



Counselor In Training (CIT) Application

Thank you for your interest in becoming a Counselor In Training with Camp Quest of Minnesota, the secular summer camp. The camp will be held at Voyageur Environmental Center, a leased residential Boys and Girls Clubs facility in Minnetrista, Minnesota. CIT participation dates are July 26-August 2, 2008. The campers will arrive on July 27, allowing CITs a day for training and organization with the adult staff. We plan to have 32 campers ages 8-15.

Please complete, sign, and return this application at your earliest convenience. Applications will be reviewed by the Camp Quest Staff Coordinator. All information will be held in the strictest of confidence.

Feel free to contact us if you have any questions. **Unless other arrangements have been made, CITs must arrange for their own transportation to and from the site. Please bring your own bed and bath linens.** Once there, a bed, mattress, and meals will be provided.

Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

E-mail: _____

Fax: _____

Age & Date of Birth: _____

Gender: Female Male (circle one)

General State of Health: _____

**Emergency Contact
Name and Number:** _____



References

Please provide three references including contact information and a brief statement of how you know each one. Teachers, work supervisors, or other adults who know you well are examples of the references you should list. Add more sheets if necessary.

Name of Reference #1: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Relationship: _____

Name of Reference #2: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Relationship: _____

Name of Reference #3: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Relationship: _____



Permission to Engage in Specific Activities

I (we) am (are) the _____ of _____, a
Counselor In Training at Camp Quest of Minnesota.

Understanding that certain activities have a degree of risk and uncertainty involved, and understanding that all reasonable efforts will be made by the staff of Camp Quest of Minnesota to see that these activities are carried out and supervised in a competent and responsible manner, permission is hereby given, or denied, as individually indicated below, for the CIT above named to participate in the activity. Because of circumstances that may or may not be within our control, it may not be possible to offer all activities listed below.

Archery

Comment: CITs will have the opportunity to participate in supervised archery practice. While every precaution will be taken to assure the safety of everyone involved, archery involves flying projectiles and is therefore a potentially dangerous activity.

_____Permission Granted _____Permission Denied

High Ropes Course (tentative)

Comment: This activity will be conducted by an outside vendor in cooperation with Camp Quest staff. While every precaution will be taken to assure the safety of everyone involved, the course involves climbing on ropes and is therefore a potentially dangerous activity.

_____Permission Granted _____Permission Denied

Horseback Riding (tentative)

Comment: This activity will be conducted by an outside vendor in cooperation with Camp Quest staff. While every precaution will be taken to assure the safety of everyone involved, the activity involves horses whose behavior cannot always be predicted. It is therefore a potentially dangerous activity.

_____Permission Granted _____Permission Denied

Swimming

Comment: This activity will be supervised by the professional staff of Voyageur Environmental Center in cooperation with Camp Quest staff. During designated swimming times, there will be at least one lifeguard fully qualified in Red Cross Waterfront Lifeguarding, and at least one other adult supervisor. The swimming will be at a beach at the camp.

_____Permission Granted _____Permission Denied

Boating/Canoeing

Comment: This activity is offered by the staff of Voyageur Environmental Center. It is scheduled and conducted by them in cooperation with the staff of Camp Quest. After a training session, one gets in a boat/canoe and rows/paddles about on the lake (wearing a life jacket, of course). During designated times, boating will be supervised by a qualified lifeguard.

_____Permission Granted _____Permission Denied

Signed _____ Date _____



Parent and CIT Statement of Understanding of Camp Quest Policy

The following is Camp Quest policy information for the safety and protection of each child. Please read, sign, and return to Camp Quest with your registration form.

We (CIT and parent) understand that it is the responsibility of each CIT to participate in the whole program, including activities of work, play, values sharing and living together. We understand and support camp policies prohibiting anyone from bringing weapons to camp, and from possessing or using tobacco products, alcoholic beverages or non-prescription drugs while at camp. We recognize that CITs must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to themselves or others. Failure to adhere to camp policies may cause the Camp Director to dismiss a CIT, without refund of camp fees.

I (parent) understand that I am not to leave my child at Camp Quest unless an adult camp staff member is there to receive and supervise my child.

I understand that my child will not be allowed to leave the camp or camp activities with an unauthorized person. Any person other than a parent will not be allowed to pick up the CIT unless prior arrangements have been made by calling the Camp Quest office to inform them.

CITs may bring electronic devices such as MP3 players or cells phones. These are to be used only during limited times designated by the camp staff. Failure to adhere to this policy may result in the Camp Director taking and holding the device in safekeeping until the CIT departs. Camp Quest is not responsible for lost or stolen items.

