

CIT APPLICATION



All Counselors In Training must submit forms (CIT Application, CIT Pastor Recommendation Form & Medical Release and Waiver Form), attend a camp training/meeting, and be signed off by the Camp Director.

For Questions & Information Contact:

Youth Director – Jeff Irving @ 501-690-4435 or email @ imaginefitness@att.net

Children Director – Brenda Duff @ 501-722-7657 or email @ duffbrenda@ymail.com

Registration – Rachael Blasingame @ 501-317-6446 or email @ rablasing75@gmail.com

Mail Application to 846 Breckenridge Dr.

Benton, AR 72019

CHOGAR 2023 CAMP DATES: CHILDREN - JULY 25th – 29th

To be a Counselor In Training you must be Junior or Senior in High School (11th & 12th Grade) and will be working with a Counselor at Children's Camp.

T-shirt size: (Circle one) S M L XL 2X 3X
(Teen/Adult)

PERSONAL INFORMATION – All information below must be completed.

Daytime Phone Number: _ _ _ - _ _ - _ _ _		Email:	
Last Name:	First Name:	MI:	AGE:
Mailing Address:			
Physical Address (if different than mailing):			
City:	State:	Zip:	
Church Affiliation:		City of Church:	

How long have you been attending this church?

Do you have medical training? (i.e. RN, LPN, LPN, EMT, First Aid Certification)? Yes ☐ No ☐

Signature

X _____

To be considered as a counselor in training you must have completed and returned along with this application the following:

☐ Signed CIT Pastor Recommendation Form

☐ Waiver and Medical Release Form

*If you are selected to be a Counselor In Training then a Camp Director will notify you through email with the Counselor Training Information.

Counselor Training: Date, Time & Location TBD



Pastoral Recommendation Form For 2023 CHOGAR Camp Counselors In Training

This form must be completed and returned with the application.

This section is to be completed by the applicant (please print)

Last Name:	First Name:	
Mailing Address:		
City:	State:	Zip:
Email:		
Phone Number: _ _ _ - _ _ _ - _ _ _ _		

The section below is to be filled out by the applicant's Senior, Children or Youth Pastor. The aforementioned has applied to be a counselor in training for 2022 Church of God in Arkansas Children's Camp. Please understand that the applicant will not be approved without this form on file for 2023.

Please answer all 14 questions.

1. How long have you known this applicant?
2. Does this applicant attend all church services faithfully? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. In what capacity does he/she currently minister in your church?
4. Has the applicant ever worked with student ages: (check all that apply) <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th
5. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Would you feel comfortable leaving your children in his/her care? <input type="checkbox"/> Yes <input type="checkbox"/> No If no please explain:
7. List any tendencies or traits that you feel might reduce the effectiveness of the applicant in this position.

8. To your knowledge, is the applicant free from the use of tobacco, alcohol, or other drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. In the past five years has the applicant had any negative changes in moral, marital, or other life situations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
10. Can you vouch for the moral integrity of this applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does this applicant have adequate spiritual maturity to pray with students? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has this person been cleared through your church child/adolescent abuse prevention policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is there any information about this applicant you feel would be necessary for us to know? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
14. Do you recommend this individual to be a camp counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No

PASTOR’S NAME (First, Last):

DAYTIME PHONE NUMBER:

PASTOR SIGNATURE:

X _____

To be considered as a counselor in training you must have completed and returned along with this recommendation form the following:
☐ Signed Counselor In Training Application
☐ Waiver and Medical Release Form
*If you are selected to be a Camp Counselor In Training then a Camp Director will notify you through email with the Counselor Training Information.
Counselor Training: Date, Time & Location TBD

Registration Medical Information

Camper's Name _____ DOB _____

Emergency Contact _____ Phone _____

Allergies _____

Does this require an EPI pen ☐ Who carries it – camper ☐ or nurse ☐

If EPI is given, we will take the camper to the nearest ER. Do you allow us to give Diphenhydramine per bottle instructions in the event a camper has an allergic reaction. YES ☐ or NO ☐ Initials _____

Asthma ☐ Does camper have an inhaler – YES ☐ or NO ☐ Who carries the inhaler – camper ☐ Nurse ☐

Seizure Disorder ☐ Emergency medication brought ☐ Does NOT have emergency medication ☐

In the event a camper has a seizure lasting longer than 5 minutes or the camper isn't breathing, they will be transported to the nearest ER via ambulance. _____

Type of Seizure Disorder _____

Triggers _____

What does the campers seizures look like and how long are they normally? _____

Any other disease process that the camp nurse/officials need to be aware of? _____

Please list all medications the camper will be taking while at camp. Please be sure that all medication is brought in the prescription bottle or over the counter bottle with the camper's name and instructions clearly labeled on the bottle.

Medication	Dosage	Route	Time	Diagnosis
<i>Ex. Claritin 10 mg</i>	<i>1 tab</i>	<i>By mouth</i>	<i>Each morning</i>	<i>allergies</i>

We do provide camp stock over the counter medication. In the event that your camper needs an over the counter medication we can give the following medications. If you will allow one of these medications to be given please initial beside the medication to indicate which are allowed and please indicate the dose you allow to be given. You will still receive notification that the medicine has been given and what it was given for. The call or text will come from this phone number (870) 489-2447.

Initials	Medication	Dosage allowed and Instructions	Method of Notification
_____	Ibuprofen 200 mg tab	_____ tabs by mouth every 4 to 6 hours as needed	Text <input type="checkbox"/> or Call <input type="checkbox"/>
_____	Acetaminophen 500 mg tab	_____ tabs by mouth every 4 to 6 hours as needed	Text <input type="checkbox"/> or Call <input type="checkbox"/>
_____	Diphenhydramine 25 mg	_____ tabs by mouth every 4 to 6 hours as needed	Text <input type="checkbox"/> or Call <input type="checkbox"/>
_____	Melatonin 3 mg	_____ tabs by mouth at bedtime as needed	Text <input type="checkbox"/> or Call <input type="checkbox"/>

I, _____ (parent), certify that all the above information is accurate and/or approved for _____ (camper). I understand that any inaccurate information or permission granted that lead to negative outcomes for my camper are at no fault of the facility, organization, or nurse and I can not hold them liable for such outcomes. I understand there are unforeseen events that may happen that could affect my camper and I am aware of the risk and choose to still let my camper participate in all camp activities anyway.

Printed parent name	Parent Signature	Date	Witness
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