

“going beyond the disABILITY”



Presented By:
Ability Project

CIT
APPLICATION

*THE NEW
'NORMAL'*

*...taking our relationship
with GOD to a HIGHER
LEVEL!*

Encounter Jesus

at a summer escape for people with
intellectual & physical disabilities

August 16-20

AT LAKE WILLIAMSON

Lake Williamson Road
Carlinville, IL 62626

FOR MORE INFORMATION:

Visit www.Ability-Project.com or contact Pastor Jerry & Rebecca Fields

fields.calvary@gmail.com 309.360.3717

CAMP ABILITY

PLEASE READ INSTRUCTIONS & KEEP FOR YOUR RECORDS

C.I.T. MISSIONS FEE for Camp Ability is \$225. NON-REFUNDABLE DEPOSIT of \$50 is required with this Application. Please send only exact tuition amounts. The remaining balance is due on first day of camp.

ALL C.I.T. (Caregivers In Training) APPLICATIONS must be postmarked by July 24th.

Required C.I.T's, volunteers and staff training begins at 9:00am Monday August 16, 2021

Check list:

- Have you read and completed the entire application?
- Please include **Parent/Guardian** signature
- Have you included all the application pages together? **Your signature must be an original. No copies of signatures. Incomplete applications cannot be processed.**
- Have you given your Lead Pastor and Youth Pastor Reference Forms to be completed and mailed to Camp Ability?
- **Please include a picture of yourself with the application** (no bigger than 4" X 6" or copy of ID)

All medications (prescription and over the counter) must be turned into the medical staff at Camp Ability. Our medical staff will have them available for you to take whenever you need them.

All clothing must be modest and shoes must be worn at all times.

C.I.T. Missionary Volunteers will be serving together under the supervision of Adult Staff assisting with daily activities that include people with disabilities. This includes ministering during church services at the altar, meal times, planned activities, crafts, and where needed. This does not include the personal care individuals may need while bathing/ showering or assistance needed with bathroom needs.

Firearms, knives, fireworks, smoking, alcoholic beverages or drugs are NOT allowed. **Camp Ability will not be responsible for lost or stolen personal property.** We reserve the right to inspect all personal belongings and hold and/or dispose of improper contents.

Ability Camp provides supplementary insurance for those injured at camp.

Please bring twin sheets, blankets, pillow, towels, toiletries, spending money, swimsuit, casual clothes, **your Bible**, and anything else that will make your time at camp comfortable.

Camp Ability amenities include air-conditioned dorms, swimming pool, water sports, and more. Daily activities include special assemblies, awesome services, recreation and more. There is a concession stand and camp store filled with ice cream, candy, soft drinks, t-shirts, and novelties and more. Water is available for volunteers and staff at all times.

ACCEPTANCE to Camp Ability is not guaranteed. Pre-registration is required. An acceptance letter will be mailed two weeks prior to the date of Camp Ability. If applicant is not accepted, a full refund will be given.

TRANSPORTATION to and from the grounds is the applicant's responsibility.

Lake Williamson Christian Center office – 217-854-4820 (For emergency use only)

Illinois Assemblies of God District Office – 217-854-4600

Make checks payable to Ability Project Ministry and mail to:
Camp Ability · 432 N Linwood Drive · Galesburg, Illinois 61401

Or make payments online at Ability-Project.com/camp

fields.calvary@gmail.com - www.Ability-Project.com - 309-360-3717

2021 C.I.T. Missionary Application

Camp Ability August 16 – August 20

This is an **opportunity** to minister to the largest unreached people group in America! Cost of Youth Missions Trip **\$225. Non-refundable deposit of \$50** or full amount is required with application. The remaining balance is due the first day at camp. **Required volunteer and staff training begins at 9:00am Monday August 16th**

Applications must be postmarked by July 24th!

If your parents are credentialed with the Illinois A/G please check here

Office Use Only	
Room	_____
Co	_____
TL	_____
Med Staff	_____
Pd	Ck# _____
Scholarship	_____
Online	Bal _____
SS#	Emer _____
Sign	_____
Ref	BC _____

PERSONAL INFORMATION – All information below must be completed.

