

# CAMP ABILITY

## 'CIT MISSIONARY APPLICATION'

AUGUST 12—16 , 2024 AT LAKE WILLIAMSON CARLINVILLE, IL 62626  
COST FOR CAMP IS \$300



"For the Son of man came to seek and save those who are lost."

Luke 19:10

*Encounter Jesus* at a summer escape for people with  
intellectual & physical disabilities!

### FOR MORE INFORMATION:

Visit [www.Ability-Project.com](http://www.Ability-Project.com) or contact Pastor Jerry & Rebecca Fields  
[fields.calvary@gmail.com](mailto:fields.calvary@gmail.com) 309.360.3717

# CAMP ABILITY

**PLEASE READ INSTRUCTIONS & SAVE PAGE 2**

**C.I.T. MISSIONS FEE for Camp Ability is \$300. 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 13th.**

**Required C.I.T's, volunteers and staff training begins at 9:00am Monday August 12, 2024**

## 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 Road · Galesburg, Illinois 61401**

Or make payments online at [Ability-Project.com/camp](http://Ability-Project.com/camp)

[fields.calvary@gmail.com](mailto:fields.calvary@gmail.com) - [www.Ability-Project.com](http://www.Ability-Project.com) - 309-360-3717





**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 Road · Galesburg, Illinois 61401**  
Or make payments online at [Ability-Project.com/camp](http://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 **2024**. This recommendation should be mailed directly to Camp Ability **without returning it to the applicant** **NO LATER THAN July 13th.**

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 **2024**. This recommendation should be mailed directly to Camp Ability **without returning it to the applicant** **NO LATER THAN July 13th.**

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: \_\_\_\_\_