



## APPLICATION

High School Service and Discipleship Camp

### PERSONAL DATA

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Name \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Father's Name \_\_\_\_\_

Current Grade \_\_\_\_\_ Age \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Parent's Cell Phone (\_\_\_\_\_) \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Your Email \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Parent's Email \_\_\_\_\_

### BACKGROUND INFORMATION

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Camp Experience (yrs):	Staff	Camper
Pine Valley	_____	_____
Other	_____	_____

Describe any experience working with children, clubs, community or volunteer activities, etc...

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

Describe any special talents or musical abilities.

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

Check if you have certifications in:  Lifeguarding  CPR  First Aid  Other \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No  
(other than a minor traffic violation)

Have you ever been convicted of physical or sexual misconduct?  Yes  No

Do you have any physical or mental disability that may limit your performance in the job you are applying for?

Yes  No If so, what can be done to accommodate your limitation? \_\_\_\_\_

\_\_\_\_\_



## REFERENCE

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List a reference and ask them to complete and return the accompanying reference form. Fill in your name and phone number and provide a stamped envelope addressed to PVBC. (Note: Ideally this should be from your pastor or youth leader, a current teacher, employer or significant adult. Relatives or classmates are not to be used as references.)

Reference Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship to you \_\_\_\_\_

## PARENT ASSESSMENT LETTER

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Please ask a parent to complete and return the accompanying parent assessment letter. This is used primarily to help us best minister to you during your time on staff.

## SESSION SELECTION

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Please indicate your first and second choices for Ascent Team Service Sessions

### ASCENT TEAM

Ascent team members will assist full-time and seasonal staff in providing an enjoyable and refreshing experience for guest groups, Expedition Day Campers (K-8<sup>th</sup> graders), and Base Campers (youth groups). Service opportunities will include cleaning, maintenance, kitchen help, activity assistance, trail clearing, and working with children and pre-teens. The boys are more likely to work with maintenance, facility jobs, etc... while the girls are more likely to work with housekeeping, kitchen and Expedition day camp; but each Ascent team member will be given a variety of service opportunities to stretch both people skills and physical service. Whatever your task, the focus will be on serving others in Christ. "Not so with you. Instead, whoever wants to become great among you must be your servant..." (Mark 10:43)

	1 <sup>st</sup>	2 <sup>nd</sup>
Ascent Team #1 (June 1-15)	<input type="checkbox"/>	<input type="checkbox"/>
Ascent Team #2 (June 15-29)	<input type="checkbox"/>	<input type="checkbox"/>
Ascent Team #3 (June 29- July 13)	<input type="checkbox"/>	<input type="checkbox"/>
Ascent Team #4 (July 13- July 27)	<input type="checkbox"/>	<input type="checkbox"/>
Ascent Team #5 (July 27 – August 10)	<input type="checkbox"/>	<input type="checkbox"/>

## SPIRITUAL BACKGROUND

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On a separate sheet of paper, answer the following questions, please include your name on the top of each page.

1. How did your spiritual journey begin?
2. Describe your spiritual walk in the last year.
3. Describe why you would like to serve at Pine Valley Bible Conference Center this summer.

## PINE VALLEY BIBLE CONFERENCE CENTER MISSION STATEMENT

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*To participate in fulfilling the Great Commission (Matthew 28:18-20) by providing a God-honoring, Christ-centered atmosphere for retreats, conferences, and recreation.*



## GUIDELINES

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The prospect of joining in this mission should excite you! You can be used mightily as we seek to “glorify God by serving others” here at Pine Valley. Examine your heart and seek God’s direction for this summer. If your heart is in it, the sacrifices expected of you will seem insignificant.

Being involved in this ministry for many years, we have found some important Biblical principles that we believe are essential in bringing God glory in this uncommon setting. With the Scripture as our guide, we hope that you can accept these guidelines for the duration of your service here at PVBC.

*1 Corinthians 8:9 says, “Be careful, however, that the exercise of your freedom does not become a stumbling block to the weak.”*

For this reason, we require that clothing for Ascent Camp team members be modest and above reproach. We represent Christ to a wide spectrum of perceived appropriateness. We will ask you not to bring clothes that expose undergarments, such as sleeveless shirts for girls and pants that sag below the waist. Suggestive or tight clothing are not permitted, as well as those with questionable slogans. Two-piece bathing suits will not be allowed. Shorts, skirts, and dresses should fall below the fingertips when arms are extended next to one’s side.

*Colossians 3:23 says, “Whatever you do, work at it with all your heart, as working for the Lord, not for men . . .”.* So that you can continue to serve with all your heart and not become weary, we have a curfew to ensure you get essential rest. Also, so you are not distracted from your given service for the Lord, we do not allow exclusive relationships with seasonal staffers or team members of the opposite sex.

You will give up some of the freedom you may now experience. We understand that and do not apologize for it. PVBC is a different place—it’s set apart for a specific purpose. We feel that you will gain so much more than you give up if you participate in Pine Valley’s Ascent Camp, finding joy in serving Christ wholeheartedly.

