



## CAP Application 2019

3824 Barrett Drive, Suite 303 Raleigh, NC 27609

Phone: (919) 782-2888 Fax: (919) 782-2890

[www.campoakhill.org](http://www.campoakhill.org)

NAME \_\_\_\_\_ PARENT(S) NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ EMAIL \_\_\_\_\_ CELL # \_\_\_\_\_

GENDER M F SCHOOL \_\_\_\_\_

T-SHIRT SIZE S M L XL XXL

**The dates of the CAP program this year are July 7-19, 2019. Are you able to attend the entire session? YES NO**

\*CAPs will not be staying the weekend at camp between session 4 and 5

If NO, please list conflicts here:

**The date of CAP Retreat is April 27<sup>th</sup> – 28<sup>th</sup>. Are you able to attend the retreat? YES NO**

**\*Please note the retreat is not mandatory but highly recommended.**

**Please read carefully.**

CAP is for rising seniors in high school who desire to be a COH counselor **only**. As a CAP, you will serve alongside a counselor in a cabin for 2 weeks, assisting in day-to-day activities and supervision of young campers. Admitted applicants will possess a visible Christian commitment, love for children, leadership potential, and above average maturity. Please answer the following questions honestly and prayerfully, as they are a key factor in your acceptance into the program. **Applicants are not admitted on a first-come-first-served basis.**

**Briefly describe your motivations and intentions for applying to the CAP program at Camp Oak Hill:**

**Using specific examples, describe how you have felt God working in your life over the past year:**

**Define "servant leadership" and what it means in your life:**

**Were you part of the ACE program?**

**Yes**

**No**

**LIT program?**

**Yes**

**No**

**If YES to either of the above, describe (using specific examples) how you feel your experience in these programs has prepared you for the CAP program.**

**PERSONAL CONDUCT POLICY:**

We strive to be a strong, positive influence on campers who are developing their personal habits and values. A CAP's example is most important in this matter; therefore, it is the policy of Camp Oak Hill that all staff members abstain from the use of alcohol, tobacco products, and illegal drugs, and maintain good personal habits of conduct, grooming, & hygiene while serving at Camp Oak Hill. If there were to be a problem in this area during your service at camp, it is grounds for dismissal from the program.

**Do you agree to abide by this policy?**

**YES**

**NO**

**Have you used illegal drugs, alcohol, or tobacco at all in the past six months?**

**YES**

**NO**

If yes, please explain:

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**PHYSICAL AND MENTAL FITNESS**

CAP responsibilities include moderate to strenuous exercise, long days, and the mental capacity and maturity to assist in handling stressful situations. Responsibilities also require a CAP's undivided attention be given to the care and wellbeing of their campers. All CAP's should feel comfortable upholding these requirements, without reservation.

**Please list any issues or concerns that may hinder you from fulfilling the above requirements:**

**Have you ever been convicted of a crime?**

**YES**

**NO**

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

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**Please print this application and sign below. Your parent must complete the information on the following page, to be submitted with this application.**

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

Date: \_\_\_\_\_



## CAP Application 2019 (Parent Section)

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Camper Name: \_\_\_\_\_ Parent/Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_

### PAYMENT INFORMATION

Cost of Program: \$775

A \$100 registration deposit is due with this application. It can be paid via credit card or check made payable to Camp Oak Hill. The deposit will be returned if a space in the program is not offered or available.

### Check your payment option below:

\$100 deposit

\$775 payment in full

### Method of Payment

Check made payable to Camp Oak Hill (enclose with application)

Credit Card:

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Vcode \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Applicants will be notified of their acceptance into the program within 2-3 weeks of receipt of the application. Please sign below to indicate all information on this application is correct and authorized by you:

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

Date: \_\_\_\_\_