

Applicants under 18 should complete a camper application instead of a Staff application. If you are under 18 and desire to work, please contact the weekly director.

Name: _____
(First) (Middle) (Last) (Preferred)

Sex: Male [] Date of Birth / /
 Female [] (month/day/year)

Shirt Size (Circle One): YM YL S M L X XX XXX

Driver's Lic # _____ State _____

Address:
 Street: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____

Emergency Tel: (____) _____

Daytime Phone: (____) _____

E-Mail _____

Employer: _____

Occupation: _____

Home Congregation _____

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 Indicate any chronic illnesses that the nurse should be aware of.

Pre-camper Information (Under 9 years old only):

| Name | Date of Birth | Gender | Stay in Cabin with Parent (Y/N)? |
|------|---------------|--------|----------------------------------|
| | | | |
| | | | |
| | | | |

REFERENCES:

Name: _____

Address: _____

Daytime Phone: (____) _____

Evening Phone: (____) _____

Relationship to reference: _____

Name: _____

Address: _____

Daytime Phone: (____) _____

Evening Phone: (____) _____

Relationship to reference: _____

Have you ever been charged, convicted of, or pled guilty to a crime, whether a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?

- () No
 () Yes—If Yes, please explain fully.

I, _____, hereby authorize Carolina Bible Camp or its agents, assigns, or designees to request the Office of the Clerk of Court/Police/Sheriff's department to release information regarding and record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said Office of the Clerk of Court/Police/Sheriff's department from all liability that may result from any such disclosure made in response to this request. I also promise to abide by the rules and policies of the camp.

Signed _____ Date _____

Indicate the weeks you wish to volunteer for. The directors will contact you about the position they need filled. In some cases, we have more volunteers than required to run the camp. We ask that you be understanding and volunteer again next year.

If you have preferences, please indicate by number the order of your preferences.

| CBC depends on volunteers. To help keep the cost of camp to a minimum, volunteers are asked to fill more than one role. Please indicate all areas of work that | Jeff Cannon | Dennis Conner | Ivan Monroe | Randal Burton | Wilson Burton | David Allgood | Kirk Sams |
|--|---------------------|----------------------|---------------------|--------------------|---------------------|---------------------|----------------------|
| | 7 (Mixed) July 22nd | 6 (Senior) July 15th | 5 (Junior) July 8th | 4 (Mixed) July 1st | 3 (Mixed) July 24th | 2 (Mixed) June 17th | 1 (Junior) June 10th |
| Director | | | | | | | |
| Assistant Director | | | | | | | |
| Education Director | | | | | | | |
| Teacher | | | | | | | |
| Teacher Assistant | | | | | | | |
| Head Counselor | | | | | | | |
| Counselor | | | | | | | |
| Kitchen Director | | | | | | | |
| Kitchen Staff | | | | | | | |
| Athletic Director | | | | | | | |
| Athletic Staff | | | | | | | |
| Canteen Director | | | | | | | |
| Canteen Staff | | | | | | | |
| Craft Director | | | | | | | |
| Craft Staff | | | | | | | |
| Nurse | | | | | | | |
| Lifeguard | | | | | | | |



2012 DIRECTORS

| Wilson Burton, Camp Manager 704-782-0326 | |
|---|-------------------------------|
| Weekly Information | Director Phone Number |
| Week 1—Juniors 9 to 12 Year Olds June 10—June 16 “Faith Factor” | Kirk Sams 704-786-3510 |
| Week 2—Mixed 9 to 19 Year Olds June 17—June 23 “Seven Signs of Jesus” | David Allgood 919-552-5036 |
| Week 3—Mixed 9 to 19 Year Olds June 24—June 30 “Reflections” | Wilson Burton 704-782-0326 |
| Week 4—Mixed 9 to 19 Year Olds July 1—July 7 “LOL—Love Our Lord” | Randal Burton 336-737-4152 |
| Week 5—Junior 9 to 12 Year Olds July 8—July 14 “You Don’t Have 2-B LOST” | Ivan Monroe 252-286-4085 |
| Week 6—Seniors 13 to 19 Year Olds July 15—July 21 “ESSE QUAM VIDERI” | Dennis Conner 919-389-0617 |
| Week 7—Mixed July 22—July 28 “For Better or Worse” | Jeff Cannon 919-841-8886 |

Staff Application
Please mail your application in
before June 1st, 2012. All staff
must have an application on file
for each year.

Please consider making a donation of \$35 or more. This donation will help pay for food and power that is consumed while you are camp. Donations will be accepted at registration.

BE A CAROLINA BIBLE CAMP SUPPORTER!!

Thanks to many generous folks like you, we are able to provide a great camping experience.

A lot of work through the years has built a great facility. However, with the facility aging as it is, it needs some major maintenance to provide the quality and comforts that are expected at CBC.

The money spent for summer tuition basically covers the cost of utilities, caretaker and basic upkeep. Any additional support that you can provide would be greatly appreciated.

If you would like to know how you can help, please contact David Allgood at 919-552-5036 or check the CBC Supporter page @ carolinabiblecamp.org for on-line giving.

Directions to CBC and Retreat Center

Take I-40 to US Hwy. 64, (Exit 168). Exit South on Hwy. 64 approximately 1/2 mile. Turn right on Greenhill Rd. Proceed to stop sign at Davie Academy Rd. Turn left and proceed 1/2 mile to Camp entrance on the left (just beyond Jericho Road Church of Christ meeting house).



**2012
Staff
Application**

Camp Address & Telephone Number DO NOT MAIL APPLICATION TO THIS ADDRESS

CBC & Retreat Center, Inc.
1988 Jericho Church Road
Mocksville, NC 27028
Phone Number 336-492-7802
<http://carolinabiblecamp.org>

Mail Application by June 1st to:
Wilson Burton
142 Mary Circle
Concord, NC 28025