

The High School MAD Program
Mentor And Discipleship Program
Application for Summer Service Program

STEP #1

Return this application to:
Attn: Program Coordinator
Dickson Valley Camp
8250 Finnie Rd
Newark, IL 60541

Name _____ Male _____ Female _____

Age: _____ Birth Date: ____/____/____ Grade completed this summer: _____

Address: _____ Email address: _____

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

Church Attending: _____ City: _____ State: _____

Please answer the following questions. Use additional paper if necessary.

Write a brief statement of your personal relationship with Jesus Christ:

Why would you like to participate in the MAD Program at Dickson Valley Camp?

Describe your involvement in any church or other ministry:

Please list any extra curricular activities you are involved in:

Please note any physical limitations, allergies or special dietary needs:

List any convictions other than minor traffic violations:

Personal Reference: Other than the person who is filling out the recommendation form, list one adult who knows you well – an adult friend/ youth pastor/ teacher/ coach/ etc.

1. Name _____
Address _____
City _____ St _____ Zip _____
Phone(_____)_____ - _____(h) (_____)_____ - _____(w)

Choice of session: Indicate 1st & 2nd choice	
_____ Session #1	June 21 – July 1, 2010
_____ Session #2	July 5 – 16, 2010
_____ Session #3	July 19 – 30, 2010
_____ Session #4	August 2 – 13, 2010

STATEMENT OF FAITH OF DICKSON VALLEY

We believe in:

The inspiration of the entire Old and New Testaments as the very Word of God.

The Triune God: Father, Son, and Holy Spirit.

God the Father, Almighty, Creator of the universe.

The deity of the Lord Jesus Christ, His substitutionary atonement of sins, His bodily resurrection, and His personal, visible return to earth to rule in righteousness and glory.

The person of the Holy Spirit, His work of conviction, regeneration, and sanctification, and His indwelling of every believer.

The necessity of the new birth.

Salvation by faith in Jesus Christ alone.

The importance of a life fully committed to the will of God in Christ.

Agreement and Signature:

"I affirm that I have read and understand all questions in this application, and that all answers given by me are true and complete. I understand that completion of this application does not insure me a position, nor does it obligate me or the organization in any way. I authorize Dickson Valley Camp to conduct a background check if necessary and I allow them to contact the references listed above. If I should be selected to serve at Dickson Valley I will do my best to live by all camp policies and bring honor to our Lord Jesus Christ."

Signature	
Date	

*All information contained in this application is confidential and will not be shared unless requested by the applicant. Upon acceptance, a health form will be forwarded and it, plus registration form, must be returned to our offices prior to arrival at Camp.

Program Cost: \$50.00

Fee payment needs to be sent in with Step #2 Response and Health Form. See M.A.D. brochure for additional details.

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Dickson Valley Camp
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Newark, IL 60541

MAD Program Recommendation Form

This form to be completed by a Christian worker such as a pastor, youth pastor or youth leader.

I am applying to serve in the high school ministry program at Dickson Valley Camp entitled The MAD Program – Mentor And Discipleship. Your frank appraisal will assist Dickson Valley Camp in evaluating my application and noted abilities and characteristics. When you have completed the form, please mail to the address on the top of this page.

(applicant please print name)

General impression:

5=Excellent; 4=Above Average; 3=Average; 2=Below Average; 1=Poor; NI=No Information
(Circle what you feel applicable)

Spiritual Commitment:	5	4	3	2	1	NI	Ability to receive instructions:	5	4	3	2	1	NI
Influence on others:	5	4	3	2	1	NI	Initiative/resourcefulness:	5	4	3	2	1	NI
Attitude toward Church:	5	4	3	2	1	NI	Intellect:	5	4	3	2	1	NI
Judgment:	5	4	3	2	1	NI	Adaptability:	5	4	3	2	1	NI
Dependability:	5	4	3	2	1	NI	Emotional Stability:	5	4	3	2	1	NI
Cooperation:	5	4	3	2	1	NI	Appearance:	5	4	3	2	1	NI

To the best of your knowledge has the applicant been accused of improper sexual contact with children or other minors? ___ yes ___ no

Do you recommend this applicant for the MAD Program? (Description of program at www.dicksonvalley.com)
___ yes ___ no

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

Please list any general or specific comments regarding the applicant's character / personality / abilities:

Referent Name _____
Address _____
City _____ ST _____ Zip _____

Phone (____) _____ - _____ (h)
(____) _____ - _____ (w)
Position _____