



# TOM Application & Registration

Application Deadline: **June 16**  
(Notifications begin two weeks later)

If handwriting this, please use black/blue ink

## What are TOMs?

A TOM is a **T**een **O**n **M**ission who has completed grades 8-12, been recommended by their church leaders for this mission opportunity, and approved by camp leaders. TOMs serve as Junior Counselors & are with a cabin group with 2 adults, assisting them in the care and leadership of the campers. You will be housed in that cabin.

### Your duties will include:

- Basic life skills assistance (cleaning, schedule-keeping, safety, etc.)
- Time in prayer and Bible reading (personally *and* to help others)
- Leading your group to participate well in Worship and Bible Study
- Leading out in various activities with all of the campers as you are assigned (e.g. Tracts, etc.)

TOMs will be provided a short set of devotions to work through prior to attending camp that introduce them to the key verses & topics that they will help kids engage with during PAC.

*Please prayerfully consider if God has called you to this amazing opportunity!*

## General Information

Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ Biological Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church Name & City: \_\_\_\_\_

Have you volunteered at the IBA Preteens in Action Camp before? **Yes** **No**

Tee Shirt Size (Adult sizes): \_\_\_\_ Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ XL \_\_\_\_ XXL \_\_\_\_ XXXL

If you would like to order an optional sweatshirt, enclose an extra \$35 and select a size below:

\_\_\_\_AS \_\_\_\_AM \_\_\_\_AL \_\_\_\_AXL \_\_\_\_AXXL \_\_\_\_AXXXL

Do you have a current Red Cross First Aid & Adult CPR Certification? **Yes** **No**

**Select which of these you are most interested in leading or helping with:**

*Please circle any that apply*

- ◆ Arts & Crafts ◆ Lead Fun Songs ◆ Games & Activities ◆ Sports & Recreation ◆ Worship ◆  
◆ Powerpoint & AV Work ◆ Photography ◆ Videography ◆ Hiking ◆ Skits ◆ Lifeguard ◆

Please list skills & interests that you have: \_\_\_\_\_

\_\_\_\_\_

**Applicant Questions**

Why are you applying to be a TOM this summer?

Please describe your experience when you first asked Jesus to be your savior.

How is your relationship with Jesus affecting your life today?

How are you currently serving at your church?

What do you like most about working with children?

How have you worked with children other than at church?

## **Medical Information**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Medical Conditions or Allergies: \_\_\_\_\_

Dietary or Other Special Needs: \_\_\_\_\_

Other Special Needs or Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Medical Release**

I give permission for emergency medical treatment to myself or my child (listed above) by a hospital and doctor or other qualified medical personnel selected by the official representatives of the camp, and hereby agree to release and hold harmless the Interstate Baptist Association and its staff/employees/volunteers from all liability and expense whatsoever for any injury or illness resulting from any cause.

Parent/Guardian Name: \_\_\_\_\_  
*First Middle Last*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian phone #s: \_\_\_\_\_

## **Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

## **Photo/Video Release**

I hereby give permission for images and audio of my child, captured during Preteens in Action Camp through photo and video, to be used for the purposes of Interstate Baptist Association's promotional material and publications, and waive any rights of compensation or ownership thereto. I also give my permission for my child to be photographed in group photos that will be distributed to other participants.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## References

Please personally ask two or more people to give you a reference & forward them the TOM referral link (see below) prior to submitting your application.

1) Pastor, Youth Group, or Sunday School Teacher: ⇨ Circle his/her relationship to you

Name	Phone	E-mail
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The date that you sent the TOM reference form to this person: \_\_\_\_\_  
*Please follow up with this person to ensure they received this form & can fill it out on time!*

2) Non-family member: What is his/her relationship to you?

Name	Phone	E-mail
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The date that you sent the TOM reference form to this person: \_\_\_\_\_  
*Please follow up with this person to ensure they received this form & can fill it out on time!*

### ***Recommended Referral Message:***

*Send this message to your two references. Ensure that they get it & can fill it out for you!*

Dear [insert reference name],

I am applying to be a junior counselor (TOM) at my church's children's camp this year. Will you please be one of my references for this? **The referral will need to be completed by June 26th** through this link: <https://tinyurl.com/ewpd8y72> (a Google Form).

If you have any questions or concerns, please reach out to the camp leadership at:  
[pacamp.iba@gmail.com](mailto:pacamp.iba@gmail.com)

Thank you for your support!

Sincerely,  
[insert your name]

• **Attention!**

## PAC Statement of Beliefs

PAC teachings and practices are guided by IBA beliefs and values, expressed in the Baptist Faith & Message. Visit [bfm.sbc.net](http://bfm.sbc.net) to view our beliefs. Camp leaders reserve the right to discuss matters of belief & behavior with all participants.

