

High School Level Timothy Camper Program

Thank you for your interest in joining our high school Timothy Program at Yellowstone Alliance Adventures. The following contains some important information for you to know as you consider applying.

- The Timothy Program (TP) is for students in their teen years, entering high school until they have completed a year of college.
- Based on Paul's charge to Timothy that "physical training is of some value, but spiritual training has value for all things" (1 Timothy 4:7-8), the Timothy Program is designed to provide a variety of opportunities that will challenge young people to grow spiritually into the likeness of Christ as they are exposed to Christian ministry. Teens will be given opportunities to deepen their walk with Christ by learning to serve Him in every aspect of camp life. As part of this program your experiences may include the following:
 - a. Working in the kitchen and helping with housekeeping
 - b. Helping to run games or activity areas
 - c. Doing logistics for the camp programs
 - d. Cleaning facilities
 - e. Maintaining the grounds and doing work projects
 - f. Learning to be a camp counselor
 - g. Preparing and sharing your testimony
- While each of us has different strengths and interests, the intent of this program is to expose teens first of all to the significance of service in the Christian Life and then to help them realize their own personal giftedness.
- The Timothy Program will be 7 weeks long this summer, from June 8th to July 28th. The cost is \$400, including a \$50 non-refundable registration fee. These fees cover costs for outings, staff shirts, room and board and the training you will receive as part of the Timothy Program.

(* Upon acceptance into the program, any Timothy student who would like to begin their experience by building a team of financial and prayer supporters may choose to receive information on this and participate in the support-raising process.)

- Each person will be brought on only after an application process to determine their qualifications and to agree upon the duration of their participation.
- A student in the Timothy program is viewed as a participant in a YAA camp program and must have a current physical exam and proof of insurance. It is the responsibility of the applicant to provide both of these prior to their acceptance into this program.
- All minors must have written consent from their legal guardian to be able to participate.

Enclosed is an application and information about our programs.

Please prayerfully consider your desire to grow with us at YAA this summer. We look forward to receiving your application and reference forms. We will then contact you for a personal interview. If you have any questions please call us at (406) 763-4727 or e-mail at office@yacamp.org.

Serving Christ through camping,

Jim Hawthorne
Director

Yellowstone Alliance Adventures

High School Timothy Program-Returning Application

13707 Cottonwood Canyon Road ~ Bozeman, MT 59718 ~ (406) 763-4727
office@yacamp.org

Thank you for requesting this packet to re-apply for the High School Timothy Program! This program is for teens entering high school through completion of one year of college. The dates for this year are June 8th through July 28th. Cost is \$400, which includes a \$50 non-refundable deposit. These fees cover costs for outings, staff shirts, room and board and the training you will receive. This is a commitment for the whole time you are here, and all absences must be pre-approved prior to acceptance. We will contact you after receiving this application, reference forms, medical release and proof of insurance forms and \$50 non-refundable deposit. Thanks! We look forward to hearing from you soon!

Personal:

Name: _____

Address _____ City _____ State _____ Zip _____ Phone: _____ (____)

E-mail: _____ Age: _____ Birth date: _____ Gender _____

Shirt Size: XXL _____ XL _____ L _____ M _____ S _____ Soc. Sec. #: _____ - _____

Dates you need to miss & reason (MUST BE APPROVED!): _____

Education

Year completed by June of this year: 8th grade ~ Freshman ~ Sophomore ~ Junior ~ Senior

9th-12th grades can be on the Service Team, 11th-12th grades can be ACs

Please indicate what you are interested in: _____ Service Team _____ Assistant Counselor

Employment - Please list most recent employer first.

Position Held	Employer/Supervisor	Phone #	Reason for Leaving	Dates: Start/Finish

Skills and Interests

Rate yourself on these areas of interest, using the following scale:

1= Very interested

2= Slightly interested

3= Not interested

Landscaping _____	Assistant Counselor _____	Drama/Skits _____
Leading Worship _____	Registration/Schedules _____	Construction _____
General Maintenance _____	Kitchen work/Cooking _____	Running a Store _____

Tell us what sports you play and physical activities you have skills in (ex: rock climbing, archery, soccer, etc.)

CPR certified? Yes / No ~ Expiration Date _____ First Aid certified? Yes / No ~ Expiration Date _____

Do you have any untapped resources we are not making the most of or are there areas of gifting we need to make room for you to use?

Please answer the following questions for us on a separate sheet of paper.

1. Why do you want to come back to YAA this summer?
2. What did you learn during your last summer with us and what has God been teaching you since then?
3. What are your expectations for this next summer?
4. Tell us about your current devotional habits.
5. Describe what areas God wants you to grow in spiritually.
6. What Christian activities or groups do you now participate in?
7. What areas of Christian service have you been involved in this past year?
8. What expectations or hopes do you think God might have for you this summer?

Personal Covenant

I have read YAA's statement of faith and I am willing to be subject to the camp rules and abide by the decision of the camp leadership for the current camping session at Yellowstone Alliance Adventures. I understand that this applies to each camp and for the days between camps. I choose to cooperate fully in every regard with the attitude of maximizing every opportunity available for spiritual growth. I have considered this matter prayerfully.