Last Name	First Name	Nick name (preferred name)
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Mailing Address	Free Camp T-Shirt Circle Size: S M L XL 2X 3X 4X
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City	State	Zip
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Phone number	Email Address
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Social Security Number	Daytime Phone Number
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Female Maiden Name	Birth date (MM/DD/YR)	Age	Sex (M/F)
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Emergency Contact	Emergency Phone Number
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Church	City
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How long have you been attending? _____ If less than **FIVE** years, list name and location of other churches in which you were a member or regularly attended during the past five years: _____

Do you know Jesus as your Savior? Yes No

Have you ever been charged with or convicted of a criminal offense, excluding traffic violations (i.e. speeding tickets)? Yes No If yes, please explain. _____

Have you ever been accused, charged, or convicted of child abuse or a crime involving any sexual misconduct with a minor or any other person? Yes No If yes, please explain: _____

MEDICAL INFORMATION

Do you currently use tobacco, alcohol, or any illegal drugs? Yes No (All are prohibited on the camp grounds)

Do you have any physical handicaps or conditions, which limit your performance? Yes No

If yes, please explain. _____

Can you sleep in a top bunk? Yes No Climb stairs? Yes No

List any allergies you have: _____

Current Height _____ Weight _____ B/P _____

Do you have seizures? _____ Controlled by Meds? _____ Date of last seizure _____

List any medications you are currently taking: _____

Have you had serious illnesses or surgeries? _____

PERSONAL EXPERIENCE

Circle your experience. 0-no experience 3 -very experienced.

With Physically Disabled 0 1 2 3 Wheel Chair Manipulation 0 1 2 3

Transferring People 0 1 2 3 With Hearing Impaired 0 1 2 3

Sign Language 0 1 2 3 With Visually Impaired 0 1 2 3

With Intellectually Disabled Youth Adult

Low functioning 0 1 2 3

High functioning 0 1 2 3

Can you lift a person from a wheelchair with assistance? Yes No

I prefer to work with Physically Disabled Intellectually Disabled No preference (Preferences are not guaranteed)

C.I.T. Missions Insurance Information (The following information MUST BE COMPLETED :)

Insurance Carrier _____ Phone Number () _____

Policy Number _____ Group Number _____

Insured _____ DOB _____

Name of Family Physician: _____

Address: _____ Physician's phone # () _____

Father or Guardian name: _____ Phone # () _____

Employer Name and Address: _____

Mother or Guardian name: _____ Phone # () _____

Employer Name and Address: _____

Camp Ability provides supplementary or secondary insurance in case of injury at camp.

I hereby certify that all above information is true and complete.

Signature _____ Date _____

Please attach a copy of your insurance card (front and back).

Parent/Guardian and C.I.T Statement

Emergency Consent: I, the undersigned, parent or legal guardians of the **youth**, a minor, hereby authorize the director or other responsible staff acting on behalf of Camp Ability, to act as my Agent, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the emergency contact person listed on the previous page.

Parent initials _____

Waiver of Liability, Disclaimer, and Permission: I, the parent or guardian of the above named individual, acknowledge that participation in all camp-related activities necessarily involves risk of physical injury. I further acknowledge that the programs of Camp Ability are primarily administered by adults, who volunteer their time. I attest that **this youth** is physically capable to participate in this event. However, should directors, representatives or volunteers determine in their sole discretion that completion or participation in any games or events would be injurious to **this youth's** health, or should **he or she** become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the event director and/or assistant. I give my permission for free use of any videotape, photographs, audiotapes, or any other visual or audio reproduction in which **this youth** may appear by Camp Ability. I release Camp Ability from any liability connected with the use of picture or voice recording as part of any promotion.

Parent initials _____

Discipline/Property Consent: I understand that Camp Ability and the rented facility make rules and guidelines that **all youths** will abide by while attending camp. I understand that if **he/she** misbehaves and does not respond in a positive manner, I may be called to pick him/her up. Warnings will be given, but if inappropriate behavior continues, I will come and get him/her and no refund will be issued. In addition, **I will pay for any damage that is done to the camp or to personal property belonging to another individual.** I give permission to the camp director and/or assistant camp director to inspect the contents of any or all personal belongings, and to withhold and/or dispose of any improper or illegal contents.