## COMPLETION OF APPLICATION

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To complete your application, we must receive four pieces of information:

- Application (with attached Spiritual Background section) signed by applicant and parent
- Parent Assessment Letter
- Health and Medical Record
- Reference Form

I have read the PVBC Mission Statement on page 2 of this application. I accept the mission and, if I am selected, I agree to abide by the Guidelines set out for the duration of my service.

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Applicant Signature

Date

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Parent Signature

Date

**Please return this completed application and your answers to:**

**Pine Valley Bible Conference Center**

**Attn: Ascent Team Application**

**PO Box 400**

**Pine Valley, CA 91962**

We make final selections on the **15th of April**; applications received after the 15th of April will be considered on an as-needed basis. Criteria for selection include willingness to serve, demonstrated Christian character, how early application is received, and staff needs. These slots fill up quickly, so apply early and provide both your first and second choices for sessions. After being accepted, a program cost of \$100 will be applied. Scholarships are available, do not hesitate to ask. Thank you for prayerfully considering this awesome missionary endeavor.



P.O. Box 400, Pine Valley, CA 91962  
Office: (619) 473-8879 Fax: (619) 473-8891

# HEALTH AND MEDICAL RECORD

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

*In case of emergency please contact:*

NAME: \_\_\_\_\_  Parent  Guardian  Other \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

This health and medical record, including limitations indicated, is valid for participation in all youth camps at Pine Valley.

DO YOU HAVE OR ARE YOU SUBJECT TO: (CHECK IF YES)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asthma                           | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Convulsions or Epilepsy                     |
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Heart Trouble   | <input type="checkbox"/> Allergy or reaction to medications          |
| <input type="checkbox"/> Bee Stings                       | <input type="checkbox"/> Food Allergies  | <input type="checkbox"/> Work, Swimming, Sport or other restrictions |
| <input type="checkbox"/> Restrictions for medical reasons | <input type="checkbox"/> Other           |  |

If any of the above are checked please describe below in the comments section.

HAVE DIFFICULTY WITH (check if yes)

- |                                |   |   |   |
|--------------------------------|---|---|---|
| <input type="checkbox"/> Eyes  | <input type="checkbox"/> Ears, nose, throat | <input type="checkbox"/> Digestion          | <input type="checkbox"/> Menstrual problems |
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Sleep-walking      | <input type="checkbox"/> Falling out of bed | <input type="checkbox"/> Other _____        |

HAVE HAD (check if yes)

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Measles         | <input type="checkbox"/> Mumps      |
| <input type="checkbox"/> Epilepsy       | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Diphtheria |

Any condition requiring regular medication?  Yes  No If yes, please indicate:

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_  
Reason for taking \_\_\_\_\_

IMMUNIZATION DATES:

Tetanus toxoid: \_\_\_\_\_ Measles: \_\_\_\_\_ Diphtheria: \_\_\_\_\_

(Within 10 years: 5 if injured)

Polio: \_\_\_\_\_ German Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_

(At least 4 doses)

**Additional medical comments** (may be continued on back)

**PARENT AUTHORIZATION** (participant if 18 or older) This health history is correct so far as I know, and the person herein described has my permission to engage in all prescribed activities, except as noted by me and/or the physician. In the event I can't be reached in an emergency, I hereby give my permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son/daughter who is serving on the staff at PVBCC.

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

Note: The contents of this medical history are confidential and will be disclosed only to authorized personnel.





# REFERENCE FORM — TO BE FILLED OUT BY A PASTOR OR YOUTH LEADER, CURRENT TEACHER, EMPLOYER, OR SIGNIFICANT ADULT

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Please answer these questions candidly and honestly about the applicant. Your time and input are greatly appreciated as we search for service-oriented participants for our Ascent High School Service & Discipleship Camp at Pine Valley Bible Conference Center. Thank you!

1. Achievement:

- Hard to motivate
- Starts but does not finish
- Resourceful and effective
- Accomplishes duties superbly

3. Christian experience:

- Cannot be determined
- Relatively superficial
- Genuine but mild
- Rich and growing
- Profound and contagious

5. How would you rate the applicant's overall potential to serve at Pine Valley?

- Below average
- Average
- Above average
- Exceptional

2. Teamwork:

- Tends to cause friction
- Usually cooperative
- Works well with others
- Most effective in teamwork

4. Willingness to serve:

- Finds service distasteful
- Serves only when asked
- Usually willing to serve
- Eager to serve as needed
- Devoted to service to others

6. What do you think are the applicant's greatest strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What do you think are the applicant's greatest weaknesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How would you rate the applicant in his/her ability to positively influence young people? \_\_\_\_\_  
\_\_\_\_\_

9. Assuming you had children, would you trust them with the applicant? Why or Why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. In what areas can the staff at PVBCC best minister to the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Relation to applicant \_\_\_\_\_ Phone & Email \_\_\_\_\_

**Please return this completed Reference Form to:**

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**Attn: Ascent Team Application**  
**PO Box 400**  
**Pine Valley, CA 91962**



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