

# TEEN VOLUNTEER AT KIDZ KAMP 2022 (YOUTH 15-17 YEARS OLD)

North/East Texas District



**MONDAY, JULY 18 – THURSDAY, JULY 21, 2022**

**Scottsville Camp and Conference Center in Scottsville, TX**

To keep the cost of camp per camper down and increased prices  
volunteers will be charged \$50 registration fee.

Mail completed forms and registration fees to:

**Debbie Lindquist**

PO Box 700364, Dallas, TX 75370

email: [lindqui@swbell.net](mailto:lindqui@swbell.net) text/call: 214-395-5105

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### ***Kidz Kamp Leadership***

**Marcus Wyatt:** [M1a1w1@hotmail.com](mailto:M1a1w1@hotmail.com) Text/call: 303-330-4649

**Heather Wyatt:** [hwyatt419@hotmail.com](mailto:hwyatt419@hotmail.com) Text/call: 303-330-6363

**Rev. Beth Rush:** [Bbrush93@gmail.com](mailto:Bbrush93@gmail.com) Text/call: 708-704-7019



## **2022 KIDZ KAMP TEEN STAFF ASSISTANT INFORMATION**

### **The qualifications of a teen staff assistant:**

- Must be 15-17 years of age
- Must have the recommendation of the Senior Pastor & Youth Pastor/NYI Director
- Must be attending with a parent/relative if younger than 15 years of age
- Have a personal relationship with Jesus Christ
- Be Christlike example in speech, actions, and attitudes
- Able and willing to share your faith with children

### **The responsibilities of a teen staff assistant:**

- Be in your assigned area at the designated time and duration
- Be examples to the campers in speech, dress, actions, and attitudes
- Accompany the campers to activities and be willing to help or participate
- Play, eat, laugh and worship with campers.
- Assist children in developing a relationship with Christ and the other campers

Teen volunteers will go through the application process and may be limited due need and resources.

If problems or concerns arise during the week you may be dismissed and sent home.

All Volunteers (15+) serving must pass the child abuse prevention training program sent to you via email. The training must be completed by Wednesday, July 13.

**Application must be completed and postmarked no later than Saturday, July 2.**

Send completed forms to: **Debbie Lindquist**  
PO Box 700364  
Dallas, TX 75370  
**[lindqui@swbell.net](mailto:lindqui@swbell.net)**  
**214-395-5105 (text/call)**  
469-533-0360 (fax)

**2022 North/East Texas District**  
**KIDZ KAMP TEEN STAFF APPLICATION (15-17)**

(Please type or print)

Return to: Debbie Lindquist  
PO Box 700364  
Dallas, TX 75370

Date of Application \_\_\_\_\_

Full Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

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

Grade (Completed Spring '22): \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_ Cell Numbers: \_\_\_\_\_

\_\_\_\_\_ Cell Numbers: \_\_\_\_\_

Parent's E-Mail Address: \_\_\_\_\_

Church Attend \_\_\_\_\_ Pastor's Name \_\_\_\_\_

**Additional Emergency Contact Information**

In an Emergency, parents are contacted first. List an additional contact person.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Past Work History with Children**

When	Where	Age group	Positions

**Camp Experience**

Dates	Camp & Director	Location	Camper or Staff?

What type of position(s) do you like at camp? \_\_\_\_\_

Can you perform the essential functions of the job for which you have applied with or without reasonable accommodation?

☐ YES

☐ NO

## KIDZ KAMP TEEN STAFF APPLICATION (15-17 years old)

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I want to be a Teen Staff Member because? \_\_\_\_\_  
\_\_\_\_\_

Share your conversion experience and your current testimony. Attach a separate sheet if necessary.

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

### Statement of Conduct:

Teen volunteers are role models and can engage our children in conversation about God and His Son, Jesus Christ. Therefore, it is important for all volunteers to understand the impact they have as they participate in the ministry of the children attending KIDZ KAMP.