Signature of Applicant

Date

References

Please make sure that your references are not relatives.

Three reference forms are included with this application. Please stamp and address three envelopes and send one along with each form to the people you have selected. Ask them to return the form directly to Yellowstone Alliance Adventures.

Yellowstone Alliance Adventures ~ Medical Record

High School Timothy Program Participant

To be filled out by parent or guardian if participant is under 18.

Name _____ Date of Birth _____ Age _____ Gender _____

Parent/Guardian 1: _____ Relationship: _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email (for confirmation): _____

Parent/Guardian 2: _____ Relationship: _____

Address (if different) _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email (for confirmation): _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Personal health / accident Insurance Company _____ Policy # _____

Policyholder name _____

Medical History

1. Has your son/daughter had a physical examination within the last 18 months? ____ Yes ____ No If yes, Date _____
2. When has your son/daughter last had a tetanus shot? Date _____ **This has to be current (within 10 years) to attend!**
3. Have you been told within the last year that your son/daughter should avoid strenuous exercise and activities? ____ Yes ____ No If yes, please explain. _____
4. Is a physician currently treating your son/daughter? ____ Yes ____ No If yes, please explain: _____

5. Is your son/daughter currently taking prescribed medication regularly? ____ Yes ____ No If yes, please explain including purpose, kind and dosage. _____
6. Is your son/daughter on a restricted diet? ____ Yes ____ No If yes, please explain: _____

7. Has your son/daughter lost consciousness during physical activity or suffered a concussion due to a head injury within the last year? ____ Yes ____ No If yes, please explain _____

8. Has your son/daughter had any history of light-headedness, dizziness or fainting? ____ Yes ____ No If yes, please explain, noting any precipitating factors of which you are aware: _____

9. Does your son/daughter currently have any illness which would limit physical activity? ____ Yes ____ No If yes, please explain: _____
10. Does your son/daughter have any history of joint problems: i.e. sprains, strains, or fractures? ____ Yes ____ No If yes, please explain: _____
11. PLEASE NOTE: Your child will participate in a program which includes strenuous activity unless otherwise recommended by you. Do you know of any reason to restrict your son's/daughter's full activity including swimming, long hikes, or strenuous activities? ____ Yes ____ No If yes, please explain: _____

12. Does your son/daughter suffer from any of the following:
- | | | |
|---|---|--|
| <input type="checkbox"/> Allergies (food/other) | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Infectious Mononucleosis | <input type="checkbox"/> Other |

If you checked any of the above please explain: _____

13. Will your son/daughter be taking any medications during camp? Yes No If yes, please explain:
- Type of Medication _____
- Purpose _____
- Dosage _____
- Frequency _____
- Side Effects _____

14. Does your son/daughter have any drug-related allergies? Yes No If yes, please list: _____

15. Does your son/daughter require any special medical or care-taking attention not addressed here? Yes No If yes, please explain: _____

YAA uses photos and video clips of each camp for promotional purposes. If you DO NOT want your child to appear in our material please sign here: _____

NOTE: We strongly recommend that your child have a physical if he/she has not had one within the last 18 months.

I understand that my child _____ (name) will be participating in a lot of outdoor experiences and that many circumstances such as rain, snow and other mountain storms, trail conditions, and all natural occurrences are beyond the control of Yellowstone Alliance Adventures and/or the camp staff. I give my full permission to my minor to participate in the camping program and I waive all rights to hold Yellowstone Alliance Adventures and/or camp staff liable for the natural occurrences and/or "acts of God."

I hereby verify that all immunizations are up to date and the above information is complete and accurate to my knowledge.

In case of emergency:

I understand that every effort will be made to contact me in case of an emergency. In the event that I cannot be reached immediately, I hereby grant permission for my child to receive first aid and emergency treatment by the camp nurse and/or staff in the event of illness or injury, or by the hospital emergency room. I voluntarily waive any claims against Yellowstone Alliance Adventures, camp personnel, or other person(s) transporting my child, against all liability, claims, damages, attorney fees and expenses arising out of any loss, personal injury, accident, misfortune, or damage to the named participant or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the named participant.

I give permission to the camp to administer the following over the counter medications as is considered appropriate by the camp staff. (Please check the following if you consent)

- | | | |
|--|--|---|
| <input type="checkbox"/> Tylenol (Acetaminophen) | <input type="checkbox"/> Benadryl* | <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Advil (Ibuprofen) | <input type="checkbox"/> Imodium | <input type="checkbox"/> Antibiotic Ointment |
| <input type="checkbox"/> Day/Night Cold Caplets | <input type="checkbox"/> Maalox/Tums | <input type="checkbox"/> Calamine Lotion |
| <input type="checkbox"/> Allergy/Sinus Caplets | <input type="checkbox"/> Throat Lozenges | |

Having read and filled in the above, please sign below.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ **DATE** _____

