

# Being An Example

"Let no one despise your youth, but be an example to the believers in word, in conduct, in love, in spirit, in faith, in purity." – 1 Timothy 4:12

## Camp Calvary C3IT – JUNE 12-14 2023

Monday, 10:00 AM – Wednesday, 3:00 PM

**Come and hear from seasoned pastors, youth pastors, and staff!**

(Pastor Brian Wahlberg – Pastor Dave Rineer – Pastor Ron Jones – Pastor Tom Vietti)

### WHAT YOU CAN EXPECT:

*Interaction with full-time camp summer staff.*

*To learn leadership and team-building skills.*

*To encourage and improve your walk with Christ to prepare for future opportunities for service at Camp Calvary.*



### C3IT @ CAMP CALVARY INVOLVES:

*Experiencing and learning new games and activities.*

*Learning to share the Gospel.*

*Receiving practical instruction in counseling.*

*Being challenged spiritually.*

*Brainstorming for new ideas.*

### CAMP CALVARY C3IT: COUNSELOR-IN-TRAINING 2023 REGISTRATION (please print clearly & complete all fields)

Name (First, Middle, Last): \_\_\_\_\_  
Male / Female \_\_\_\_\_ Age: \_\_\_\_\_ Grade (in Fall): \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Phone Number: \_\_\_\_\_ Email (primary means of contact): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Church: \_\_\_\_\_ Pastor: \_\_\_\_\_  
School: \_\_\_\_\_ GPA: \_\_\_\_\_

#### CAMPER AGREEMENT:

*I have answered carefully and honestly the application questions, and I would like to be involved in the Camp Calvary C3IT Program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\$125 due at registration.** An email conformation will be sent by June 7. Be sure to send your registration application by June 5

(Camp Calvary Administration Office, 48 New Schaefferstown Road, Bernville, PA, 19506)

#### MEDICAL AUTHORIZATION FORM: (In Case of Emergency Contact)

Name (Parent/Guardian) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
(Required)

Special Medication (be specific) \_\_\_\_\_

Allergic Reactions: ☐ Bee Stings ☐ Epi Pen is Required ☐ Penicillin ☐ Other: \_\_\_\_\_

Does your child have respiratory problems? \_\_\_\_\_ If an inhaler is needed: send 2 per week of camp.

Does your child have heart problems? \_\_\_\_\_ Tetanus Shot up to date? ☐ Yes ☐ No

Additional Medical Info: \_\_\_\_\_

I give permission for my child to take: ☐ Tylenol ☐ Ibuprofen ☐ Benadryl

Doctor's Name: \_\_\_\_\_ Doctor's Number: (\_\_\_\_\_) \_\_\_\_\_

If there are any other medical problems, please explain and send with this form. In case of a medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for an injection or anesthesia or surgery for my child named above.

**Note: All claims must be submitted to personal insurance company first.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION QUESTIONS:** *Please write briefly on the following subjects. Use extra sheets of paper if necessary.*

**Why are you interested in attending C3IT?**

**Give a summary of your salvation experience including your conversion and spiritual growth.**

**Describe your present devotional practice (Bible reading/Prayer life).**

**List areas of present service in your local church.**

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**PASTOR'S RECOMMENDATION:**

Applicant's Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Does the applicant appear to be growing in his/her Christian experience and service? YES / NO

Please Explain:

Please list one strength and one weakness of the applicant:

Would you consider the applicant qualified to junior counsel in a cabin with your child? YES / NO

Please check your recommendation:

- ☐ I strongly recommend
- ☐ I recommend
- ☐ I do not recommend

Your name: \_\_\_\_\_

Position/Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_