### **Conduct:**

1. Personal Responsibilities:
  - a. You will have a designed area during the day and are expected to be willing to help in that area or other areas as needed.
  - b. You will be in by set curfew time.
2. Dress:
  - a. All volunteers should dress appropriately and modestly for interacting with adults and children. Young girls and boys are especially observant of what teens are wearing because they want to look grown up, too. Never underestimate your influence on younger children.
3. Technology:
  - a. All volunteers should monitor the use of personal technology. If volunteers are distracted with messages, then that volunteer is not completely engaged with the children under their responsibility. We need to take advantage of the time to interact and model the love of Jesus Christ with children.
  - b. Your phone is for my personal use only and not to be used by campers at any time.
  - c. Campers phone calls need to be under the supervision of the leadership: Nurse or Director
  - d. Due to the sensitivity of some children's home life, we ask that no pictures be posted on any Social Media showing their faces.

*I understand the importance of my volunteering as a teen role model to the children who attending. I am willing to share my time, talents, and service to others by mentoring and connecting with each child under my area of responsibility. I am willing to follow the guidelines for dress and personal responsibilities. If problems arise, parents will be called and expected to pick up their teenager immediately.*

Teen Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

## KIDZ KAMP TEEN STAFF APPLICATION (15-17 years old)

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**References** Give names and addresses of your local church pastor and at least one person (not relatives) having knowledge of your character, experience, work habits, and ability.

**Have them complete the attached reference form and return to the address above.**

Name	Address & City	Phone

**Media Release** I, \_\_\_\_\_ grant permission to North/East Texas District Church of the Nazarene Kidz Kamp to use my image (photographs and/or video) for use in Media publications including but not limited to: general publications, email, website, social media, newsletters and promotional videos.

**Harassment** The camp's policy is to prohibit all forms of harassment includes sexual, racial, religious, and other forms of harassment. *Have you ever been accused of harassment of any person?* (Note: a prior accusation is not an automatic bar to volunteering. The type of accusation and when it occurred will be evaluated by the camp before any decision is made)

☐ YES

☐ NO

Explain \_\_\_\_\_

\_\_\_\_\_  
*I certify that this information is true to the best of my knowledge. If I am chosen to serve as a teen staff volunteer, I agree to abide by the rules of Scottsville Camp and Conference Center and the standards of the Church of the Nazarene.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

## MEDICAL INFORMATION

(PLEASE ATTACH A COPY OF INSURANCE CARD)

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number/ID Number \_\_\_\_\_ Date of Last Tetanus Booster \_\_\_\_\_

Known Allergies \_\_\_\_\_

### IMMUNIZATION RECORD: (One of the following is required)

- ☐ Attach a copy of the camper's immunization record
- ☐ I acknowledge ALL shots are current in accordance with the State of Texas shot requirement per the Texas Public School System. (sign below)

Parent/guardians signature \_\_\_\_\_

- ☐ We abstain from immunization per \_\_\_\_\_ (state reason & sign below)

Parent/guardians signature \_\_\_\_\_

### MEDICAL HISTORY (Please circle all that apply):

- Appendix removed
- Fainting spells
- Heart problems
- Seizures
- Asthma
- Other: \_\_\_\_\_
- Diabetes
- Chicken pox
- Tuberculosis
- HIV positive
- Autism
- Prosthetics
- Sleep Walking
- Bed Wetting
- Special Needs

**IF MEDICATIONS ARE TO BE GIVEN AT CAMP PLEASE COMPLETE THE  
AUTHORIZATION TO ADMINISTER MEDICATION FORM (SEE ATTACHMENT)**

Special Medical Notes:

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## AUTHORIZATION TO ADMINISTER MEDICATION

\*\*\*\* This form must be completed in its entirety to allow the required medication to be administered at camp. \*\*\*\*

I hereby authorize administration of the following medication(s) by the nurse at Camp Scottsville for my minor:

Minor's Name \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date Signed (DD/MM/YYYY) \_\_\_\_\_

**ALL MEDICATIONS MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE/PACKAGE INCLUDING OVER THE COUNTER**  
**Medications arriving in any other fashion will NOT be accepted.**

Name of Medication	Dosage	Reason/Special Instructions	Dosing Schedule					
			Breakfast	Lunch	Dinner	Bedtime	Other, specify time period	As Needed

Notes:

1. All medications must be in their **original container**.
2. Prescriptions will be given in accordance with Pharmacy label instructions. The Pharmacy label must reflect the current dose to be given.
3. Over the counter medications will be given in accordance with age guidelines shown on the label, unless accompanied with signed Doctor's Orders.
4. Please send only the amount needed for the time of camp.
5. Please place each camper's medications in their own gallon sized zip lock bag with Child's name shown on the bag.
6. Medications must be given to the nurse at Camp Scottsville during registration.