***Will be given in case of emergency as deemed necessary by nurse and/or trained camp staff.**

REFERENCE FORM

Name of Pastor _____ Phone # () _____
Name of church _____
Street Address _____ City _____ State _____ Zip _____
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Teacher/Coach _____ Phone # () _____
Name of school _____
Street Address _____ City _____ State _____ Zip _____

Name of Employer _____ Phone # () _____
Type of Business _____ Your supervisor's name _____
Street Address _____ City _____ State _____ Zip _____
Dates of Employment: From ____ / ____ / ____ To: ____ / ____ / ____
Your Position and Duties _____
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Yellowstone Alliance Adventures Pastor / Youth Pastor ~ Confidential Reference

Applicant's name: _____

This applicant is applying to be a part of our discipleship training course known as the Timothy Program. It is our desire to work with our church leadership by assisting in the process of mentoring this student for several weeks this summer. Our program is designed to help them grow in their spiritual life. Any insights that you can share ahead of time will help us identify growth areas to focus on with this student. Thank you for your time and investment in this student.

	Poor	Below Average	Average	Above Average	Superior
Moral Character/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent Spiritual Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the Bible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependence on Prayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living by the Word of God	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact/Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you be willing to place your child under the direct charge and influence of this individual? Yes No
Please explain _____

After reading over this application, do you believe the applicant answered truthfully and accurately?

Can you comment on the spiritual growth of this applicant in the past year?

Can you give any insights into this applicant's personality that will help us in leading and training them this summer?

What specific areas do you perceive this student needs to grow in?

Heart Attitudes ____ Spiritual Gifts ____ Biblical Understanding ____ Social Interaction ____

Specific Training in: Bible Study ____ Evangelism ____ Leadership ____

Please explain _____

Please indicate your recommendation of this applicant:

Recommend

Recommend with reservation

Do not Recommend

All information on this reference will be kept confidential unless noted below.

You are free to share this information with the student if it will assist in their development.

Name _____ How long have you known the applicant? _____

Church _____ Position _____

Address _____ Phone _____

City _____ State _____ Zip _____

Signature _____ Date _____

Applicant: Give completed application, this reference form and a pre-addressed stamped envelope to your pastor/youth pastor.
Pastor: Read over application, complete this form, then send it all in the envelope provided to Yellowstone Alliance Adventures.
13707 Cottonwood Canyon Road ~ Bozeman, MT 59718-8991 ~ (406) 763-4727 ~ office@yacamp.org

Yellowstone Alliance Adventures Teacher / Coach ~ Confidential Reference

Applicant's name: _____

This person has applied to work at a Christian camp this summer. He/She will be in direct contact with young children as well as doing a lot of challenging projects in the camp kitchen and on the grounds. To help us determine the applicant's qualifications to serve on our summer staff, would you please give your evaluation on the following?

	Poor	Below Average	Average	Above Average	Superior
Moral Character/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact/Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____ In what capacity? _____

In what class did you have the applicant? _____

Do you feel the applicant works to the best of their ability? _____

If not, what reason would you give for this? _____

If you know about the applicant's family dynamics, would you please comment on it? _____

Please describe the applicant's relationship with peers: _____

Would you be willing to place your child under the direct charge and influence of this individual?

Yes No Please explain _____

Please describe the applicant's strengths and weaknesses:

Strengths

Weaknesses

Please indicate your recommendation of this applicant:

Recommend Recommend with reservation Do not Recommend

Please use the back of this page for any additional comments you think would be important for us to know.

Name _____

School _____ Position _____

Address _____ Phone _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please Mail or Fax this completed form to:

Yellowstone Alliance Adventures ~ 13707 Cottonwood Canyon Road ~ Bozeman, MT 59718 ~ Fax: (406) 763-4720

Yellowstone Alliance Adventures Employer / Supervisor ~ Confidential Reference

Applicant's name: _____

This person has applied to work at a Christian camp this summer. He/She will be in direct contact with young children as well as doing a lot of challenging projects in the camp kitchen and on the grounds. To help us determine the applicant's qualifications to serve on our summer staff, would you please give your evaluation on the following?

	Poor	Below Average	Average	Above Average	Superior
Moral Character/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact/Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____ In what capacity? _____

What was the applicant's attitude toward their work? _____

Do you feel the applicant works to the best of their ability? _____
If not, what reason would you give for this? _____

Would you rehire the applicant? _____ If not, please explain _____

Please describe the applicant's relationship with peers: _____

Would you be willing to place your child under the direct charge and influence of this individual?
 Yes No Please explain _____

Please indicate your recommendation of this applicant:
 Recommend Recommend with reservation Do not Recommend

Please use the back of this page for any additional comments you think would be important for us to know.

Name _____
Business _____ Position _____
Address _____ Phone _____
City _____ State _____ Zip _____
Signature _____ Date _____

**Please Mail or Fax this completed form to:
Yellowstone Alliance Adventures ~ 13707 Cottonwood Canyon Road ~ Bozeman, MT 59718 ~ Fax: (406) 763-4720**