**Refunds:** Fees may not be fully refundable due to incurred expenses.

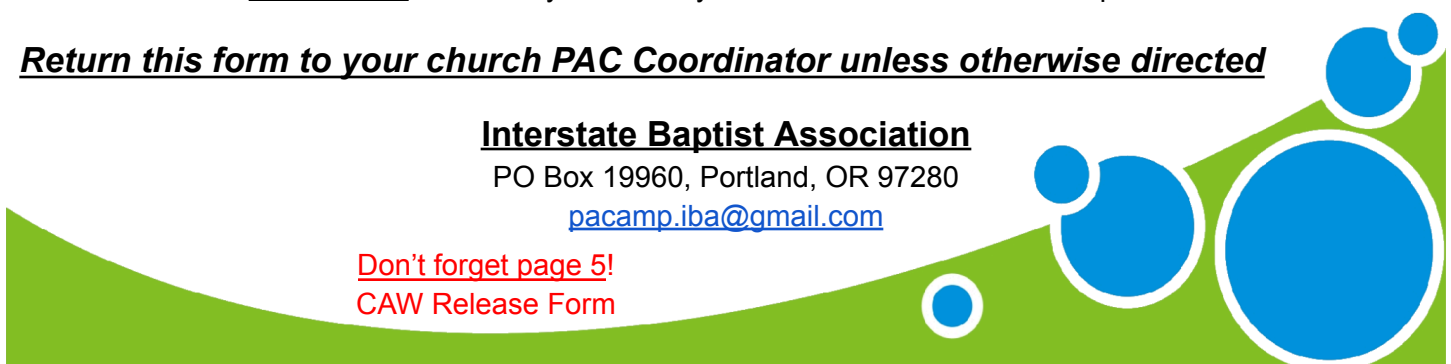
**Return this form to your church PAC Coordinator unless otherwise directed**

### Interstate Baptist Association

PO Box 19960, Portland, OR 97280

[pacamp.iba@gmail.com](mailto:pacamp.iba@gmail.com)

**Don't forget page 5!**  
**CAW Release Form**



## **Camp Arrah Wanna, Inc. (CAW)**

24075 E Arrah Wanna Blvd. | Welches, OR 97067 | P: (503) 622-3189 | F: (503) 622-1229

### **RELEASE OF CLAIMS AND CONSENT**

#### **All Activities & being on site at CAW in a group setting with group activities-Including but not limited to the High & Low Ropes Challenge Courses, River Tubing, Swimming Pool Use, & Archery Course.**

Notice: This is a legally binding agreement. CAW Activities: High and Low Ropes Challenge Courses / River Tubing on the Salmon River / Outdoor Swimming Pool / Archery Course. These activities are strenuous and psychologically demanding and require participants to be in good physical condition. Although it is impossible to foresee all possible dangers, some specific risks the participant may encounter while doing the listed activities might include, but are not limited to death, and/or injury from but not limited to slipping, tripping, falling, running, or jumping. This includes anyone on camp property whether participating in activities and/or being present at said activities and/or being on Camp Arrah Wanna property.

I fully realize that participation in the mentioned activities involves psychologically and physically challenging situations and that my participation in the same could result in sprains, cuts, rope burns, and or abrasions or more serious injury. I acknowledge that CAW has/will inform me of all required safety regulations and that my failure to follow the regulations and instructions my result in serious injury. I understand that a physician should be consulted before participation in these courses if I have one of the following conditions: pregnancy, have a back, head or neck condition, high blood pressure, and/or a heart condition. I understand that an inhaler for exercise induced Asthma, EpiPen (epinephrine) for severe insect allergies, or any other medication needed for a chronic medical condition should be brought with me to the courses and/or activities. I also understand that my participation in a group event and activity may expose me to health risks and that I will respect the required current local, state and federal guidelines that are currently in place including but not limited to wearing a mask at appropriate times & social/physical distancing. I understand that CAW is in a forest with natural tripping hazards, wildlife of all kinds and that it can be extremely dark so I must watch where I am going, bring a flashlight and stay with my group. I understand that everything at CAW may at times be wet, icy or snowy and need to be careful due to these outdoor conditions.

I understand that I am responsible for behaving in a careful and prudent manner to minimize the risk of injury to myself and others. I also understand that this is a voluntary program and that I should participate to the extent that I feel is appropriate for my own condition and skill level. I understand I will not be permitted to participate if found to be under the influence of non-prescribed drugs or alcohol. CAW has the authority to remove and/or ask law enforcement to remove any person from the property that is acting unruly and contrary to rental regulations.

**I waive and release claims by me or on behalf of me, which may incur against CAW, the American Baptist Churches of the Central Pacific Coast, its sponsors, agents, representatives, board members and employees for damages, for negligent property loss, negligent personal injury and negligent emotional distress, which I might sustain and suffer in connection with my participation in all activities & Challenge Courses at CAW.**

CAW has my permission to secure emergency care for me if necessary. I have health care coverage for the cost of any treatment for an injury suffered while participating in any and all activities.

☐ No, photographs of me may NOT be taken while I am on the CAW premises or while I am participating in all CAW Activities.

Initials: \_\_\_\_\_

☐ Yes, photographs of me may be taken while I am on the CAW premises or while participating in CAW Activities and such photographs may be used for publicity by CAW. Initials: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Guest Group Name: \_\_\_\_\_ Dates of Stay: \_\_\_\_\_

#### **Medical Statement:**

I recognize that climbing & swimming can be strenuous endeavors requiring me to be in good physical condition. I am listing below those conditions I have that could restrict my participation in all activities and/or the Challenge Courses and medications I am currently taking:

\_\_\_\_\_

I further certify that to the best of my knowledge; I attest that I have disclosed all information that could restrict my participation in this/these activity/activities.

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date