

Adult \_\_\_\_\_ Child \_\_\_\_\_ Level \_\_\_\_\_  
(Office use only)

Paid \$ \_\_\_\_\_ Cash/Check \_\_\_\_\_  
(Office use only)

## 2020 S.M.I.T.E. APPLICATION

**MAY 24-29, 2020, Milldale Baptist Camp, Zachary, Louisiana**  
**Sponsored by: Central Baptist Church of Baton Rouge, LA**

**PERSONAL INFORMATION:**

Name \_\_\_\_\_  
*LAST* *FIRST* *MIDDLE*

Maiden Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (No P.O. Boxes) \_\_\_\_\_ Phone (    ) \_\_\_\_\_

City (No Abbreviations) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License Number & State \_\_\_\_\_

Social Security Number **(18 Years & Older ONLY)** \_\_\_\_\_

**BACKGROUND CHECK INFORMATION AND RELEASE AUTHORIZATION:**

- A. In connection with my involvement as a volunteer working with children, I understand that S.M.I.T.E. will conduct a background check to determine my ability to minister in this role. It may include information concerning my character, work habits, performance and any court records that may have a bearing on my job responsibilities.
- B. I acknowledge that a fax or photocopy shall be as valid as the original.
- C. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school employer, church, or non-profit agency or its agents to furnish the information described above.
- D. I understand that if any of those records contain information, which is used to deny my involvement as a volunteer in S.M.I.T.E., I will be notified of my rights and where I can obtain a copy of the information.

1. Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been convicted of child abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

3. List any previous addresses for the past five years: \_\_\_\_\_

\_\_\_\_\_

By signing, I hereby give my permission for a background check to be obtained by S.M.I.T.E.,

Signature: \_\_\_\_\_

Email Address (where you can be reached) \_\_\_\_\_

Home Church \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Shirt Size:    Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ 2X-Large \_\_\_\_\_ 3X-Large \_\_\_\_\_

If you will be bringing a vehicle that can be used to transport teens to clubs, how many people will it hold total? \_\_\_\_\_

**REFERENCES:** (One **MUST** be your pastor)

Pastor's Name _____	Name _____
Phone (    ) _____	Phone (    ) _____
Cell (    ) _____	Cell (    ) _____

**CHURCH/NON-CHURCH INVOLVEMENT:**

1. List the name and address of any other churches you have attended regularly during the past five years:

\_\_\_\_\_

\_\_\_\_\_

2. List any non-church involvement with children during the past five years (list each organization, address, and the type of work:

\_\_\_\_\_

\_\_\_\_\_

**NEWCOMERS ONLY:** *If you are a newcomer to S.M.I.T.E., please complete the following.*

1. Please give a short testimony of your salvation experience: *(If this space is insufficient, you may attach a separate piece of paper)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Please list any previous experience you have had in working with children such as teaching Sunday school, working in the bus ministry or 5-day Bible clubs.

\_\_\_\_\_

\_\_\_\_\_

**S.M.I.T.E. RECORD'S INFORMATION:**

1. What is the highest level you have completed at S.M.I.T.E.: (Circle One)  
                                 None    One    Two    Three    Four    Five    Graduate
2. How many 5-day Bible clubs have you been involved with: \_\_\_\_\_ (Do not include S.M.I.T.E. clubs)  
***(You will need to complete a minimum of 8 clubs in order to graduate from S.M.I.T.E. These do not include clubs conducted at S.M.I.T.E.)***
3. If you have a FACEBOOK account, what is your email address: \_\_\_\_\_

**ALL ADULTS AND ALUMNI:**

If, for any reason, you cannot be in attendance at S.M.I.T.E. for the entire week (Sunday night through Friday night), please let us know. Our counselors and leaders need to be able to work with their team the whole week. Please attach a note with your application if you cannot be in attendance the whole week, as it will affect the position in which we can best use you.

**S.M.I.T.E. FEES:**      ***PLEASE NOTICE THE PRICE CHANGES***  
***(Please note the dates below. Late registrations do not receive a S.M.I.T.E. T-shirt)***

