CAP Application 2016

3824 Barrett Drive, Suite 303 Raleigh, NC 27609
Phone: (919) 782-2888 Fax: (919) 782-2890
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 10-22, 2016. Are you able to attend the entire session? YES NO

If NO, please list conflicts here:

Please read carefully.
CAP is for rising seniors in high school **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:

_____

_____

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: _____

_____

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: _____

PARENT SECTION

CAP Application 2016

3824 Barrett Drive, Suite 303 Raleigh, NC 27609
Phone: (919) 782-2888 Fax: (919) 782-2890
www.campoakhill.org

Camper Name:_____ **Parent/Guardian(s):**_____

Home Address: _____

Home Phone:_____ **Work Phone**_____ **Parent Cell:**_____

Parent Email:_____

PAYMENT INFORMATION

Cost of Program: $650

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

____ $650 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:** _____