



# TCL Application eaglefern

Please fill out form completely and legibly with black ink.

Eagle Fern Camp is a Christ-centered, evangelical non-profit camping ministry. We believe that Jesus Christ is "the visible image of the invisible God" and that in Him all deity dwells in bodily form. We believe that all scripture is inspired by God and is our final authority for life and faith. We believe that salvation comes through faith in Christ alone. In everything we do, our purpose is to glorify Christ and honor His Word.

Application Deadline April 30th, 2018

## Team Preference

Which TCL group you are applying for?

- TCL Team (Alpha)** July 1st - July 21st
- TCL Team (Omega)** July 29th - August 18th
- No Preference**

(TCL training for both teams will be on June 29th - 30th)

## Personal Data

Full Legal Name \_\_\_\_\_

Parents' Names \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Your Cell Phone

( ) \_\_\_\_\_  
Parents Work Your E-mail Address

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Fall \_\_\_\_ Gender  Male  Female

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Church Attending \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Do you plan on attending High School Camp?  Yes  No

Have you served on TCL before?  Yes  No If yes, what year(s) \_\_\_\_\_

Have you ever served for other positions at Eagle Fern before?  Yes  No

Year(s) \_\_\_\_\_ What Capacity \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony?  Yes  No

Please list an emergency contact person (outside your home)

Alternate Emergency Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Cell Phone

## References

Do not list relatives

### Pastor or Church Leader

Name \_\_\_\_\_

Church Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Cell Phone

### Employer or Teacher

Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Work Phone

### Personal Reference

Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Cell Phone

## Specialized Skills/Certifications

List any areas in which you are currently certified:

- Food Handlers License**
- First Aid**
- Lifeguard**
- Other** \_\_\_\_\_
- CPR**

List any special skills that would contribute to the ministry of Eagle Fern Camp. (sports/music/drama/woodworking/hobbies/outdoor skills/etc.)

\_\_\_\_\_  
\_\_\_\_\_

## Motivation

Why are you applying for the TCL program?

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## My Personal Walk

Give a summary of your Christian experience, including your conversion, your present devotional practice, and your current spiritual growth:

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## Ministry

What Christian ministry service have you been involved in this past year?

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## Parental Relationship

Please describe your relationship with your parents:

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## Affirmation \* Criminal Records/Liability/Photo Release

I understand that this is an application for **volunteer service** and that no employment contract is being offered. I understand that I will be required to abide by all camp policies, standards, and regulations. I further understand that when my service is completed, I must return all of EFC's property in my custody.

I hereby authorize EFC to contact employers and any references listed herein to verify all information provided and to obtain any and all information related to my character and past work performance. I further hereby release all references from any liability for information provided in good faith.

I hereby affirm that I have read the Eagle Fern Camp Statement of Faith (available for download on our website). I hereby agree not to promote personal beliefs and doctrines that may differ from this statement, nor to exhibit conduct which is contrary to it.

I hereby affirm that I have read the Eagle Fern Camp Staff & Camper Communication Policy (policy available for download on our website).

I understand that Eagle Fern Camp is a tobacco free, alcohol free, and drug free environment.

I affirm that I have neither been convicted of, nor am I the subject of pending charges for any offense involving actual or attempted child abuse or sexual molestation in any jurisdiction. A criminal records release must be completed by all staff and volunteers participating in Eagle Fern Camp sponsored programs. This information will be kept confidential, on file at the camp office.

Current county of residence: \_\_\_\_\_

Previous states and counties of residence (last 10 years)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give Eagle Fern Camp permission to conduct a criminal records search in the counties of residence listed above. I understand that this information is being gathered to ensure the safety and well-being of campers and staff at Eagle Fern Camp.

The applicant has permission to engage in all camp activities, both on-campus and off-campus. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury from participation in camp activities including (but not limited to): swimming, archery, BB guns, water-skiing, boating, challenge course, airsoft, and horse program activities. I understand that Eagle Fern Camp has taken safety measures, including having certified staff in first aid, CPR, water safety, challenge course, and horse programs, as well as making every effort to aid the safety of all camp participants. However, I also recognize that Eagle Fern Camp cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child (if applicant is under the age of 18) about the importance of knowing and abiding by the camp rules and regulations. I voluntarily waive any claim against Eagle Fern Camp, its staff members, and Board of Directors, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with camp activities.

I hereby give permission for images of myself/my child, captured during regular and special camping activities through video, photo and digital camera, to be used solely for the purposes of Eagle Fern Camp promotional material and publications, and waive any rights of compensation or ownership thereto. I also understand that by providing my e-mail address and cell phone number I will be included in text and e-mail lists for marketing purposes. We will never provide your contact information to any other organization for marketing purposes.

I have read the Camper Special Diets Policy at [www.eagleferncamp.com/documents/allergies](http://www.eagleferncamp.com/documents/allergies) and voluntarily waive any claim against Eagle Fern Camp, its staff members, and Board of Directors, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with food prepared during myself/my child's stay at Eagle Fern Camp.

I hereby affirm and acknowledge, by signing below, that all of the information provided and all of my answers to the questions on this application are true and complete, and that any misrepresentation or omission may be grounds for rejection or, if later "employed," dismissal.

**Applicant Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_  
(if under age 18) **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**A current Health Information form must be attached to this application.**



Eagle Fern Camp  
37700 SE Camp Road  
Estacada, Oregon 97023  
Phone: 503-630-4978  
Fax: 503-630-3356  
Or on the web at:  
[www.eagleferncamp.com](http://www.eagleferncamp.com)