- |   |   |
|---|---|
| <b>LEVEL 1-4 STUDENTS (Teenagers or Adults) –</b> | <b><i>Registrations postmarked on or before April 18, 2020</i></b><br>\$40 due with registration / \$110 due at S.M.I.T.E. (Receive T-shirt)          |
| <b>LEVEL 1-4 STUDENTS (Teenagers or Adults) –</b> | <b><i>Late Registrations postmarked after April 18, 2020</i></b><br>\$40 due with registration / \$125 due at S.M.I.T.E. ( <b><i>No T-shirt</i></b> ) |
| <b>LEVEL 5, ALUMNI, AND ADULT</b>                 | <b><i>Registrations postmarked on or before April 18, 2020</i></b><br>\$40 due with registration / \$50 due at S.M.I.T.E. (Receive T-shirt)           |
| <b>LEVEL 5, ALUMNI, AND ADULTS</b>                | <b><i>Late Registration postmarked after April 18, 2020</i></b><br>\$40 due with registration / \$60 due at S.M.I.T.E. ( <b><i>No T-shirt</i></b> )   |
| <b>CHILDREN (Ages 5 to Level 1)</b>               | \$40<br>\$50 (Includes normal size T-Shirt; no child sizes available)<br><b><i>Must be postmarked on or before April 18, 2020</i></b>                 |
| <b>CHILDREN (Ages 4 and under)</b>                | FREE  |

**AUTHORIZATION AND AGREEMENT:**      **PLEASE COMPLETELY READ BEFORE SIGNING**

By signing this application, you are agreeing to abide by all rules and are stating you have read the S.M.I.T.E. General Information form. You also agree, should the need arise, to allow S.M.I.T.E. the ability to check your personal items. You agree to work with the staff and your peers to be a positive Christian influence on all. You understand that any violation of these rules may be grounds for you to be sent home at your own expense.

By signing below, you hereby authorize S.M.I.T.E. and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively to conduct an interview with applicant. You also release S.M.I.T.E. and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively from any liability for damages of whatever kind, which may at any time result to you, your heirs, family, or associates because of compliance with this authorization and request to release information. A copy of this authorization (if not destroyed in accordance with record retention policies) will be given to you provided you request it in writing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature (If applicant is a minor) \_\_\_\_\_ Date \_\_\_\_\_

**Please return this application with your \$40.00 registration fee to our office by April 18, 2020**  
**Please make checks payable to: S.M.I.T.E. CAMP.**

**Mailing Address:** S.M.I.T.E., P. O. Box 15828, Baton Rouge, LA 70895

**Phone:** (225) 275-0424    **Cell:** (225) 892-9637 or (225) 324-3814    **Email:** smite@centralbaptistbr.org

**NO APPLICATIONS OR WALK-INS WILL BE ACCEPTED AFTER MAY 16, 2020**

**2020 S.M.I.T.E. MEDICAL TREATMENT AND LIABILITY RELEASE  
MILLDALE BAPTIST CAMP, ZACHARY, LOUISIANA MAY 24-29, 2020**

Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ <sup>LAST</sup> Mother's Cell ( ) \_\_\_\_\_ <sup>FIRST</sup> Father's Cell ( ) \_\_\_\_\_ <sup>MIDDLE</sup>

**Emergency Contact** other than parents: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**INSURANCE INFORMATION:**

Family Insurance Company: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**LIST OF MEDICATIONS CAMPER WILL BE TAKING:**

*MUST BE IN ORIGINAL CONTAINER WITH RX ON PRESCRIPTION CONTAINER*

**Name of Medication**                      **Reason given?**              **When given**              **Dosage**              **How given?**

<u>Name of Medication</u>	<u>Reason given?</u>	<u>When given</u>	<u>Dosage</u>	<u>How given?</u>

**ALLERGIES:** If allergic to any medications, please specify: \_\_\_\_\_

**PHYSICAL LIMITATIONS:** If there are any physical limitations or instructions, please comment: \_\_\_\_\_

**REQUEST AND AUTHORIZATION TO ADMINISTER MEDICINES:** I request and authorize the S.M.I.T.E. nurse, director, or staff member to administer the medicines listed above, as indicated. In case of emergency, I request and authorize them to secure proper medical treatment for the above named person.

I hereby grant ( ) do not grant ( ) permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, Benadryl, etc.) to be given to my child if deemed appropriate during the normal camp activities.

I understand that I am responsible for accident and medical insurance if needed in route to and from S.M.I.T.E. and throughout the duration of the Institute. I freely and voluntarily fully release and hold harmless S.M.I.T.E. and Milldale Baptist Camp, its employees and regents, from any liability in the event of injury or accident to the above named person during the 2020 S.M.I.T.E. and other related activity during the summer.

Signed, parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**GENERAL INFORMATION FOR S.M.I.T.E ATTENDANTS**  
**(PLEASE READ – By signing the above application you state that you have read and agree to the following. Do not return pages 5 & 6.)**

**WARNING:** This is not a camp! It is an institute of training and evangelism. There will be no sports activities, swimming, or any activities normally associated with a youth camp. This is an institute designed for those that want to be trained in the work of the Lord, especially in the area of child evangelism.

