

# Camp Quest of the Smoky Mountains

(It's Beyond Belief)

1056 Lovell Road, Knoxville, TN 37932, 865-966-6478 <http://smokymountains.campquest.org>

## Counselor In Training (CIT) Application

Thank you for your interest in becoming a Counselor In Training with Camp Quest of the Smoky Mountains, the secular summer camp. CITs must be at least 14 years old with at least one year experience as a Camper. The camp will be held as usual at The Great Smoky Mountains Institute at Tremont (GSMIT) in the Great Smoky Mountains National Park near Townsend, Tennessee. The campers will arrive on Sunday afternoon, but adult staff arrives earlier. We hope the CITs will come earlier, allowing CITs time for training and organization with the adult staff.

Please complete, sign, and return this application at your earliest convenience. Applications will be reviewed by the Camp Quest Staff Coordinator. **Don't forget to include a physical exam form** from a physical exam occurring within one year preceding Camp. All information will be held in the strictest of confidence.

Feel free to contact us if you have any questions. **Unless other arrangements have been made, CITs must arrange for their own transportation to and from the site. Please bring your own bed and bath linens.** Once there, a bed, mattress, and meals will be provided.

**If not accepted as a CIT, this application can serve as a Camper application.**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Age & Date of Birth:** \_\_\_\_\_

**Gender:** Female Male (circle one)

**General State of Health:** \_\_\_\_\_

**Emergency Contact  
Name and Number:** \_\_\_\_\_

1.     Do you have any health problems or special needs?

2.     What prior experience have you had with camping?

3. Do you have any training and/or current certifications for first aid, CPR, or water safety, first responder or EMT? Please include expiration dates.

4.     What experience have you had with atheism, agnosticism, humanism, freethought or other labels typically associated with disbelief in the supernatural?

5.     Why do you want to be a CIT at Camp Quest?

6.     Are there any specific activities that you wish to coordinate or supervise at Camp Quest?  
What qualifies you in these areas?

## References

Please provide three references including contact information and a brief statement of how you know each one. Teachers, work supervisors, or other adults who know you well are examples of the references you should list. Add more sheets if necessary.

**Name of Reference #1:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name of Reference #2:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name of Reference #3:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

## Permission to Engage in Specific Activities

I (we) am (are) the \_\_\_\_\_ of \_\_\_\_\_ ,  
a Counselor In Training (CIT) at Camp Quest of the Smoky Mountains.

Understanding that certain activities have a degree of risk and uncertainty involved, and understanding that all reasonable efforts will be made by the staff of Camp Quest Smoky Mountains to see that these activities are carried out and supervised in a competent and responsible manner, permission is hereby given, or denied, as individually indicated below, for the CIT above named to participate in the activity. Planned activities and conditions vary from year to year, so not all activities listed below may be offered.

### **Horseback Riding**

This activity is off site, conducted by an outside vendor in cooperation with Camp Quest staff. While every precaution will be taken to assure the safety of everyone involved, the activity involves horses whose behavior cannot always be predicted. It is therefore a potentially dangerous activity. Permission granted \_\_\_\_\_ Permission denied \_\_\_\_\_

### **Swimming**

This activity will be supervised by the Camp Quest staff. During designated swimming times there will be three or more adult supervisors. The swimming will be in a branch of the Little River by the camp, as river conditions permit. Floatation devices are offered for poor or non-swimmers. Permission granted \_\_\_\_\_ Permission denied \_\_\_\_\_

### **Canoeing**

Activity conducted off site. Campers receive canoeing instruction and wear life vests for a short trip down the Little River. Permission granted \_\_\_\_\_ Permission denied \_\_\_\_\_

### **Media Interviews**

Certain media organizations may come to camp for camper and staff interviews with prior permission and invitation of Camp Quest. Images, voice, and/or quotations resulting from interviews may appear in the respective media, but campers will not be identified beyond their first name. Campers may be interviewed, but only if the child wants to be interviewed. Permission granted \_\_\_\_\_ Permission denied \_\_\_\_\_

\_\_\_\_\_  
Signed

Date \_\_\_\_\_

## Parent and CIT Statement of Understanding of Camp Quest Policy

The following is Camp Quest policy information for the safety and protection of each child. Please read, sign, and return to Camp Quest with your registration form.

We (CIT and parent) understand that it is the responsibility of each CIT to participate in the whole program, including activities of work, play, values sharing and living together. We understand and support camp policies prohibiting anyone from bringing weapons to camp, and from possessing or using tobacco products, alcoholic beverages or non-prescription drugs while at camp. We recognize that CITs must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to themselves or others. Failure to adhere to camp policies may cause the Camp Director to dismiss a CIT, without refund of camp fees.

I (parent) understand that I am not to leave my child at Camp Quest unless an adult camp staff member is there to receive and supervise my child.

I understand that my child will not be allowed to leave the camp or camp activities with an unauthorized person. Any person other than a parent will not be allowed to pick up the CIT unless prior arrangements have been made by calling the Camp Quest office to inform them.

