

# CILT APPLICATION

## CAMPER IN LEADERSHIP TRAINING

### POCONO PLATEAU CAMP & RETREAT

304 Pocono Plateau Rd., Cresco, PA 18326  
 PHONE: 570-676-3665 FAX: 570-676-9388  
 EMAIL: camp@poconoplateau.org  
 WEBSITE: www.poconoplateau.org

**Directions:** Thank you for your interest in Christian service as a 'Camper In Leadership Training' at Pocono Plateau!

To apply please:

- 1] Carefully complete all parts of the application. Please print. (Both you and your parent/legal guardian must sign this.)
- 2] Return the Application to Pocono Plateau.
- 3] Complete your section on the Reference Forms.
- 4] Forward these Forms to each of your references.
- 5] Ask your references to complete and return the forms asap..

Name *last* \_\_\_\_\_ *first* \_\_\_\_\_ *m.i.* \_\_\_\_\_

Have you ever been convicted of an offense against the law?  
 Yes \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male

Grade Completed in June: \_\_\_\_\_ Age: \_\_\_\_\_

#### Permanent Home Mailing Address:

Street \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ cell#(\_\_\_\_) \_\_\_\_\_

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

#### Your Parents / Legal Guardians:

Father's Name *last* \_\_\_\_\_ *first* \_\_\_\_\_

Mother's Name *last* \_\_\_\_\_ *first* \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Eve. Phone(\_\_\_\_) \_\_\_\_\_

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

I live with:  Both  Father  Mother

#### PREFERRED SERVICE DATES & CAMPS

Please see the schedule for the event dates, numbers & names.  
 preference (1,2,3) dates Camp Event # & Name

\_\_\_\_\_ /\_\_\_ to \_\_\_/\_\_\_ # \_\_\_\_\_ name \_\_\_\_\_

\_\_\_\_\_ /\_\_\_ to \_\_\_/\_\_\_ # \_\_\_\_\_ name \_\_\_\_\_

\_\_\_\_\_ /\_\_\_ to \_\_\_/\_\_\_ # \_\_\_\_\_ name \_\_\_\_\_

#### Parents & Youth ~ Please Note

- ◆ C.I.L.T.s will be interviewed and accepted by the Program Director (PD) of a specific program.
- ◆ C.I.L.T.s arrive at camp by Sunday lunch, unless arranged otherwise with the PD of the camp.
- ◆ C.I.L.T.s work under counselor supervision. Their formal status is that of a camper.

#### EDUCATION

School Currently Attending \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

#### CHURCH / FELLOWSHIP AFFILIATION

Name of the church/fellowship I currently attend: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

#### QUESTIONS (Use an additional sheet if needed.)

What do you hope to contribute/accomplish as a CILT? \_\_\_\_\_

State what Jesus Christ means and who He is in your life today. \_\_\_\_\_

What are your personal goals as a volunteer staff member? Why do you want to come and volunteer? \_\_\_\_\_

#### CAMP EXPERIENCE

(Camper or Volunteer)

Camp \_\_\_\_\_ City, State \_\_\_\_\_ Dates/Years \_\_\_\_\_ C or V \_\_\_\_\_

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**REFERENCES** Please list three (3) adults who can attest to your Christian commitment & character, work habits, camp skills/abilities, working relationships, personality, and/or leadership qualities. Please do not list relatives or the Program Director of the camp program in which you expect to serve. Ask each to complete and return the 'Volunteer Reference Form' to Plateau Plateau as soon as possible. **Also give one reference form to your pastor or fellowship leader.** (Four forms are included)

1. Name _____	Relationship to you _____
Address _____	Day Phone (_____) _____
City _____ State ____ Zip _____	Eve. Phone (_____) _____
Company or Organization _____	Position _____
2. Name _____	Relationship to you _____
Address _____	Day Phone (_____) _____
City _____ State ____ Zip _____	Eve. Phone (_____) _____
Company or Organization _____	Position _____
3. Name _____	Relationship to you _____
Address _____	Day Phone (_____) _____
City _____ State ____ Zip _____	Eve. Phone (_____) _____
Company or Organization _____	Position _____

**Note:** All applicants ages 18 years and older are subject to a mandatory Child Abuse History and Criminal Record Check. Volunteers are accepted without regard to race, color, national origin, or gender.

**AUTHORIZATION & AGREEMENT SIGNATURE**

- In signing this application I affirm all questions are answered completely and accurately. I give permission to Pocono Plateau to obtain references, information and verification pertaining to my application.
- I promise, if accepted as a CILT, to abide by the standards of Pocono Plateau Camp & Retreat Center.
- I understand that if, as a CILT, I drive my car to camp, I may not use my car during the week and will turn in my car keys for the camp office to hold until I go home.
- I understand that by volunteering my time and talents that I am serving Jesus Christ. I pledge to serve wholeheartedly and to the best of my ability. I will cooperate fully with the Camp Director and the Program Director(s) in order to provide the best atmosphere for encouraging campers to come to a closer walk with God. I will at all times conduct myself in a way that is a witness to my faith in Jesus Christ.
- Abuse is a serious criminal offense. As a camp volunteer, I have the responsibility to help care for and supervise children. My duties will be very important and challenging.  
*I hereby understand and agree that it is my duty under the law, and as a representative of Jesus Christ, to avoid, prevent and report the abuse (physical, verbal, emotional, and/or sexual) of any child, in order to provide a safe environment and quality development in a Christian camp setting.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the Applicant is under age 18, a Parent/Guardian Signature is also required: \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail your completed application and reference forms to:*

Rev. Ron Schane, Director  
 Pocono Plateau Camp & Retreat Center  
 304 Pocono Plateau Rd., Cresco, PA 18326

**Camp: "A safe place where precious people can do extraordinary ministry."**