

Team Application

Colorado Front Range Tres Dias

All applications are due two weeks prior to the weekend.

If you wish to serve on the next weekend, please submit the form below to the Rector. Please prayerfully consider the following before serving:

- There is a team fee, please see the website, www.cfrtd.org, for details. The full amount is due prior to the weekend.
- Please read the Team Commitment, Smoking, and CFRTD Policies on the following page before committing to serving on a weekend. Thank you.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Are you able and willing to sleep on a top bunk? _____

Marital Status: _____ Age: _____

Weekend you attended: _____

Do you require a special diet due to a medical condition? Please explain:

Church Attending and in what city?: _____

Name and phone number, with area code, of emergency contact:

This is important in case of any emergencies that arise during the weekend.

Please check the positions you have served:

<input type="checkbox"/> Rector	<input type="checkbox"/> Back up rector	<input type="checkbox"/> Head	<input type="checkbox"/> Asst. Head			
<input type="checkbox"/> Head Kitchen	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Head Table	<input type="checkbox"/> Table	<input type="checkbox"/> Head Table Prayer	<input type="checkbox"/> Table Prayer	<input type="checkbox"/> Gopher
<input type="checkbox"/> Head Dorm	<input type="checkbox"/> Dorm	<input type="checkbox"/> Head Palanca	<input type="checkbox"/> Palanca	<input type="checkbox"/> Head Storeroom	<input type="checkbox"/> Storeroom	<input type="checkbox"/> Floater
<input type="checkbox"/> Computer/Media	<input type="checkbox"/> Head Chapel	<input type="checkbox"/> Chapel	<input type="checkbox"/> Head Escort	<input type="checkbox"/> Escort	<input type="checkbox"/> Head Music	<input type="checkbox"/> Music
<input type="checkbox"/> Head Prayer	<input type="checkbox"/> Prayer					
<input type="checkbox"/> Head Spiritual Director	<input type="checkbox"/> Spiritual director					

Please check the talks you have given:

<input type="checkbox"/> Ideals	<input type="checkbox"/> Church	<input type="checkbox"/> Piety	<input type="checkbox"/> Study	<input type="checkbox"/> Action	<input type="checkbox"/> Leaders	<input type="checkbox"/> Environments
<input type="checkbox"/> CCIA	<input type="checkbox"/> Reunion	<input type="checkbox"/> 4 th Day				

Do you play a musical instrument and/or sing, if so, please list what it is and what part you may wish to play: _____

What is your special talent, skill or experience that the Lord may use on the weekend?
Computers, photography, carpentry, baker, artist, skits, crafts, shopping, etc.: _____

Do you have a vehicle that you would be willing to use on weekends to help transport people and supplies from/to the camp? Supplies: _____ People: _____

Team Member Commitment

Team Application – Help our community obtain the information we need by completing a team application. You can complete this either online at our website: www.cfrtd.org, or fill out this paper application. You may also get an application from the Head Cha or Assistant Head Chas.

Team Building – Recognize the importance of attending team meetings and attend all the team meetings prior to the weekend.

Participation on the weekend – This includes not only knowing and performing in your role, but also recognizing that you are committing to arriving on time Thursday afternoon and not departing from the camp prior to closing on Sunday. This is very important.

Prayer – Praying before the weekend and during the weekend for the Pilgrims as well as your fellow team members.

Smoking Policy

The camp ground is a non-smoking camp. There are only two places allowed for smoking. One is the picnic area adjacent to the kitchen on the northwest corner. The second place is your car. There are only five smoking breaks throughout each day. If you are found smoking in any area other than those listed above, you will be asked to leave the camp with no refund. Thank you for your cooperation.

CFRTD Policy

By signing below, you are agreeing to abide by CFRTD Policies while attending and serving on a CFRTD weekend. While in attendance at the weekend, CFRTD prohibits the carrying of firearms, use of tobacco (except in the specific designated smoking area provided by the camp), and use of any substances (legal or illegal) which does or potentially can cause one to be impaired and/or have a distorted sense of reality. Examples of such substances include, but are not limited to, alcohol, marijuana, and cocaine.

Signature: _____ Date: _____

Camp Elim
Release and Understanding for Adults

Indicate your consent to each item below by initialing in the provided space.

_____ I hereby acknowledge my willful decision to attend Camp Elim and to participate in all activities. I will not hold Camp Elim or its agents liable for injury caused by common accident, illness or the rendering of emergency care. This release includes participation in any off-site activities during camp and to be transported to and from these activities, including emergency situations (if any) by authorized vehicles.

_____ I understand that in the event of an emergency, every effort will be made to contact a responsible relative of the camper. In the event that contact cannot be made, I hereby give my permission to the camp administration and the physician they may select to secure proper treatment for, to hospitalize, and to order such injections, anesthesia or operations as may be urgently necessary for me. In the event of a claim, family insurance (if any) will be billed. Camp Elim's insurance provides secondary coverage for injuries sustained at Camp.

Camper's Name: _____

Emergency Contact & Phone: _____

Camper's Signature: _____