

MAIL COMPLETED APPLICATION TO:
HIDDEN FALLS RANCH-CIT
P.O. BOX 136
WAYSIDE, TX 79094

Dear Applicant,

Hidden Falls Ranch, rooted in and infused with Christian values and tradition, strives to provide a wholesome environment to serve youth and families. Hidden Falls Ranch enables its campers and visitors to achieve their full potential and self-esteem through the development of a Christian spirit, mind, and body. In everything we do our purpose is to glorify Christ and honor His Word. We do not allow anyone to smoke, consume alcohol or controlled substances. CIT'S are to be examples to others.

The Counselor In Training program at HFR is designed as a training program for kids who have a strong desire to learn servant hood and counseling skills, specifically for those who ultimately want to work at a camp on summer staff. This is a two-summer program, consisting of a two week session each summer. The first session is designed to teach servant hood, work ethic, strong biblical basics, and a general knowledge of the summer camp program. The second summer's emphasis is on counseling skills, becoming familiar with different activities, verbalization of spiritual concepts and testimony.

Ages for the CIT program are 13-14. You must be 13 by June 1, 2012. Spaces are limited for this program. A telephone interview may be conducted with applicant and/or parent before notification of acceptance or denial is sent. Please list in order of preference your desired session. Arrangements must be made in advance for the weekends in the middle of each session (Friday Night-Sunday afternoon). Summer staff leaves and camp is closed from Friday Night until 3:00p.m. Sunday. CITs may go home with each other with their parents' prior approval.

Please return this application As Soon As Possible.

GENERAL INFORMATION (Please type or print)

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Home Phone _____

Cell Phone _____

Parent or Guardians Name _____

Name of school you attend now _____ Grade _____

E-mail Address _____ Facebook name if different from name above (must accept friend request from Byron&Pam Williamson) _____

CHECK ONE: FIRST YEAR CIT _____ **SECOND YEAR CIT** _____

What are your college or career goals? _____

List any Scholastic Honors, Offices, Clubs or Positions held while in school:

HEALTH INFORMATION:

Do you have any Physical Limitations that would interfere with the active lifestyle of camp? (please note that we hike, walk, climb, swim, etc. in many of our activities) _____

Have you ever used tobacco, alcohol, or drugs? _____ If yes, when & why? _____

Have you ever been treated for a nervous, mental, or emotional disorder? _____

If yes, When & Why? _____

Are you currently under indictment or on probation for any crime? _____ If you answered yes, please describe in more detail _____

Have you ever been charged or convicted of a crime of a crime involving: a sex related offense or child abuse? ____ Yes ____ No If so, explain what the offense was, when (date) it occurred (or allegedly took place) and where (city, county, and state). _____

SPIRITUAL BACKGROUND

List the name and complete address of the Church you attend _____

How regularly do you attend? _____ Pastor's Name: _____

Church Ph#: _____ Youth Pastor's Name _____

Briefly state your beliefs concerning the Bible, its purpose: _____

Explain what the Holy Spirit's purpose is in your walk with the Lord? _____

What qualities do you believe should be evident in a Christian's life? _____

Which quality do you think is the weakest in your life? _____

Why? _____

How would you help a camper understand what it means to become a Christian? _____

Please give a brief biographical sketch of your Christian Life. This should include how you became a Christian and any growth or struggles you have gone through since that time.

Because we take very seriously our legal and moral responsibility to provide for all of our staff, constituents, and visitors an environment that is positive and wholesome, we seek to maintain a staff of blameless character and testimony. Therefore, as part of our background check on applicants, we periodically consult the National Crime Index Service as well as local law enforcement officials and the U.S. Customs Service. Do you have any reason to believe that such a background check on you would disclose any negative information? _____

If so, please explain _____

Applications need to be mailed or turned in as soon as possible.

CAMP EXPERIENCE:

As a camper I attended: _____

Write a brief statement of why you want to be in the CIT program at Hidden Falls Ranch?

Define what it means to be a “servant leader” _____

List outdoor activities you enjoy or participate in personally or with your family and friends:

REFERENCES: AT LEAST 3, WORK, PERSONAL OR SCHOOL, NO RELATIVES

1. Name: _____ Title/Position _____
Address _____
Phone# () _____ Relationship _____
2. Name: _____ Title/Position _____
Address _____
Phone# () _____ Relationship _____
3. Name: _____ Title/Position _____
Address _____
Phone# () _____ Relationship _____

By signing my name below, I affirm that I have completed this application truthfully.
Also, I give full permission for Hidden Falls Ranch personnel to confer with the references listed in this application regarding my previous work history, performance and any other information that may be beneficial.

DATE _____ SIGNATURE _____

Please check the appropriate session you want to attend:

- | | | | | | |
|-----|-------------|---|-------------------|-----|----------|
| ___ | SESSION I | - | JUNE 17 – JUNE 30 | FEE | \$400.00 |
| ___ | SESSION II | - | JULY 1 – JULY 13 | FEE | \$400.00 |
| ___ | SESSION III | - | JULY 15 – JULY 27 | FEE | \$400.00 |

HEALTH INFORMATION

1. Does the CIT have any of the following?
 ___ heart trouble
 ___ allergies (please specify) _____
 ___ ear trouble
 ___ asthma
 other _____
2. Is the CIT taking any medication? Yes ___ No ___
 If yes, please specify _____
3. Is the CIT allergic to any medications? Yes ___ No ___
 If yes, please specify _____
4. Has the child has his/her tetanus shot with the last 5 years? _____
 Yes ___ No ___
 If Yes, when? _____
5. Are there any other health/emotional characteristics of your child that we should be aware of?

6. If you cannot be reached, who would you like for us to contact in case of an emergency? (name and phone#)
 _____ () _____
7. Please read and sign the medical release form below.
 Your child will not be allowed to attend camp without it.
8. All medications must be presented to camp director at time of arrival.
9. Family doctor's name and office Phone Number:
 _____ () _____

Hidden Falls Ranch strives to observe safety and caution in the programs at camp. Of necessity, the camp cannot assume ultimate responsibility for the conduct of each individual. The person herein described has my full permission to participate in all camp activities, except as indicated below. I authorize medical or surgical treatment as needed for my child by a physician chosen by the person in charge. If time does not allow the individual in charge to contact the parent or guardian, or I cannot be reached, I understand that the person in charge will make the best possible decision for my child.

(Please list above, activities for non-participation)

Date ____/____/____
Parent's or Guardian's Signature

PLEASE NOTIFY THE CAMP IF THIS CIT IS EXPOSED TO ANY COMMUNICABLE DISEASE DURING THE THREE WEEKS PRIOR TO ATTENDING HIDDEN FALLS RANCH.