



P.O. Box 18 (8364 N 2100 East Rd), Georgetown, IL 61846  
Office: 1-888-662-CAMP Kitchen: 217-662-8007  
CampAssuranceIL@gmail.com \* CampAssurance.org

*Since 1949, A Fun Place . . .  
Preparing People for Eternity*

**TIME Program  
Personal Reflection Questionnaire**

1. Explain how you came to trust Jesus as your Lord and Savior. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Since that time, have you had many doubts about your salvation? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
3. Have you been baptized by immersion, since you trusted Christ as your Savior? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If not, why? \_\_\_\_\_
4. What local church are you a member of? \_\_\_\_\_  
If not, why? \_\_\_\_\_
5. Since your salvation, in what areas of your life have you seen definite spiritual growth? \_\_\_\_\_  
\_\_\_\_\_
6. In what areas do you seem to consistently struggle? \_\_\_\_\_  
\_\_\_\_\_
7. Out of 7 days, how many days on average do you have devotions? \_\_\_\_\_ / 7  
When do you have your time with God? \_\_\_\_\_  
Describe what you do for your time alone with God? (Be specific.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. If you could change anything about yourself, what would it be (examples: past, appearance, abilities, family, lifestyle, schooling, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you actively sharing the Gospel to the lost in your neighborhood and community? If so, give two examples of your witnessing efforts within the past six months. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you kindly confront friends about sin or sinful choices in their lives? If so, give two examples of that within the last six months. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you felt pressured at times by friends to do things you know are wrong?    YES    NO

What types of things do they try to pressure you into doing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how you tend to respond to that pressure. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Describe any regular chores or responsibilities you have at home for which your parents regularly depend on you. \_\_\_\_\_  
\_\_\_\_\_

13. On a scale of 1-10, rate yourself on how well you handle the responsibilities you listed above.

1   2   3   4   5   6   7   8   9   10  
poor                      average                      excellent

14. How would your parents describe you at home?

a. An obedient attitude?	1	2	3	4	5	6	7	8	9	10
b. A genuine love and compassionate spirit toward family?	1	2	3	4	5	6	7	8	9	10
c. A serving and helpful spirit?	1	2	3	4	5	6	7	8	9	10

15. Have you had a major conflict with your parents in the past?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO  
Would you say it has been resolved to their satisfaction?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO

16. Is there, at this time, a continuing conflict with your parents?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What are some hobbies and extra-curricular activities you enjoy (music, sports, clubs, etc.)? \_\_\_\_\_  
\_\_\_\_\_

If you play an instrument, what instrument do you play? \_\_\_\_\_

\*Opportunity to participate in special music

If you sing in a choir, what part do you sing? \_\_\_\_\_

\*Opportunity to sing in a staff choir

18. Give 5 adjectives that best describe your personality? \_\_\_\_\_  
\_\_\_\_\_

19. How would you rate your three closest friends?

- a. Godly and eager to do what is right
- b. Good people, but somewhat apathetic; average spiritually
- c. Struggling in their walk with God
- d. Cold toward the things of God

20. Describe your future plans and goals (short-term and long-term) for your life. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Please explain why you would like to attend TIME and what would you like to see accomplished in your life if you were accepted. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Signatures

All of the previous answers truthfully reflect my current attitudes and actions.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(applicant)

We have reviewed the application and believe the applicant has made every attempt to be truthful and fair in his or her answers. (The following **signature is required** in order to process this application)

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(parent)

Please indicate a **minimum of two camp programs** for which you would be available and willing to serve as a volunteer to complete the service part of your training requirements:

\*\*Please mark any weeks available in order of preference, using 1-5 scale. (1 = First Choice, 2 = Second, etc.)

**If not available for a certain camp week, please leave that line blank.**

_____ Junior Camp 1 (June 17-21)	_____ Primary Camp 1 (July 1-3)
_____ Junior Camp 2 (July 15-19)	_____ Primary Camp 2 (July 29-31)
_____ Soccer/Family Camp (June 24-29)	

### Application Checklist (check to make sure all steps have been completed):

- A. The application is **completely** and **thoroughly** filled out.
  - a. Interest form completed at [www.campassurance.org](http://www.campassurance.org) on the TIME PROGRAM page
  - b. If attending Camp Assurance, teen Registration form + \$60 deposit submitted online or mailed
  - c. Program fee of **\$40.00** mailed with this form.
  - d. Reflection Questionnaire with signatures
  - e. Pastor or Youth Pastor Recommendation
    - \*Recommendation does NOT have to be submitted with application, but needs to be in by deadline below.
  - f. Attach photo of applicant  
(If preferred, a digital picture may be emailed to [campassuranceil@gmail.com](mailto:campassuranceil@gmail.com))  
**Email subject line – TIME Program + Name of Applicant**
- B. All appropriate **signatures are present**
  - a. three parent/guardian signatures on Registration form (1 on front; 2 on back)  
(If attending Teen Camp at Camp Assurance, otherwise ignore this step)
  - b. Applicant & parent signatures above

### Please send completed application to:

CA Program Director  
P.O. Box 18  
Georgetown, IL 61846

**For questions regarding the TIME Program, please contact the camp office at 217-662-6242.**

**For priority consideration**, please return the application no later than **March 29, 2019**. Each applicant will be notified of a decision through the email address provided on the Interest Form.