

ucma camp youth ablaze 2010 - student form

EARLY BIRD REGISTRATION ENDS **MONDAY, JUNE 14** AT \$145.00 PER STUDENT

Register by Monday, June 14 & pay only ...	<u>\$145.00</u> /student	<u>\$60.00</u> per adult
Anything received after June 14 will be ...	<u>\$155.00</u> /student	<u>\$70.00</u> per adult
At the door registration will be ...	<u>\$180.00</u> / student	<u>\$75.00</u> per adult

If writing a check/money order to cover more than one person (or a group), please list names on a sheet of paper and enclose with forms for each person. Thank you for your help!

STUDENTS ONLY MUST FILL THIS SECTION OUT: *Adults please fill out pgs. 3 & 4*

Last Name: _____ First Name: _____ Age: _____

DOB: ____ / ____ / ____ Gender: ____ Male ____ Female

Address: _____ City: _____

State: _____ Zip: _____ E-Mail: _____

1st Phone #: (____) _____ 2nd Phone #: (____) _____

Any allergies or medical conditions we need to know about: _____

Insurance Co. Name: _____ Insurance Policy #: _____

Name of Emergency Contact: _____ Phone# 1: (____) _____

Phone# 2: (____) _____

Church you attend? _____

Pastor: _____ Phone #: (____) _____

Youth Pastor/Leader's Name(s): _____

STUDENTS (UNDER AGE 19) GUARDIAN SIGNATURE:

*"I understand that all participants will be monitored by caring, Christian adults and will be given the appropriate medical or spiritual attention needed. I hereby give permission for emergency treatment or surgery as recommended by attending physician if I cannot be reached. I also understand that I will be notified immediately of any problems or injuries that may occur. I also understand that United Christian Youth Department and Ministerial Association and Keith Nix Ministries are not liable for any injuries. Furthermore, we (I) [and on behalf of our (my) child-participant if under the age 19 yrs] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. I give my child (listed above) permission to attend Camp Youth Ablaze 2010 and participate in any on the grounds activities, including two services a day, & to administer over the counter drugs if necessary. **THOSE UNDER AGE 19 MUST HAVE PARENT/GUARDIAN SIGNATURE!**"*

Parent/Guardian Signature: _____ Date: _____

STUDENTS: PLEASE FILL OUT PAGE 2 (ON THE BACK) >>>

ADULT VOLUNTEERS PLEASE FILL OUT PAGES 3 & 4:

Attention: Young adults ages 19 - 21 may be partnered with someone as an assistant.

WE MUST HAVE YOUR PASTOR'S SIGNATURE Without a pastor's signature, you will not be considered to work with Camp Youth Ablaze. (See PAGES 3 & 4 to complete your form >>)

Once we have registered you, you will receive a detailed packet of information about what to expect and what is expected of you...

Page 2 - CONTINUED STUDENT FORM:

We want to encourage each student with a talent or interest in singing, dance, poetry, drama, etc. to get involved in these Performing Arts of Worship during Camp. And remember, everything we do, we must do unto the Lord in the spirit of true worship.

AGES 8 - 12, will automatically be included in worship! One night during the week, this age group will sing and sign a song for us!

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**AGES 13 and up are allowed to participate in the Ablaze Drama Team with team director, Liz Shreve. If you would like to be part of the drama team, please check here \_\_\_\_\_**

*The ADT performs using gesture interpretation, acting, music, props, & other performing arts. Performances will be Wednesday, Thursday, & Friday. Practice sessions will be held on Wednesday, Thursday, & Friday from 1:30 - 2:30, meeting in the Sanctuary.*

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ALL AGES >

_____ Ablaze Talent Show: *By checking this option, you are requesting that you or your youth group participate during the Ablaze Talent Show, either by playing an instrument & singing, performing a drama, quoting a poem you wrote, etc. Slots available are limited, those participating will be chosen on first come - first served basis. **You must sign up here, but also be at auditions on Tuesday from 3:00 - 4:00 PM, held in the Sanctuary. The Talent Show will be held on Thursday from 3:00 - 4:30 PM. NEW THIS YEAR: ADULTS ARE NOT ALLOWED TO PARTICIPATE IN THE TALENT SHOW! THIS EVENT IS TO SHOWCASE THE TALENTS/GIFTS OF OUR STUDENTS ONLY.** Last year we had to turn away students because some of the limited slots available were taken by adults/leaders. Thank you for understanding that everything we do at Camp is for the young people!*

Name of Participant(s): _____

Performance Description: _____ Length of performance: _____

***Please note that each performance is limited to THREE MINUTES maximum! There are only 15 slots available! Remember, if you don't sign up on this form, you may not be able to audition if every slot is filled before auditions. So if you even *think* you would like to participate, sign up now!**

***New this year, we will have a "Showcase Your Talent" area set up in the courtyard every day so that anyone can perform during activity time (even the adults)! Remember, Christian performances only!**

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**\_\_\_\_\_ Youth Ablaze Band & EDP Members:** *All new prospect members are required to attend the Extreme Discipleship Program, Phase 1, with Keith & Margie Nix during the Summer. This is a 35 day internship program for ages 16 and up. EDP begins on July 5th. There will be regular praise sessions and practices throughout the week prior to Camp. Phase 1 ends the last day of Camp. Advanced EDP continues through August 7th and includes a mission trip to the Navajo Indians in New Mexico. For more information about this, please request an EDP packet. Call: 828.651.9585 or email: MGNix@aol.com or fill out the request form below:*

