



P.O. Box 18 (8364 N 2100 East Rd), Georgetown, IL  
61846

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CampAssuranceIL@gmail.com \* CampAssurance.org

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

### TIME Program Application Personal Reflection Questionnaire

**Applicant's Name:** \_\_\_\_\_ **Sex:** M F **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

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

**Applicant's Phone:** \_\_\_\_\_ **Parent's Phone:** \_\_\_\_\_

**Applicant's Email:** \_\_\_\_\_ **Parent's Email:** \_\_\_\_\_

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.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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.**

\_\_\_\_\_ Teen Camp 1 (June 13-17)

\_\_\_\_\_ Junior Camp 1 (June 20-24)

\_\_\_\_\_ Junior Camp 2 (July 18-22)

\_\_\_\_\_ Primary Camp (June 27-29)

\_\_\_\_\_ Teen Camp 2 (July 25-29)

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

- A. The application is **completely** and **thoroughly** filled out.
- Interest form completed at [www.campassurance.org](http://www.campassurance.org) on the TIME PROGRAM page
  - If attending Camp Assurance, teen Registration form + \$60 deposit submitted online or mailed
  - Program fee of **\$40.00** mailed to Camp Assurance – please include applicant’s name in memo.
  - Reflection Questionnaire with signatures
  - Pastor or Youth Pastor Recommendation  
\*Recommendation does NOT have to be submitted with application, but needs to be in by deadline below.
  - 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**
- three parent/guardian signatures on Summer Camp Registration form (1 on front; 2 on back)  
**(If attending Teen Camp at Camp Assurance, otherwise ignore this step)**
  - Applicant & parent signatures above

### Please send completed application to:

CA TIME 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 1, 2022**. Each applicant will be notified, if accepted, through the email address provided.