

# Hidden Falls Ranch J.S.I. Application

Print this form. Fill it in completely. Mail it to:

Hidden Falls Ranch

P.O. Box 136

Wayside, TX 7909

## J.S.I. Information

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. Should you smoke or drink, you would find Hidden Falls Ranch policies restrictive and uncomfortable.

The Junior Staff Intern program at HFR is designed as a training program for kids who have a strong desire to learn servanthood and counseling skills, specifically for those who ultimately want to work at a camp on summer staff.

Applicant for the JSI program must be at least 15 years old by June 1, 2010 Spaces are limited for this program. A telephone interview will 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 evening-Sunday afternoon). Summer staff leaves and camp is closed from 10:00pm Friday until 3:00p.m. Sunday. JSIs may go home with each other with their parent's prior approval.

**Please return this application As Soon As Possible.**

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### GENERAL INFORMATION (Please type or print)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Facebook/MySpace \_\_\_\_\_

Parent or Guardians Name \_\_\_\_\_

Name of school you attend now \_\_\_\_\_ Grade \_\_\_\_\_

What are your college or career goals? \_\_\_\_\_

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List any School related Scholastic Honors, Offices, Clubs or Positions:

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### 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)

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Have you ever used tobacco, alcohol, or drugs? \_\_\_\_\_ If yes, when  
why? \_\_\_\_\_

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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 to the best of your ability, what it means to be a 'servant leader'?

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 of the above qualities 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.

List any ministry or mission organizations you are involved with outside of church.

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\_\_\_\_\_

Have you been a CIT at HFR?\_\_\_\_\_

Write a brief statement of why you want to be a JSI at Hidden Falls Ranch.

(PLEASE INCLUDE A RECENT PICTURE)

This helps us remember you as we evaluate applications.

List outdoor activities

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

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

PLEASE HAVE 1 OF YOUR REFERENCES FILL OUT THE ENCLOSED "LETTER OF REFERENCE" AND MAIL IT TO HIDDEN FALLS RANCH PO BOX 136 WAYSIDE, TX 79094 THE "LETTER OF REFERENCE" CAN BE OBTAINED ON THE WEBSITE AT WWW.HIDDENFALLSRANCH.COM

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THIS LETTER.

1. Name: \_\_\_\_\_ Title/Position \_\_\_\_\_

Address \_\_\_\_\_

Phone# ( \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_ Title/Position \_\_\_\_\_

Address \_\_\_\_\_

Phone# ( \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name: \_\_\_\_\_ Title/Position \_\_\_\_\_

Address \_\_\_\_\_

Phone# ( \_\_\_\_\_ Relationship \_\_\_\_\_

Two separate letters of reference must be sent to the HFR office on your behalf. We suggest downloading, printing or giving someone the website.

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 1 June 13- June 25 FEE - \$350.00

\_\_\_ SESSION 2 June 27 - July 2 FEE - \$350.00

\_\_\_ SESSION 2 July 11 - July 16 FEE - \$350.00

\_\_\_ SESSION 3 July 18 - July 30 FEE - \$350.00

PLEASE NUMBER THREE CHOICES (1,2,3 IN ORDER YOU DESIRE) IN THESE POSITIONS:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Dining Room  | <input type="checkbox"/> Bible           |
| <input type="checkbox"/> Maintenance  | <input type="checkbox"/> Repelling       |
| <input type="checkbox"/> Kitchen Crew | <input type="checkbox"/> Crafts          |
| <input type="checkbox"/> Wrangler     | <input type="checkbox"/> TBOS            |
| <input type="checkbox"/> Swimming     | <input type="checkbox"/> Store/Snack Bar |

### HEALTH INFORMATION

1. Does the JSI have any of the following?

- Heart trouble  
 Allergies (please specify) \_\_\_\_\_  
 Ear trouble  
 Asthma  
Other \_\_\_\_\_

2. Is the JSI taking any medication? Yes \_\_\_ No \_\_\_

If yes, please specify \_\_\_\_\_

3. Is the JSI 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.

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(Please list above, activities for non-participation)

\_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_

Parent's or Guardian's Signature

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