**ACTIVITIES STATEMENT AND AUTHORIZATION FOR MEDICAL AND SURGICAL CARE:**

I hereby give my permission for \_\_\_\_\_ to participate in all camp-sponsored activities, including service projects on and off the campgrounds with the exception of the following: **(list restrictions. If none, state "none".)** \_\_\_\_\_

This is also a release to authorize certified personnel of the North/East Texas District Camp Coordinating Board to call an authorized doctor and to administer medical aid and treatment for my child at any time when they believe an emergency exists. This would include all treatment such as emergency or prescription medication, minor or major surgery, hypodermic injection (including tetanus booster), and the like. In the event of any surgical procedures or major injury, parents will be contacted by phone.

\_\_\_\_\_  
PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

For notary Stamp

Notary signature: \_\_\_\_\_

**Scottsville Camp & Conference Center**  
**400 Harkins Lane P.O. Box 307 Scottsville Texas 75688 (903)938-5847**

**PARTICIPATION & ACTIVITIES WAIVER AND RELEASE OF LIABILITY****READ CAREFULLY**

In consideration of SCCC furnishing services and/or equipment to enable me to participate in activities, including but not limited to: swimming, biking, paintball, canoeing, paddle boating, archery, skating, basketball, volleyball, football, baseball, bonfires, fishing, low ropes course, hot air ballooning, slip and slide, tug of war, I agree as follows: I fully understand and acknowledge that; (1) risks and dangers exist in my use of equipment and my participation in activities; (2) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (3) these risks and dangers may be caused by the negligence of the owner, employees, officers or agents of SCCC: the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (4) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, weather caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of SCCC, or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify SCCC and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of misuse of equipment or my participation in activities, I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of SCCC. This waiver is good until July 22, 2022.

I HAVE READ THE ABOVE WAIVER AND RELEASE. BY SIGNING THIS WAIVER AND RELEASE, I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE SCCC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

**PARTICIPANT'S NAME:** \_\_\_\_\_

**EXCLUDED ACTIVITIES:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**SIGNATURE OF PARTICIPANT:** \_\_\_\_\_



**2022 NORTH/EAST TEXAS DISTRICT KIDZ KAMP TEEN STAFF RECCOMENDATION FORM****(PERSONAL REFERENCE – not a relative)**

Applicant's Name \_\_\_\_\_ Time known \_\_\_\_\_

The applicant named above has expressed interest in volunteering for the North/East Texas District Kidz Kamp at Camp Scottsville this summer. We are encouraging you to give us your honest evaluation of the applicant as you have seen him/her live and perform on a daily basis. All references are confidential and will not be discussed directly with the applicant. *Your feedback is greatly appreciated. Thank you!*

**Responsibility**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Excellent | Diligently follows through on all tasks |
| <input type="checkbox"/> Good      | Follow through on tasks                 |
| <input type="checkbox"/> Average   | Usually follows through on tasks        |
| <input type="checkbox"/> Poor      | Sometimes follows through on tasks      |

**Work Ethic**

- |                                    |                               |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | Puts forth the extra effort   |
| <input type="checkbox"/> Good      | Will put in a fair day's work |
| <input type="checkbox"/> Average   | Works enough to get by        |
| <input type="checkbox"/> Poor      | Lazy                          |

**Leadership**

- |                                    |                            |
|------------------------------------|----------------------------|
| <input type="checkbox"/> Excellent | A leader of leaders        |
| <input type="checkbox"/> Good      | Contributes positively     |
| <input type="checkbox"/> Average   | Usually well balanced      |
| <input type="checkbox"/> Poor      | Passive negative influence |

**Emotional Stability**

- |                                    |                                  |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Excellent | Exceptional, stable, consistent  |
| <input type="checkbox"/> Good      | Well balanced on most situations |
| <input type="checkbox"/> Average   | Usually well balanced            |
| <input type="checkbox"/> Poor      | Excitable, unresponsive          |

**Judgment**

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Excellent | Consistently makes wise decisions |
| <input type="checkbox"/> Good      | Makes good decisions              |
| <input type="checkbox"/> Average   | Makes fair decisions              |
| <input type="checkbox"/> Poor      | Hasty decision, indecisive        |