I am aware that my child will have the opportunity to participate in camp activities which may involve a degree of risk, and I approve his/her participation in such activities. I understand that accidents can occur. Recognizing that the camp will do its best to ensure a safe and enjoyable camping experience, I hereby release Camp Quest and its operator, Camp Quest, Inc., from any and all responsibility and liability of any nature resulting from my child's participation in any camp activity.

I have read and understand *The Affirmations of Humanism: A Statement of Principles and Values* and *The Mission Statement of Camp Quest of Minnesota* attached to this form and recognize them as fundamental to the philosophy of Camp Quest.

I understand that my child will be photographed, and consent to the photographs being used for camp promotional purposes. Camp Quest of Minnesota uses only CITs' first names in photo captions and articles.

Parent/Guardian Signature

Date

CIT Signature

Date



Health History Form

CIT's Name: _____ M/F: ____ Birth date: _____ Age: _____
 Address: _____ Phone: _____
 Parent(s) or Guardian: _____ Phone: _____
 Home Address: _____ Phone: _____
 Business Address: _____ Phone: _____
 Emergency Contact: _____ Relation: _____
 Address: _____ Phone: _____
 Second Emergency Contact: _____ Relation: _____
 Address: _____ Phone: _____
 Name of CIT's Physician: _____ Phone: _____
 Name of CIT's Dentist: _____ Phone: _____
 Is the CIT covered by medical/hospital insurance plan? YES ____ NO ____
 If so, Indicate: Carrier _____
 Policy or Group #: _____ I.D. # _____

HEALTH HISTORY: (to be completed by parent or guardian)

Does the CIT have epilepsy (seizures, convulsions)? YES ____ NO ____ Diabetes? YES ____ NO ____
 Does the CIT have any chronic illness or disability? YES ____ NO ____
 (Please describe) _____

Is the CIT taking any medications? (Please send with instructions) _____

Does the CIT have any allergies to medications, foods, poison ivy, bee stings, or hay fever? _____

Does the CIT require any dietary modifications? _____

Has the CIT ever had problems with: (Give approximate dates and describe below)

- | | | |
|----------------------------------|---|---------------------|
| ____ Asthma (wheezing) | ____ Heart disease | ____ Nosebleeds |
| ____ Bed wetting | ____ Sleep walking | ____ Ear infections |
| ____ Skin disease | ____ High blood pressure | ____ Headaches |
| ____ Orthopedic (bones & joints) | ____ Emotional and/or behavioral problems | |

THIS HEALTH HISTORY IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND MY CHILD HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED CAMP ACTIVITIES EXCEPT AS NOTED.

AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR OF CAMP QUEST TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT, AND NECESSARY TRANSPORTATION FOR ME AND/OR MY CHILD. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO SECURE AND ADMINISTER ALL NECESSARY TREATMENT, INCLUDING HOSPITALIZATION, FOR MY CHILD NAMED ABOVE. THE COMPLETED FORMS MAY BE PHOTOCOPIED FOR TRIPS OUT OF CAMP.

Signature of Parent or Guardian

Date



Camp Fees: \$395 per CIT.

Optional Fees:

T-shirts: One Camp Quest T-shirt is included in the camp fee. Additional shirts are available for \$10 (each). Please indicate sizes and quantity below.

Size: (Child) _____ 7-8 _____ 10-12 _____ 14-16
(Adult) _____ Sm. _____ Med. _____ Lg. _____ X-Lg. _____ XX-Lg.

Basic Fee	_____	\$395.00	
Additional T-Shirt(s) (\$10 ea.)	+	_____	Indicate how many of each size above.
Voluntary Contribution	+	_____	Contributions are tax deductible.
Total Amount	=	_____	

Registration fee of \$100 must accompany application.
(This portion of the fee is refundable only if we decline your application to be a CIT.)

Balance of all fees is due two months in advance of the camp start date (May 27, 2008). If slots remain, registration will continue after this date.

**Make checks payable to “Camp Quest of Minnesota”
-OR-
use PayPal at our web site <http://minnesota.camp-quest.org>**

Mail this completed form and the camp physical form with payment to:

Rick Rohrer, Registrar
Camp Quest of Minnesota
P.O. Box 42
Navarre, MN 55392-0042

-OR-

Send the completed forms as a legible scanned .pdf or .tif file to
rick.rohrer@mchsi.com

Telephone: 952-903-0520
E-mail: mncampquest@comcast.net

Mission Statement of Camp Quest of Minnesota

- Promote a sense of belonging to a large freethought community among the youth participants
- Encourage critical thinking in young people to enable them to draw their own conclusions
- Promote respect for others with different viewpoints, values, and beliefs
- Provide a safe and fun environment for personal and social development