



CALVIN CREST CHILD CARE ASSISTANT (CCA) APPLICATION

Thank you for your desire to serve as a Child Care Assistant (CCA) at Calvin Crest! As the person having most interaction with our young campers, you are a vital part of the camping ministry. Family Camp could not happen without you! Our hope for you and for all of our campers is that you will grow and be strengthened in your relationship with Jesus Christ and learn to be a member of His body, the Church.

HOW TO APPLY

1. Complete and return a 2019 Summer Registration Medical Form (or go online to register)
2. Complete and return the CCA Application (also available online)
3. Submit completed Personal Reference Form

WHAT WE EXPECT FROM YOU

- A desire to serve.
- A willingness to put your camper's needs above your own.
- Support for staff and program through full participation in camp activities.
- Support for the ministry of Calvin Crest to create disciples of Jesus Christ.
- To abide by the expectations set forth in the CCA guidelines.
- NEW: to attend orientation meeting and training the full Sunday of the first day of the assigned camp session.

REQUIREMENTS

Applicants must:

- Be 14 years or older to apply or have completed 8th grade of school.
- Enjoy working with young children.
- Have a growing relationship with Jesus Christ.
- Be committed to the ministry of a local church.

Please return completed application by:

Mail

Calvin Crest
Attn: Registration
45800 Calvin Crest Road
Oakhurst, CA 93644

Email

calvinreg@calvincrest.com

Fax

(559) 683-7118

Or go online to www.calvincrest.com to apply!



Calvin Crest
CCA Application

Applicant Name (First & Last)	Birthday / /	Age
Address	Gender (circle) Male / Female	Grade in Fall 2019
City	State	Zip
Applicant Phone Number	Applicant Email	
Parent/Guardian 1 Name	Parent/Guardian 2 Name	
Parent/Guardian 1 Phone Number	Parent/Guardian 2 Phone Number	
Parent/Guardian 1 Email	Parent/Guardian 2 Email	
Has a family requested you as their CCA? If YES, please list the family name:	Would you like to request to CCA for a particular family? If YES, please list the family name. Thank you for understanding that we are not always able to grant requests:	
Please indicate on the right the preferred age group you desire to volunteer with. Thank you for understanding that we are not always able to grant requests.	<input type="checkbox"/> 0 – 2 Infants & Toddlers <input type="checkbox"/> 3 – 4 Preschoolers <input type="checkbox"/> 5 – 8 Little Kids <input type="checkbox"/> 9 – 12 Big Kids	
Have you served as a CCA at Calvin Crest before? (circle) YES / NO		
If YES, please list the year(s) and session(s) served:		
If NO, have you ever served in a similar role at another camp? (circle) YES / NO If yes, please list camp name:		

Church Affiliation

Church Name	City
Church Phone	Church Leader Name
What services or programs do you attend, if any?	How often do you attend?
Have you held any form of leadership? (circle) YES / NO	
If YES, please describe your leadership responsibilities:	



Personal Questions and Statement of Faith

Briefly explain why you would like to be a CCA at Calvin Crest:
What do you think are characteristics of a good Child Care Assistant?
What previous experience do you have working with young children?
For more than 60 years, Calvin Crest has been partnering with churches to make life-long disciples of Jesus Christ. Are you a disciple of Jesus Christ, and do you agree to join us in fulfilling this mission?
During a week of camp, you may have the opportunity to share the Good News of Jesus Christ. In your own words, briefly explain the Gospel of Jesus Christ.

Personal Reference

A completed Personal Reference Form is required for volunteer service. The Personal Reference Form should be given to your Pastor or Youth Director or any other Christian teacher, church elder, or employer not related to you.	
Reference Name (First & Last)	Position/Vocation
Reference Phone	Reference Email

Please Read and Sign Below

<p>I UNDERSTAND that as a CCA at Calvin Crest, I will be under the direct supervision of the staff person(s) assigned.</p> <p>I WILL ACCOMPLISH my particular daily assignment and participate in the programmed group Bible studies and activities, practicing a positive attitude toward my work and persons with whom I serve.</p> <p>I WILL ASSUME responsibility for my personal appearance and actions and realize that if my work or behavior is unsatisfactory, I may be asked to leave the program.</p> <p>I HAVE READ AND WILL ABIDE BY the guidelines and expectations set forth in the CCA Handbook.</p>		
Applicant Signature	Applicant Name (Print)	Date

Thank you for your application!

Also required are **Personal Reference Form** and **Summer Registration Medical Form**.

Your CCA acceptance will be confirmed via email.

Please call (559) 772-4040 for any questions.



CCA Personal Reference Form

This section to be completed by Applicant

Applicant Name (First & Last)	Date
I WAIVE my right to see the response on this reference.	
Applicant Signature	

This section to be complete by Personal Reference (please attach additional sheet if more room is needed)

The above named person has applied to be a Child Care Assistant (CCA) at Calvin Crest and will be responsible for caring for young children. As the person having the most one-on-one interaction with our campers, the CCA is a vital part of the camping ministry at Calvin Crest. This responsibility will be advantageous only if the applicant is qualified in terms of possessing an aptitude for working with young children, leadership potential, and Christian character. We recognize that everyone has strengths and limitations. It is important to know a person's limitations as well as their strengths. Please give as objective a reference as possible so we can best determine where the applicant can be most effective. Your willingness to complete this reference form is greatly appreciated. Your frank, honest, and prompt evaluation will help protect the future interest of the applicant and of our camping ministry.

How long have you known the applicant?	In what capacity have you been associated with the applicant?
What do you consider your relationship with the applicant to be? (circle one) Close and personal – 10 9 8 7 6 5 4 3 2 1 – Casual acquaintance	
What is your general impression of the applicant?	
Do you consider the applicant qualified and a desirable candidate to care for children? Why or why not?	
Are there any tendencies or traits that you feel might reduce the applicant's effectiveness in caring for children? If YES, please list.	
Would you want this person to care for your own children? (circle) YES / NO	Why or why not?

Name (First & Last)	Position/Vocation		
Address	City	State	Zip
Phone	Email		
Signature			

Please return this form by email, fax, or mailing address listed below.