered first for the positions that are available.

Signed: _____ Date: ____ / ____ / ____

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Thank you for taking the time to complete this application. *Send this completed form and letters of recommendation to: Camp of the Good Shepherd/FGCI, PO Box 434, Council Bluffs, IA 51502-0434.* If you have any questions, you may contact us by e-mail at campofthegoodshepherd@fgci.org, or by phone at: 402-234-2552 (CGS facilities); 712-310-0077 (Joel Burkum's cell).