CITs may bring electronic devices such as MP3 player (cell phones do not work at Tremont). These are to be used only during limited times designated by the camp staff. Failure to adhere to this policy may result in the Camp Director taking and holding the device in safekeeping until the CIT departs. Camp Quest is not responsible for lost or stolen items.

I am aware that my child will have the opportunity to participate in camp activities which may involve a degree of risk, and I approve his/her participation in such activities. I understand that accidents can occur. Recognizing that the camp will do its best to ensure a safe and enjoyable camping experience, I hereby release the Great Smoky Mountain Institute at Tremont, Camp Quest and its operator, Camp Quest, Inc., from any and all responsibility and liability of any nature resulting from my child's participation in any camp activity.

I have read and understand *The Affirmations of Humanism: A Statement of Principles and Values* and *The Mission Statement of Camp Quest of Minnesota* attached to this form and recognize them as fundamental to the philosophy of Camp Quest.

I understand that my child will be photographed, and consent to the photographs being used for camp promotional purposes. Camp Quest of the Smoky Mountains uses only CITs' first names in photo captions and articles.

If not accepted as a CIT, do you want to attend as a camper?     Yes,     No.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CIT Signature

\_\_\_\_\_  
Date

Revised 02/02/2010

# Health History Form

CIT's Name: \_\_\_\_\_ M/F: \_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent(s) or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Second Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of CIT's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of CIT's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Is the CIT covered by medical/hospital insurance plan? YES \_\_\_\_ NO \_\_\_\_  
If so, Indicate: Carrier \_\_\_\_\_  
Policy or Group #: \_\_\_\_\_ I.D. # \_\_\_\_\_

## HEALTH HISTORY: (to be completed by parent or guardian)

Does the CIT have epilepsy (seizures, convulsions)? YES \_\_\_\_ NO \_\_\_\_ Diabetes? YES \_\_\_\_ NO \_\_\_\_  
Does the CIT have any chronic illness or disability? YES \_\_\_\_ NO \_\_\_\_  
(Please describe) \_\_\_\_\_

Is the CIT taking any medications? \_\_\_\_\_ (Please send with instructions)

Does the CIT have any allergies to medications, foods, poison ivy, bee stings, or hay fever? \_\_\_\_\_

Does the CIT require any dietary modifications? \_\_\_\_\_

Has the CIT ever had problems with: (Give approximate dates and describe below)

_____ Asthma (wheezing)	_____ Heart disease	_____ Nosebleeds
_____ Bed wetting	_____ Sleep walking	_____ Ear infections
_____ Skin disease	_____ High blood pressure	_____ Headaches
_____ Orthopedic (bones & joints)	_____ Emotional and/or behavioral problems	

THIS HEALTH HISTORY IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND MY CHILD HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED CAMP ACTIVITIES EXCEPT AS NOTED.

AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR OF CAMP QUEST TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT, AND NECESSARY TRANSPORTATION FOR ME AND/OR MY CHILD. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO SECURE AND ADMINISTER ALL NECESSARY TREATMENT, INCLUDING HOSPITALIZATION, FOR MY CHILD NAMED ABOVE. THE COMPLETED FORMS MAY BE PHOTOCOPIED FOR TRIPS OUT OF CAMP.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Revised 02/02/2010

**Basic Camp Fees: \$575 per CIT. Early registration discount of \$50 and sibling discounts of \$25 apply.**

Optional Fees:

T-shirts: One Camp Quest T-shirt is included in the camp fee. Additional shirts are available for \$15 (each). Please indicate sizes and quantity below.

Size: (Child) \_\_\_\_\_ 7-8 \_\_\_\_\_ 10-12 \_\_\_\_\_ 14-16  
(Adult) \_\_\_\_\_ Sm. \_\_\_\_\_ Med. \_\_\_\_\_ Lg. \_\_\_\_\_ X-Lg. \_\_\_\_\_ XX-Lg.

Basic Fee		<u>\$575.00</u>	
Additional T-Shirt(s) (\$15 ea.)	+	_____	Indicate how many of each size above.
Voluntary Contribution	+	_____	Contributions are tax deductible.
Early and/or sibling discounts	-	_____	
Total Amount	=	_____	

**Registration fee of \$100** must accompany application.  
(This portion of the fee is refundable only if we decline your application to be a CIT.)

**Early registration discount is available for full payment 9 weeks (two months) before check-in. Balance of all fees is due prior to Camp check-in.**

**Make checks payable to “Camp Quest of the Smoky Mountains”**

**Mission Statement of Camp Quest Smoky Mountains**

- Promote a sense of belonging to a large freethought community among the youth participants
- Encourage critical thinking in young people to enable them to draw their own conclusions
- Promote respect for others with different viewpoints, values, and beliefs
- Provide a safe and fun environment for personal and social development

**Mail this completed form and the camp physical form with payment to:**

**Jonas Holdeman, Director**  
**Camp Quest of the Smoky Mountains**  
1056 Lovell Road  
Knoxville, Tennessee 37932

-OR-

Send the completed forms as a legible scanned .pdf or .tif file to  
[CQSM@rationalists.org](mailto:CQSM@rationalists.org)

**E-mail: [CQSM@rationalists.org](mailto:CQSM@rationalists.org)**