

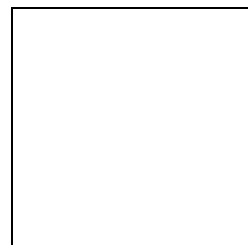
# Timothy Application 2019

CAMP ORCHARD HILL

This application is for people who have previously completed the Nehemiah level of training.

Please fill out and return **with a \$100.00 deposit to:**

**Camp Orchard Hill, Attn. Derek Hodne  
640 Orange Road, Dallas PA 18612**



Photo

Application is processed after application and 2 reference forms are received at COH

## I. GENERAL INFORMATION

Today's date \_\_\_\_\_

Name \_\_\_\_\_

Name I go by is \_\_\_\_\_

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

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

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

Email address \_\_\_\_\_ Shirt Size: S M L XL XXL

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Church: \_\_\_\_\_

### Parents Information:

Parent 1 Name \_\_\_\_\_

Parent 1 Address \_\_\_\_\_

Parent 1 City, State, Zip \_\_\_\_\_

Parent 1 Cell \_\_\_\_\_ Parent 1 E-Mail \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Parent 2 Address \_\_\_\_\_

Parent 2 City, State, Zip \_\_\_\_\_

Parent 2 Cell \_\_\_\_\_ Parent 2 Email \_\_\_\_\_

### Session Dates for Summer 2019

Session 1- June 23rd – June 29th - **Nehi's Only – One Week Session**

Session 2- June 30<sup>th</sup> – July 5<sup>th</sup> (Friday) - **Nehi's and Tim's Only – One Week Session**

Session 3- July 14<sup>th</sup> – July 27<sup>th</sup> – **Two Week Session (all levels)**

Session 4- July 28<sup>th</sup> – August 10<sup>th</sup> – **Two Week Session (all levels)**

Please answer these questions on a separate sheet of paper and please be brief.

1. Please describe the most important thing you learned from your experience as a Nehemiah at COH:
2. Please describe how you are visibly different in your life after your Nehemiah experience (remember that little things count as well as big things!):
3. Why do you want to come to the next level of Leadership Training?
4. When your session is done at the end of next summer, how will you know that you did a great job, how will you know that it was a successful training time?

## References

1. Please give the reference forms to your youth pastor and a teacher.
2. Please instruct your references to send it to Camp Orchard Hill, Attn: Derek Hodne  
640 Orange Rd, Dallas PA 18612 or fax to COH at 570-333-4058,
3. Applications will not be processed until at least two references have been received.

Youth Pastor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Teacher Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**The cost for the leader in training ministry is \$250 for one week sessions and \$500 for two week sessions.**

**A \$100 non-refundable deposit must accompany the application.**

Space is limited. High School students who have a desire to lead and grow are eligible to apply. Selection of applicants will be based upon timeliness of application return, and clarity and vision communicated in application. Upperclassmen will get priority in filling spots if applications are received on the same day. Once a session is full applicants will have the chance to try another session that is open.

## VERIFICATION

As consideration for the above-named supervisor's agreement to consider my application, I hereby authorize him/her to engage in background checks regarding any and all statements I have made on this application and, further, to obtain any other information regarding my previous employment, my veracity, my skills and or/ abilities which the above named supervisor may deem relevant.

I authorize any references or churches listed in this or previous applications to give you any information (including opinions) that he/she may have regarding my aptitude for pre-adolescent or youth work. In consideration of the receipt and evaluation of this application by COH, I hereby release any individual, church, youth organization, charity, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any rights I may have to inspect any information provided about me by any person or organization identified by me in this or any previous application.

I also understand that leadership activities such as service projects working in the COH kitchen and on it's grounds and camp activities such as initiative problems, ropes course, canoeing, and biking have inherent risk that could involve injury and require medical treatment. I understand that there will be travel off of COH property for leadership trips and give permission for my camper to travel off site with COH leadership in COH authorized vehicles. I accept this risk and agree to clarify with COH points I am unsure of regarding the specifics of this training. I agree to hold harmless COH and its agents and employees.

Should this application be accepted, I agree to be bound by the policies of COH and to refrain from unscriptural conduct in the performance of my services on behalf of the organization.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

We will let you know your acceptance to the program within 2 weeks of receiving your application and reference forms.