**Cooperation**

- |                                    |                                |
|------------------------------------|--------------------------------|
| <input type="checkbox"/> Excellent | Deeply sensitive to others     |
| <input type="checkbox"/> Good      | Generally concerned for others |
| <input type="checkbox"/> Average   | Cooperates when convenient     |
| <input type="checkbox"/> Poor      | Difficult to work with         |

**Integrity**

- |                                    |                           |
|------------------------------------|---------------------------|
| <input type="checkbox"/> Excellent | Consistently trustworthy  |
| <input type="checkbox"/> Good      | Generally honest and true |
| <input type="checkbox"/> Average   | May stretch the truth     |
| <input type="checkbox"/> Poor      | Questionable              |

**Communication**

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Excellent | Articulates in all groups            |
| <input type="checkbox"/> Good      | Usually gets thoughts across well    |
| <input type="checkbox"/> Average   | Get thoughts across, may be hesitant |
| <input type="checkbox"/> Poor      | Difficulty in articulating thoughts  |

**Initiative**

- |                                    |                               |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | Will look for things to do    |
| <input type="checkbox"/> Good      | Will do what needs to be done |
| <input type="checkbox"/> Average   | Will do the obvious           |
| <input type="checkbox"/> Poor      | Needs to be told what to do   |

**Motivation**

- |                                    |                       |
|------------------------------------|-----------------------|
| <input type="checkbox"/> Excellent | Highly self motivated |
| <input type="checkbox"/> Good      | Effectively motivated |
| <input type="checkbox"/> Average   | Usually purposeful    |
| <input type="checkbox"/> Poor      | Purposeless           |

**Commitment**

- |                                    |                             |
|------------------------------------|-----------------------------|
| <input type="checkbox"/> Excellent | Their word is their bond    |
| <input type="checkbox"/> Good      | Completes the commitments   |
| <input type="checkbox"/> Average   | Follows through reluctantly |
| <input type="checkbox"/> Poor      | No follow through           |

**Team Participation**

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Excellent | Outstanding group member          |
| <input type="checkbox"/> Good      | Contributes positively in a group |
| <input type="checkbox"/> Average   | Usually contributes positively    |
| <input type="checkbox"/> Poor      | Difficulty working in a group     |

How would you describe the applicant's Christian commitment? \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE Mail this completed form to the Camp Registrar:  
Debbie Lindquist, PO BOX 700364, Dallas, TX 75370  
Email: [lindqui@swbell.net](mailto:lindqui@swbell.net) Text/Call: 214.395.5105

**2018 NORTH/EAST TEXAS DISTRICT KIDZ KAMP TEEN STAFF RECCOMENDATION FORM**  
**(YOUTH PASTOR/NYI DIRECTOR Form)**

**Applicant's Name** \_\_\_\_\_ **Time known** \_\_\_\_\_

**Is the applicant a member of your church?** \_\_\_\_\_ **Since?** \_\_\_\_\_

The applicant named above has expressed interest in volunteering for the North/East Texas District Kidz Kamp at Camp Scottsville this summer. We are encouraging you to give us your honest evaluation of the applicant as you have seen him/her live and perform on a daily basis. All references are confidential and will not be discussed directly with the applicant. *Your feedback is greatly appreciated. Thank you!*

**Responsibility**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Excellent | Diligently follows through on all tasks |
| <input type="checkbox"/> Good      | Follow through on tasks                 |
| <input type="checkbox"/> Average   | Usually follows through on tasks        |
| <input type="checkbox"/> Poor      | Sometimes follows through on tasks      |

**Work Ethic**

- |                                    |                               |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | Puts forth the extra effort   |
| <input type="checkbox"/> Good      | Will put in a fair day's work |
| <input type="checkbox"/> Average   | Works enough to get by        |
| <input type="checkbox"/> Poor      | Lazy                          |

**Leadership**

- |                                    |                            |
|------------------------------------|----------------------------|
| <input type="checkbox"/> Excellent | A leader of leaders        |
| <input type="checkbox"/> Good      | Contributes positively     |
| <input type="checkbox"/> Average   | Usually well balanced      |
| <input type="checkbox"/> Poor      | Passive negative influence |

