

# JUNIATA COUNTY WORK CAMP GROUP APPLICATION PROCEDURE

- All applications should be completed and sent to:

## CHRISTIAN RETREAT CENTER

369 CRC Drive

East Waterford, PA 17021

Phone: 717-734-3627

FAX: 717-734-3339

E-Mail: [brian@crctims.org](mailto:brian@crctims.org)

- Applications will be processed and work-week assigned on a first-come/first-serve basis.
- The total cost per person is **\$320.00**. (Cooks-**\$200.00**)
- A **\$50.00 per person deposit** (non-transferable, non-refundable) is to be mailed-in with your application. The total amount of deposit is to be based on a (tentative) Team List of participants.
- **After** receiving a completed application and your deposit the TIMS office will confirm the work week with the group by sending a confirmation letter.
- Any changes in the Team List need to be made no later than **one month before your arrival**. If there are any last minute team member cancellations, no refunds will be issued for deposits for that team member.
- Checks are to be made payable to: **Christian Retreat Center**. The balance of **\$270.00** (per person) (\$150.00 for cooks) is **due no later than one month prior to arrival**.
- Team list must include all members of participating families, including names, ages and t-shirt sizes of all children, who will be attending camp. When all members of a family are participating, children under age 10 (as of camp dates) attend free.
- Teams are required to bring 1 adult leader for every 5 youth and **1 cook** for every 15 team members.
- Arrival time to the Christian Retreat Center is to be no later than **2:45 PM** on Sunday.
- There will be a meeting of all cooks with the camp Food Service Director in the New Dining Facility at **3:00 PM**.
- There will be a meeting of all crew leaders in the Upper Room at **3:15 PM**.
- The time of departure will be the following Saturday morning at 10:00 AM.

# TEENS IN MISSIONARY SERVICE (TIMS)

## Juniata County Work Camp

### Group Application

Make checks payable to Christian Retreat Center

(Please print clearly)

Date \_\_\_\_\_

Church/Group: \_\_\_\_\_

Address of Church: \_\_\_\_\_

(Street or Post Office Box)

(City)

(State/Province)

(Zip)

Church Phone : (\_\_\_\_\_) \_\_\_\_\_ Denom./Affiliation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

(Street)

(City)

(State/Prov)

(Zip)

Tentative Work Project Dates: (Number in order of preference)

Week 1: July 18 - 24 \_\_\_\_\_ Juniata County Work Camp

Week 2: July 26 - 31 \_\_\_\_\_ Juniata County Work Camp

Week 3: August 1 - 7 \_\_\_\_\_ Juniata County Work Camp

Group Size: \_\_\_\_\_ Adults? \_\_\_\_\_ Youth? \_\_\_\_\_ Children? \_\_\_\_\_

Specific skills your group will bring to TIMS:

Carpentry: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Electrical: \_\_\_\_\_

Painting: \_\_\_\_\_

Skills: \_\_\_\_\_

#### Office Use Only

Confirmed Group Total: \_\_\_\_\_ Date of Deposit: \_\_\_\_\_

Amount of Deposit: \_\_\_\_\_ Balance Paid: \_\_\_\_\_

Confirmed Project Week: \_\_\_\_\_

# WORK CAMP TEAM LIST

page \_\_\_\_\_ of \_\_\_\_\_

(Please make copies of this form as needed)

**CHURCH/GROUP NAME** \_\_\_\_\_

The following information is to be completed for **each** team member (indicate family members, including children and children sizes). List team members, leaders/adults first, then youth according to age (begin with youngest). Duplicate this page as needed to include **all** members of your group (indicate any part-week participants and which days).

**Name** \_\_\_\_\_ **Age** (at camp ) \_\_\_\_\_

**M** \_\_\_\_\_ **F** \_\_\_\_\_ **Shirt Size** (adult sizes - circle one) **S M L XL** Other \_\_\_\_\_

**Skills or Interests** (include special training/experience- yrs. of experience)

**Additional Information** (any information that may be helpful for TIMS to know)

**Name** \_\_\_\_\_ **Age** (at camp ) \_\_\_\_\_

**M** \_\_\_\_\_ **F** \_\_\_\_\_ **Shirt Size** (adult sizes - circle one) **S M L XL** Other \_\_\_\_\_

**Skills or Interests** (include special training/experience- yrs. of experience)

**Additional Information** (any information that may be helpful for TIMS to know)

**Name** \_\_\_\_\_ **Age** (at camp ) \_\_\_\_\_

**M** \_\_\_\_\_ **F** \_\_\_\_\_ **Shirt Size** (adult sizes - circle one) **S M L XL** Other \_\_\_\_\_

**Skills or Interests** (include special training/experience- yrs. of experience)

**Additional Information** (any information that may be helpful for TIMS to know)

**Name** \_\_\_\_\_ **Age** (at camp ) \_\_\_\_\_

**M** \_\_\_\_\_ **F** \_\_\_\_\_ **Shirt Size** (adult sizes - circle one) **S M L XL** Other \_\_\_\_\_

**Skills or Interests** (include special training/experience- yrs. of experience)

**Additional Information** (any information that may be helpful for TIMS to know)

**Name** \_\_\_\_\_ **Age** (at camp ) \_\_\_\_\_

**M** \_\_\_\_\_ **F** \_\_\_\_\_ **Shirt Size** (adult sizes - circle one) **S M L XL** Other \_\_\_\_\_

**Skills or Interests** (include special training/experience- yrs. of experience)

**Additional Information** (any information that may be helpful for TIMS to know)



No boys in girls' sleeping quarters and no girls in boys' sleeping quarters  
Participation with the group is expected  
Respect property  
Respect one another, staff, and adult leaders  
Respect and comply with event schedules

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities  
NAME OF STUDENT

sponsored by (church name):

**RELEASE AND WAIVER OF LIABILITY:**

(Must be signed by participant and parent/legal guardian if participant is minor.)

The undersigned does hereby release, discharge, indemnify and hold harmless Teens In Missionary Service and Christian Retreat Center and all of their parent and affiliated organizations and all of their officers, agents, contractors, directors, members, participants, and employees from all claims, demands, actions, judgments, and/or liabilities of whatsoever kind of nature, including any costs, attorneys' fees, losses or expenses in connection therewith, in any way relative to, arising out of, or by reason of, my [minor child's] participation in, and attendance with the Teens In Missionary Service ministry and/or any related facilities, including claims or demands for injury or death to me [minor child], or destruction of any of my property arising out of any accident or occurrence with, said attendance, participation and/or presence, whether negligent or otherwise.

This waiver, release and indemnification is given in consideration of, and as a condition to, permitting the undersigned to participate in the Teens In Missionary Service ministry. THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND FULLY UNDERSTANDS ALL OF THE FOREGOING. The terms and provisions of this waiver, release and indemnification shall be binding upon the heirs, executors, administrators of the undersigned, and use of this waiver, release and indemnification in the absence of the signature below, shall constitute acceptance of the terms and conditions herein.

THE UNDERSIGNED expressly acknowledges and agrees that the activities of this ministry involve the potential risk of injury and/or death or property damage. THE UNDERSIGNED further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Pennsylvania and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in legal full force and effect.

\_\_\_\_\_  
(Date)                                      (Signature of Participant)                                      (Signature -parent/legal guardian)  
Only if participant is minor