



FCA SURF – SALT INTERN, JUNIOR INTERN, STAFF AND VOLUNTEER APPLICATION
FCA SURF 245 TUCKAHOE ROAD, MARMORA, NJ 08223

Full Legal Name: _____

Year-Round Home Street Address: _____

City: _____ State: _____ Zip: _____

Summer Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Receive Text Messages? Yes No Facebook? Yes No

Email: _____

Gender: Male Female Birth Date: ____/____/____

T-Shirt Size: Small Medium Large XLarge

Your Local Church: How long have you attended? Where do you attend?

Pastors Name and Phone Number: _____

Special needs, allergies or other information:

Which Camp(s) are you available to work? (see website for camp locations and dates) _____

Parent / Guardian Names: _____

Parent/Guardian Cell Phone(s): (____) _____ (____) _____

Parent/ Guardian Emergency Phone(s): (____) _____ (____) _____

Parent/Guardian Email: _____



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1. How long have you been surfing? _____
2. How would you describe your “exact” surfing ability? Beginner Intermediate Advanced Professional
3. How often to you surf? _____
4. What kind of surfboard(s) do you ride?

5. Do you own a wetsuit(s) for varied water temperatures? _____ Wetsuit(s) _____
6. Where do you usually surf? _____
7. Have you traveled for surfing? Where? _____
8. Have you ever attended an FCA SURF camp? If YES when? _____
9. What do you have to offer beginner surfers? _____
10. How would you describe your surfing instruction ability? _____
11. Why are you applying to FCA SURF? _____

12. Have you worked at a camp/school before? Where? _____

The following qualifications and responsibilities are expected from Instructors, Volunteer Instructors, SALT INTERNS and Junior Interns.

- Good surfing skills
- Good swimming skills
- Willing to work hard
- Teachable
- CPR- Certification (preferred)
- Loves the Lord - Spiritually sound follower of Jesus, evident in all areas of your life, feels called by God to reach kids through surfing
- Regularly attends a Church
- Completed this application & MLA (Ministry leader Application, on-line)
- Committed to the integrity and values of the FCA SURF Program
- Will arrive each day on time by 7:30 AM for prayer and set-up. Staying until 1:30 PM.
- Prepared to spend the day at the beach by having the proper attire, equipment, lunch, water jug, sunscreen, sunglasses, transportation, etc.
- Understanding that YOU are not at camp to surf as you will be coaching and teaching campers to surf.
- Lead spiritually, interact socially with campers and their parents, and develop relationships with the campers throughout the week.
- Minimum age 15



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AGREEMENT AND SIGNATURE:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted to the Staff/Volunteer/Intern/Team, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: _____

Date: _____

APPLICANT AND PARENT/GUARDIAN PLEASE READ

I understand that surfing and teaching surfing can be very dangerous, and I may be injured while participating. I understand that there are certain risks involved with the sport of surfing and I assume all risks to surfing and ocean-related sports. I acknowledge that I have read and fully understand all of the above terms and conditions.

Applicant Name: (please print legal name) _____

Applicant Signature: _____

Date: _____

For participants under the age of 18, a parent or guardian should complete the following:

HOLD HARMLESS AGREEMENT:

I hereby certify that I am the parent or guardian of the participant named above, and do hereby give my permission without reservation and with full understanding and comprehension of the foregoing agreement to hold harmless FCA SURF, the Fellowship of Christian Athletes, the city in which the surf camp is held, the employees and volunteers associated with FCA SURF and FCA and all other organizations and corporations affiliated with FCA SURF, any and all liabilities including and such injuries which are alleged to have occurred as a result of negligent failure of FCA SURF officials and directors to properly supervise camp in the course of all activities with the organization.

CONSENT TO MEDIAL TREATMENT:

I hereby authorize FCA SURF, FCA or any other agent of FCA SURF to act on my child’s behalf, should I be unable to do so and to consent to reasonable medical/dental care and treatment which may be deemed necessary for my child’s medical well-being during the course of the camps. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in my child’s behalf until I can be personally contacted.

Parent/ Guardian: _____

Parent/ Guardian Signature: _____

Date: _____