**Emotional Stability**

- |                                    |                                  |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Excellent | Exceptional, stable, consistent  |
| <input type="checkbox"/> Good      | Well balanced on most situations |
| <input type="checkbox"/> Average   | Usually well balanced            |
| <input type="checkbox"/> Poor      | Excitable, unresponsive          |

**Judgment**

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Excellent | Consistently makes wise decisions |
| <input type="checkbox"/> Good      | Makes good decisions              |
| <input type="checkbox"/> Average   | Makes fair decisions              |
| <input type="checkbox"/> Poor      | Hasty decision, indecisive        |

**Cooperation**

- |                                    |                                |
|------------------------------------|--------------------------------|
| <input type="checkbox"/> Excellent | Deeply sensitive to others     |
| <input type="checkbox"/> Good      | Generally concerned for others |
| <input type="checkbox"/> Average   | Cooperates when convenient     |
| <input type="checkbox"/> Poor      | Difficult to work with         |

**Integrity**

- |                                    |                           |
|------------------------------------|---------------------------|
| <input type="checkbox"/> Excellent | Consistently trustworthy  |
| <input type="checkbox"/> Good      | Generally honest and true |
| <input type="checkbox"/> Average   | May stretch the truth     |
| <input type="checkbox"/> Poor      | Questionable              |

**Communication**

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Excellent | Articulates in all groups            |
| <input type="checkbox"/> Good      | Usually gets thoughts across well    |
| <input type="checkbox"/> Average   | Get thoughts across, may be hesitant |
| <input type="checkbox"/> Poor      | Difficulty in articulating thoughts  |

**Initiative**

- |                                    |                               |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | Will look for things to do    |
| <input type="checkbox"/> Good      | Will do what needs to be done |
| <input type="checkbox"/> Average   | Will do the obvious           |
| <input type="checkbox"/> Poor      | Needs to be told what to do   |

**Motivation**

- |                                    |                       |
|------------------------------------|-----------------------|
| <input type="checkbox"/> Excellent | Highly self motivated |
| <input type="checkbox"/> Good      | Effectively motivated |
| <input type="checkbox"/> Average   | Usually purposeful    |
| <input type="checkbox"/> Poor      | Purposeless           |

**Commitment**

- |                                    |                             |
|------------------------------------|-----------------------------|
| <input type="checkbox"/> Excellent | Their word is their bond    |
| <input type="checkbox"/> Good      | Completes the commitments   |
| <input type="checkbox"/> Average   | Follows through reluctantly |
| <input type="checkbox"/> Poor      | No follow through           |

**Team Participation**

- |                                    |                                   |
|------------------------------------|-----------------------------------|
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| <input type="checkbox"/> Good      | Contributes positively in a group |
| <input type="checkbox"/> Average   | Usually contributes positively    |
| <input type="checkbox"/> Poor      | Difficulty working in a group     |

**How would you describe the applicant's Christian commitment?** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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**Debbie Lindquist, PO BOX 700364, Dallas, TX 75370**  
Email: [lindqui@swbell.net](mailto:lindqui@swbell.net) Text/Call: 214.395.5105

**2018 NORTH/EAST TEXAS DISTRICT KIDZ KAMP ADULT STAFF RECCOMENDATION FORM**  
**(SENIOR PASTOR Form)**

**Applicant's Name** \_\_\_\_\_ **Time known** \_\_\_\_\_

**Is the applicant a member of your church?** \_\_\_\_\_ **Since?** \_\_\_\_\_

The applicant named above has expressed interest in volunteering for the North/East Texas District Kidz Kamp at Camp Scottsville this summer. We are encouraging you to give us your honest evaluation of the applicant as you have seen him/her live and perform on a daily basis. All references are confidential and will not be discussed directly with the applicant. *Your feedback is greatly appreciated. Thank you!*

**Responsibility**

- |                                    |   |
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**Work Ethic**

- |                                    |                               |
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**Leadership**

- |                                    |                            |
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**Emotional Stability**

- |                                    |                                  |
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**Judgment**

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**Cooperation**

- |                                    |                                |
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**Integrity**

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**Communication**

- |                                    |                                      |
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**Initiative**

- |                                    |                               |
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**Commitment**

- |                                    |                             |
|------------------------------------|-----------------------------|
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**How would you describe the applicant's Christian commitment?** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

PLEASE Mail this completed form to the Camp Registrar:  
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