

CIT APPLICATION SUMMER 2025 2-4-25
CAMP FRIENDSHIP

Name _____

Age _____ Male _____ Female _____

Birth date _____ Social Security No. _____

Home Address _____
Number & Street, (P.O. Box) City, State, Zip

e-mail address _____

Home Phone _____ Cell Phone _____

I want to volunteer for the week of:

FRIENDSHIP CAMP June 1-7 _____

FRIENDSHIP CAMP June 8-14 _____

a) Can you swim? _____

b) Do you have up-to-date lifeguard and water safety training? _____

c) Do you have First Aid or Nurses Training? _____

Mother _____ HomePhone _____ Cell-Work# _____

Father _____ HomePhone _____ CellWork# _____

Name-Phone Number of an adult to call in emergency: _____

Medical Insurance Plan and Policy Number _____

Name of Family Doctor _____ Phone Number _____

Name of Family Dentist _____ Phone Number _____

Person responsible for Medical Bills _____ Insurance # _____

Are you currently under the care of a Physician? Yes _____ No _____

If yes, for what condition _____

Name and dosage of any **Prescription Medications** that you take _____

All medications must be given to the nurse in their labeled Pharmacy containers.

Are you **ALLERGIC** to any Medication or Substance: Yes _____ No _____

If Yes, Please list _____

Would any medical condition impact your ability to serve as a volunteer? _____

- Please list current and recent **volunteer activities** _____

- Please list **two references with telephone numbers**:

1. _____

2. _____

- What **motivates** you to serve as a CIT at Camp? _____

**** PERMISSION STATEMENT *MUST BE COMPLETED BY PARENT-GUARDIAN* ****

I _____ authorize Camp Friendship, INC, St. Christopher Church and camp
Please print your name
staff to transport, care for, supervise and direct the activities of _____ while he/she is
participating as a Counselor in Training (CIT) at Camp Friendship held at Camp Wrenwood, MS

Signature of Parent/ Guardian _____ Date _____

LIABILITY RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN:

I _____ release Camp Friendship, INC, St. Christopher Church and
Please print your name
Camp Staff from any liability while transporting, caring for, supervising and directing the activities
of _____ while he/she is a Counselor in Training (CIT) at
Please print the name of your child
Camp Friendship, held at Camp Wrenwoode, Mississippi.

Signature of Parent _____ Date _____

I give my permission for photographs taken or videos filmed of my child, _____,
to be used in publications. _____ (your name)

RETURN APPLICATION TO: Fr. Tim Murphy
P.O. Box 57
Pontotoc, MS. 38863
662.304.0087
e-mail: campfriendshipmiss@gmail.com
www.campfriendshipmississippi.com