Name of applicant: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Extra Curricular classes will be held again this year: Evangelism 101 will be held on Tuesday 1:30 - 2:30 PM. Passion & Purity, Girls & Guys Breakout Sessions (for more mature 13 year olds and up) will be held on Wednesday 3:00 - 4:00 PM.**

# ucma camp youth ablaze 2010 - adult form

PAGE 3

**ADULTS MUST FILL THIS SECTION OUT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

1st Phone #: (\_\_\_\_) \_\_\_\_\_ 2nd Phone #: (\_\_\_\_) \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Phone# 1: (\_\_\_\_) \_\_\_\_\_

Your Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Are you the Youth Pastor/Leader? \_\_\_\_\_

Do many times a week do you attend your church? \_\_\_\_\_

How actively involved are you? \_\_\_ Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Occasionally

**Please CHECK one area to register for:**

\_\_\_ **Group Leader** - in charge of a group of young people. Same gender cabins only.

Preferred age group: \_\_\_ 8-11 \_\_\_ 12-15 \_\_\_ 16-19 *We cannot guarantee that you will get your request, but we will try our best!*

\_\_\_ **Medical Assistant** - assisting our head RN & LPN. You must either be an RN, LPN, CNAI or II. Will tend to minor injuries, cuts & bruises, etc.

What is your position?  Registered Nurse  LPN  CNA1  CNA11  Other: \_\_\_\_\_  
(Required to volunteer) License or Certification #: \_\_\_\_\_

\_\_\_ **Life Guard** – you must be Red Cross or Tennessee certified to work during Camp.

(Required to volunteer) Certification #: \_\_\_\_\_

Is your CPR Certification current?  Yes  No

\_\_\_ **Security Guard** – you must be able to follow all rules for the Security Guard position (will receive detailed info once you are registered). Must be in good physical condition. Must be in good spiritual condition, as well – attending church regularly and a believer in Jesus Christ. The security guard position is very important and requires a lot of attention to detail, and is expected to be taken seriously.

Would you be willing to work during the nightly services (from 7:00 – 11:00 PM)? \_\_\_ Yes \_\_\_ No

Would you be willing to work during the night time (from 11 PM – 6 AM)? \_\_\_ Yes \_\_\_ No

\_\_\_ **Kitchen Crew** – will work under the supervision of our Kitchen Manager, Ramona Nix.

*Kitchen workers are expected to remain in the kitchen most of the day, there will be a break between lunch and dinner for everyone. But we do ask that you respect the time schedule and be on time for meal preparations.*

\_\_\_ **Concession Stand Clean Up Crew**- will work after services at night under the supervision of our Concession Stand Manager, Mona Nix-Buckner. You will be expected to go to the cafeteria before service ends and set up the concession stand, get the nachos prepared, etc. You will also be expected to stay until everyone is served to clean up and take down the concession items. **Group leaders will not be allowed to work in the kitchen.**

**Medical Information**

Are you in good health?  Yes  No If no, explain: \_\_\_\_\_

Any physical handicaps that would limit your role as a group leader/adult volunteer?  Yes  No

If yes, explain: \_\_\_\_\_

Are you taking any medications?  Yes  No If yes, explain: \_\_\_\_\_

Any other medical information we should know: \_\_\_\_\_

Have you volunteered as a group leader/adult volunteer before?  Yes  No If yes, where: \_\_\_\_\_

When? \_\_\_\_\_ What age group? \_\_\_\_\_

**Check here if you need more room to answer any of the questions below. Please include any additional pages stapled to your form, with your name on them.**

Comment on responsibilities, experiences or training that you feel qualifies you to be a group leader/adult volunteer:

State three reasons, in order of priority, why you would like to serve as a group leader/adult volunteer:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If one of your campers wanted to accept Jesus as Savior, what would you do? \_\_\_\_\_

Briefly state your personal testimony. (Include when, how and why): \_\_\_\_\_

How has the Lord been working in your life in the last six months? \_\_\_\_\_

Have you ever been arrested or convicted for any offense other than a minor traffic violation?  Yes  No  
If yes, provide details on separate sheet of paper.

Have you ever been accused, arrested, or convicted for any sexually related crimes?  Yes  No  
If yes, provide details on separate sheet of paper.

Are there any other circumstances involving your life-style or background that would call into question your ability to work with youth?  Yes  No  
If yes, provide details on separate sheet of paper.

If accepted as a group leader/adult volunteer for Camp Youth Ablaze, are you willing to abide by the rules and policies of UCMA's Camp Youth Ablaze?  Yes  No

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**Senior Pastor (complete prior to mailing to UCMA Youth Department)**

I, \_\_\_\_\_, have reviewed the application of \_\_\_\_\_.

To the best of my knowledge and belief, the applicant has professed Jesus Christ as Savior and Lord. This is evidenced in the life of the applicant. I feel that the applicant is capable of being a group leader for the age group indicated on the other side of this application.

Comments (if any): \_\_\_\_\_

\_\_\_\_\_  
(Signature of Pastor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Pastor)

\_\_\_\_\_  
(Phone)