Parent initials _____

Parent /Guardian Signature _____ **Date** _____
(Required if under age 18)

I verify that the information requested is correct and I agree to conform to all camp regulations and dress code.

Camper Signature _____ **Date** _____
(Required if 18 or older)

Make checks payable to Ability Project Ministry and mail to:
Camp Ability · 432 N Linwood Drive · Galesburg, Illinois 61401
Or make payments online at Ability-Project.com/camp

Pastoral Recommendation #1 for C.I.T. Applicants

This section is to be completed by the applicant (please print):

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE + PHONE NUMBER: _____

The section below is to be filled out by the applicant's Senior Pastor.

Pastor: Please complete and return this form to **Camp Ability, 432 N Linwood Rd, Galesburg, IL 61401**

The aforementioned has applied for a volunteer position with the Camp Ability Program. Please understand that the applicant **will not be approved** without this form on file for **2021**. This recommendation should be mailed directly to Camp Ability **without returning it to the applicant** **NO LATER THAN July 24th.**

How long have you known this applicant? _____ Does this applicant attend all church services faithfully? Yes No

In what capacity does he/she currently minister in your church? _____

Has the applicant ever worked with student ages: (check all that apply)

___ 5 – 6 years ___ 7 – 10 years ___ 11 – 12 years ___ 13 – 18 years ___ adults

To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor? Yes No

Would you feel comfortable leaving your children in his/her care? Yes No

If no, please explain. _____

List any tendencies or traits that you feel might reduce the effectiveness of the applicant in this position. _____

To your knowledge, is the applicant free from the use of tobacco, alcohol, or other drugs? Yes No

In the past five years has the applicant had any negative changes in moral, or other life situations? Yes No

If yes, please explain. _____

Can you vouch for the moral integrity of this applicant? Yes No

Does this applicant have adequate spiritual maturity to pray with students in the altar? Yes No

Is there any information about this applicant you feel would be necessary for us to know? Yes No

If yes, please explain. _____

Do you recommend this individual to serve at Camp Ability? Yes No

PASTOR'S NAME (First, Last): _____

DAYTIME PHONE NUMBER: _____

SENIOR PASTOR SIGNATURE: _____ Date: _____

Pastoral Recommendation #2 for C.I.T. Applicants

This section is to be completed by the applicant (please print):

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE + PHONE NUMBER: _____

The section below is to be filled out by the applicant's Youth Pastor or Ministry Leader.

Pastor: Please complete and return this form to **Camp Ability, 432 N Linwood Rd, Galesburg, IL 61401**

The aforementioned has applied for a volunteer position with the Camp Ability Program. Please understand that the applicant **will not be approved** without this form on file for **2021**. This recommendation should be mailed directly to Camp Ability **without returning it to the applicant** **NO LATER THAN July 24th.**

How long have you known this applicant? _____ Does this applicant attend all church services faithfully? Yes No

In what capacity does he/she currently minister in your church? _____

Has the applicant ever worked with student ages: (check all that apply)

___ 5 – 6 years ___ 7 – 10 years ___ 11 – 12 years ___ 13 – 18 years _____ Adult

To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor? Yes No

Would you feel comfortable leaving your children in his/her care? Yes No

If no, please explain. _____

List any tendencies or traits that you feel might reduce the effectiveness of the applicant in this position. _____

To your knowledge, is the applicant free from the use of tobacco, alcohol, or other drugs? Yes No

In the past five years has the applicant had any negative changes in moral, or other life situations? Yes No

If yes, please explain. _____

Can you vouch for the moral integrity of this applicant? Yes No

Does this applicant have adequate spiritual maturity to pray with students in the altar? Yes No

Is there any information about this applicant you feel would be necessary for us to know? Yes No

If yes, please explain. _____

Do you recommend this individual to work at Camp Ability? Yes No

PASTOR'S/LEADER'S NAME (First, Last) _____

DAYTIME PHONE NUMBER: _____

YOUTH PASTOR/LEADER SIGNATURE: _____ Date: _____