The preaching is very direct, HOT! Those that are easily offended need not apply. We only use the King James Version of the Bible. We stand against liberalism, modernism, all forms of rock and roll, country western, contemporary, and so-called honky-tonk bar room gospel. We stand against immodest dress and contemporary styles and fads. We also stand against “dating” as is practiced in our culture. We teach and preach that young people should find the right mate through courtship, which involves both sets of parents. The typical “boyfriend/girlfriend relationships” are not allowed at this institute. Most activities will have the boys separated from the girls. In other words, if you are coming to S.M.I.T.E. to be with your boyfriend or girlfriend, you are making a BIG MISTAKE! Cell phone calls will be limited to 5 minutes per day to parents only; no text messaging to anyone, anytime under the penalty of expulsion from S.M.I.T.E. We will strictly enforce these rules.

**CONDUCT:** Young men and ladies are not allowed to touch at any time, no midnight walks, and any other behavior that is not Christ like. If you break this rule, you are OUT!

**WHAT TO BRING:** A good attitude, and a willingness to work hard, to obey orders, and to think of others. Bring a sleeping bag or sheets, pillow, blanket, towel, soap, toothpaste, deodorant, and any other general hygiene items. Bring several changes of leisure clothes for daytime and dress clothes for night services. Bring your Bible, notebook, and a pen. Bring spending money for the Canteen, Bookstore, love offerings, CDs, and S.M.I.T.E. group picture. **Please be sure to put your name on all clothes, personal items, and your Bible. (Please put your name on the front page)**

**WHAT NOT TO BRING:** No knives, radios, laptops, tablets or ear phones.

**BIBLE MEMORIZATION:** Be sure to memorize these verse before S.M.I.T.E.: Romans 3:23, 6:23; II Peter 3:18; Hebrews 9:22; Revelation 3:20; John 14:2, 3; I John 1:9. You will use them and be tested as part of your grade.

**GRADUATION REQUIREMENTS FOR S.M.I.T.E.:** In order to graduate from S.M.I.T.E., you must complete levels 1-4 class work with a minimum average score for each level of 70 percent. You must also participate in a minimum of eight (8) Bible clubs not including clubs conducted during S.M.I.T.E. camp. You may want to inquire with the office about volunteering to be a part of the Blitz team, which travels during the summer conducting Bible clubs.

**S.M.I.T.E. FEES:**      ***PLEASE NOTICE THE PRICE CHANGES***  
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### **DRESS CODE FOR MEN**

Sports shirt and appropriate pants may be worn during the day. Dress shirts and tie are required for evening services. No T-shirts with artwork unless approved by the management. No low waisted pants are allowed. Hair must be neat and well-kept and must not touch the ears, eyes, or collar. No necklaces, earrings, nose rings, or any other effeminate apparel.

If your clothing is unacceptable to your counselor or staff, you will be asked to change. Be sure you bring clothes that follow the above dress code.

### **DRESS CODE FOR LADIES**

#### **GENERAL RULES:**

1. No tight fitting, see through (sheer), low necklines, or sleeveless clothes.
2. No culottes, no mini skirts, and no pants.
3. No toe rings or anklets are allowed.
4. No T-shirts with artwork unless approved by the management.
5. Modest dresses, blouses, and skirts are to be worn:
  - a. Skirts or dresses must be worn at all times for every event.
  - b. Skirts or dresses must fully cover the knee when you sit (without pulling down on it or having to hold it in place).
  - c. Necklines should not be low and/or loose revealing cleavage.
  - d. Shirts should be long enough so no mid-drift will show when you sit, bend over, or raise your arms. All slits must be **SEWN** (not pinned)
  - e. No **hi-lo or uneven** hems will be allowed.

#### **EVENING SERVICES:**

1. No casual clothes.
2. No casual or floppy footwear will be allowed. (All shoes must have at least a strap around the back of the foot.)

#### **DRESS CHECK:**

1. Dress check consists of raising your arms, bending over, and sitting in a chair.
2. If any cleavage, cupping, mid-drift, undergarments, or parts of the knee show, it will not be approved.
3. After passing dress check, no altering your outfit or changing of clothes will be allowed.
4. If your clothing is unacceptable to your counselor or staff, you will be asked to change. Be sure to bring clothes that follow the above dress code.

#### **HELPFUL HINTS:**

1. If shirts are more than two or three fingers below your collarbone, you will see cleavage, especially when you bend forward in the mirror.
2. You can wear a high neck tank top or wear your under shirt backwards under your shirt.

3. To make sure your skirt will be approved, do a chair check and kneeling check. If your skirt puddles two inches on the floor when you kneel or is overlaying, covering your knee when you sit, it should be fine.
4. Make sure, if you wear cap sleeves, that you cannot see any part of your underarm, bra, or chest when your arms move.
5. Make sure there are no peek holes in clothes that button up.