



TOM Application & Registration

Application Deadline: **June 19**
Notifications will begin: **July 3rd**

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: _____ 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

Thank you for your support!

Sincerely,
[insert your name]



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 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 leader unless otherwise directed

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