KYTE RIVER
Revival Campgrounds

Leadership Training Program Application

Applicants 16 - 19 years old

Please fill out this form and email to **info@kyteriver.com.**

If you're completing this form by hand, please print legibly in blue or black ink and mail (along with a recent portrait of yourself and vehicle/medical insurance cards):

Kyte River Revival Campgrounds
4492 S Knoll Road
Rochelle, IL 61068

GENERAL INFORMATION

Please note that Kyte River Revival Campgrounds is not a reform institution. We are looking for young people who have a desire to serve the Lord and work as a team. This is a volunteer position. However, we will provide all meals and accommodations. You will be required to provide your own toiletries and any snacks you wish to purchase. We will be attending and also participating in the soulwinning program of Northwest Bible Baptist Church in Elgin, IL on the weekends.

RULES

- No dating
- No fireworks
- No alcohol, cigarettes, drugs
- Vehicles are permitted if you are 20 or older
- All weapons must be checked in to Bro. Todd
- No tablets, laptops, computers, TV's, internet-accessing or portable/electronic devices
- Cell phones are permitted (but will be turned into the office if you are 18 or younger)
- Must be 16 years of age prior to the start of the camp season to qualify for the volunteer position
- **All applicants 16-19 years old must commit to being at camp the entire summer (May 31 - July 31, 2027)**

Please complete this form in its entirety:

Full name _____

Age _____ Birthday ___/___/___

Home Address _____ City/State _____ Zip _____

Mother's Cell _____ Father's Cell _____

Personal Cell _____ Email _____

Emergency Contact Name _____ Cell _____

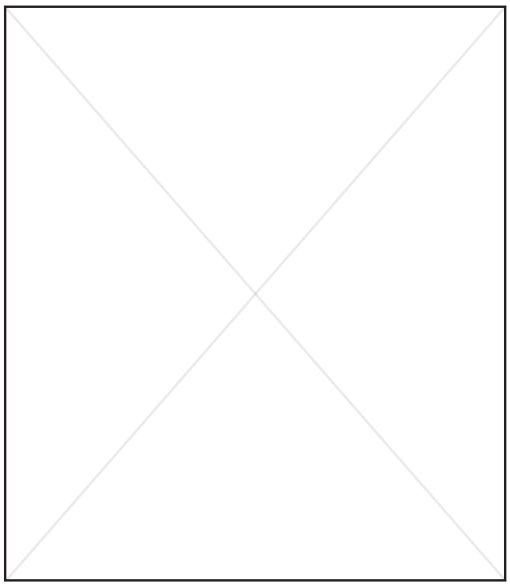
Home Church _____ City/State _____

Pastor _____

Pastor's Phone _____

Youth Pastor _____

Youth Pastor's Phone _____



(Place a recent portrait of applicant here)

Do you faithfully attend Sunday AM, Sunday PM & Wednesday PM services? **YES / NO**

If **YES**, how many years have you faithfully attended church _____

Explain your church ministry involvement and how long you've been involved.

_____

_____

_____

_____

Extent of your ministry experience: ☐ Once/year ☐ Once/month ☐ Once/week or more

Please give a brief salvation testimony indicating (1) when you were saved and (2) any other important spiritual decisions you have made. *(Feel free to attach as a separate document.)*

_____

_____

_____

_____

_____

Is your family in favor of your coming to Kyte River Revival Campgrounds as a member of the Leadership Training Program? **YES / NO**

If no, please explain: _____

_____

Have you ever been convicted, entered a plea of guilty, or entered a plea of “no contest” to any misdemeanors or felonies other than a traffic violation? **YES / NO**

If yes, please explain: _____

_____

Fields of Experience

Please indicate if you have experience in the following areas by checking and circling one of the levels: 1-interest, 2-amateur, 3-advanced:

Children’s Programs: 1 2 3
Construction: 1 2 3
Crafts: 1 2 3
Kitchen: 1 2 3
Landscaping: 1 2 3
Lifeguard: 1 2 3
Nurse: 1 2 3
Office: 1 2 3
Outdoor Activities 1 2 3
Reading Music: 1 2 3
Videography/Photography: 1 2 3

What other skills do you have?

