



Junior Instructor Application
Epic Surf Ministries
 107 3rd Ave. S., Jacksonville Beach, FL 32250



Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____

Mobile Phone: (_____) _____ - _____

Receive/Send Text Messages? Yes No Facebook: Yes No

Email: _____

Gender: Male Female Birthdate: _____/_____/_____

T-Shirt (adult sizes): Small Medium Large XLarge

Surfing Ability (Honestly): Novice Intermediate Advanced Semi-Pro/Pro

Your local church: _____ How long attended: _____

Allergies, special needs, or other notes: _____

Select Camp Availability:

- Camp 1: June 8-12
- Camp 2: June 15-19
- Overnight Camp: June 22-26
- Camp 3: July 6-10
- Camp 4: July 13-17
- Camp 5: July 20-24
- Camp 6: July 27-31
- Camp 7: Aug 3-7
- Picnic/Baptism: Aug 8

Parent/Guardian Names: _____

Parent/Guardian Mobile Phone(s): _____ & _____

Receive/Send Text Messages? Yes No Yes No

Parent/Guardian Emergency Phone: (_____) _____ - _____

Parent/Guardian Email: _____



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Junior Instructor Qualifications and Responsibilities

The following qualifications are expected from applicants for our Junior Instructor Program. Please read them closely!

- Age 12-14 by time of participation in camps
- Regularly attend a local Church, participating in a Youth Group
- Complete application on file

The following responsibilities will be yours as a junior instructor. Please evaluate your commitment carefully:

- Commit to an entire week's camp
- Arrive each day at 8:00AM for prayer, set-up; stay as late as 1:00PM for camp breakdown
- Interact socially; develop relationships with the campers throughout the week
- Actively participate in the functions of camp: don't just come to hang out at the beach and surf
- Serve wholeheartedly under a certified instructor throughout the week
- Follow instructions well; serve wherever needed; maintain a "can-do" attitude

Church / Ministry Experience

How have you been involved at your church or Christian community as a leader?

Please list below three personal references not related to you, one of which being your pastor or youth pastor.

Pastor/Youth Pastor: _____ Phone #: _____

Reference 2: _____ Relationship: _____ Phone #: _____

Reference 3: _____ Relationship: _____ Phone #: _____

Legalities

In the past ten years have you been charged with, convicted or plead no contest to a crime, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? If yes, please explain.

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 team, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature _____ Date _____



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Permissions and Release

Applicant and Parents, please read...

I understand that 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 P-R-I-N-T)

Applicant Signature: _____
(required, regardless of age)

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 EPIC Surf Ministries, Inc., the City of Jacksonville Beach, the employees and volunteers associated with EPIC Surf Ministries, Inc., and all other organizations and corporations affiliated with EPIC Surf Ministries, Inc. any and all liabilities including any such injuries which are alleged to have occurred as a result of negligent failure of EPIC officials and directors to properly supervise camp in the course of all activities with the organization.

Consent to Medical Treatment

I hereby authorize EPIC Surf Ministries, Inc., or any agent of EPIC 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 summer. 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: _____
(Please P-R-I-N-T)

Parent/Guardian Signature: _____

Date: _____