_____

_____

_____

Personal References

List names and numbers of 3 unrelated references who can validate your indicated ministry experience.

1. _____

   Phone Number: _____ Relationship: _____

2. _____

   Phone Number: _____ Relationship: _____

3. _____

   Phone Number: _____ Relationship: _____

Medical Information Form

Please attach a copy of your current medical insurance card.

Applicant's Name: _____

Do you have any allergies? **YES / NO**

If yes, please explain: _____

Do you take any medications regularly? *If yes, please complete the chart below.* **YES / NO**

Medications	Dosage	Schedule	Reason

Do you have any medical conditions such as asthma or diabetes or any other special health needs, disabilities, or activity restrictions? **YES / NO**

If yes, what are they? _____

_____

Applicant's Doctor: _____ Doctor's Phone: _____

Insurance Company: _____ Policy #: _____

If applicant is under 18 years of age:

In case of a medical emergency, I hereby give permission to the physicians contacted by the camp to hospitalize and secure treatment for my child (named above) including ordering injections, anesthesia, surgery, etc. I will not hold the camp or its staff liable in any way for any injuries incurred by my child while he/she is at Kyte River Revival Campgrounds.

Father's First Name: _____ Father's Last Name: _____

Mother's First Name: _____ Mother's Last Name: _____

Signature of Parent/Guardian: _____ Today's Date: ____/____/_____

Emergency Contact Information:

Name: _____ Phone: _____

Relationship to Applicant: _____

Staff Standards for Kyte River Revival Campgrounds

1. Must be a born-again Christian.
2. Must believe the King James Bible is the only true inspired Word of God.
3. Must maintain a maturing spiritual walk with God in order to be always ministering to the needs of others, which includes daily personal devotions, and prayer.
4. Must maintain a separated position on things of this world, such as: worldly music, dancing, movies, smoking, alcohol, drugs, filthy language, dress, and personal appearance.
5. Must reflect the testimony of Christ in personal appearance at all times and abide by the dress regulations of Kyte River Revival Campgrounds throughout the entire summer.
6. Must love young people.
7. Must maintain loyalty towards camp leaders. No griping; constructive suggestions are welcomed.
8. Must be faithful, dependable, and responsible.
9. Must adhere to staff courting regulations. Socializing amongst staff while camp is in session is discouraged. Physical contact between guys and girls is not permitted at any time.
10. **Must commit to being at camp the entire summer (May 31 - July 31, 2027).**

I have carefully read and agree to abide by the above Staff Standards during the entire time I am at Kyte River Revival Campgrounds, if I am offered a position.

Terms and Conditions

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentations or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of my service. Furthermore, I understand that this application and records become the property of Kyte River Revival Campgrounds, which reserves the right to accept or reject me from service. I understand that service at camp is "at will" and may be terminated by Kyte River Revival Campgrounds or myself at anytime for no reason. I further authorize Kyte River Revival Campgrounds to contact references and any other source of information which may be relevant to my application. In addition, I hold harmless and release the above stated entities from all liability and/or damage associated with provision of this information. This authorization voids any prior written or verbal agreements limiting release of said information. I understand Kyte River Revival Campgrounds is an Independent Baptist camp serving Baptist churches throughout the United States. I am convinced that my reputation, current lifestyle, personal standards and theological beliefs would be consistent with those of Kyte River Revival Campgrounds and its constituency.

Signature of Applicant: _____ Today's Date: ____/____/_____

Signature of Parent/Guardian: _____ Today's Date: ____/____/_____

Save this application as: "first name, last name.pdf". Email it to: info@kyteriver.com as an attachment along with a recent picture of yourself (for identification purposes only), vehicle and medical insurance cards.

You will be contacted regarding a position at Kyte River Revival Campgrounds once we have received and evaluated this application and contacted your references.

Kyte River Revival Campground Leadership Training Program Application

Pastoral Reference

Please complete and return according to the instructions below. ***Do not return to the applicant.*** *If you are related to the applicant, please pass along to an assistant pastor or deacon that is knowledgeable of the character of the applicant.*

Pastor's Comments:

Pastor's Name: _____

Pastor's Signature: _____

Email this form to info@kyteriver.com or mail to:

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