

SUMMER MINISTRY CAMP COUNSELOR APPLICATION 2015

PERSONAL

NAME: _____ EMAIL: _____

HOME ADDRESS: _____ CELL PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

COLLEGE ATTENDING: _____

 CHECK HERE IF YOU WOULD LIKE TO RECEIVE MAILINGS AT YOUR COLLEGE ADDRESS DURING THE ACADEMIC YEAR:

YOUR ADDRESS AT COLLEGE: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SEX: M F HOME PHONE: _____

DRIVER'S LICENSE NO _____ STATE/TYPE: _____ EXPIRES: _____

BE SURE AND READ THROUGH THE COUNSELOR JOB DESCRIPTION ON PP 6-7 OF THIS APPLICATION.

STAFF TRAINING

All counselors are required to attend **Staff Training Week** on June 9-14 at Camp Dixie, Fayetteville, NC. Once again, we will have a joint training with camps from other regions. You will be paid for your time spent in training.

NEW APPLICANTS: After completing this page, please answer the questions on page 2 only.

RETURNING APPLICANTS: After completing this page, please answer the questions on page 3 only.

ALL APPLICANTS MUST COMPLETE:

1. Consumer Report/Disclosure Notification (page 4),
2. Applicant Verification and Release (page 5), and Pastor's Reference.
3. The Pastor's Reference form is available online as a separate document and should be filled out separately. The Pastor's Reference can be found by clicking "Employment Applications" under the Summer Camps drop-down menu on the home page of our website.

FOR FIRST-TIME APPLICANTS ONLY

PLEASE ANSWER THE FOLLOWING QUESTIONS, USING AN ADDITIONAL PAGE FOR THE ANSWERS IF YOU PREFER.

- What skills or strengths would you bring to the summer camp program?
- Please include your testimony and describe your present relationship with Christ.
- Why do you want to serve on a Summer Ministry Team?
- What other camp/youth work experience do you have? (Please list)

ORGANIZATION	PROGRAM	DATES	CONTACT

PASTORAL REFERENCE

A signed Pastor’s Reference form completed by your current pastor, or youth pastor is required with your application. A Reference Form is included as the last page of this application. Please make copies as needed. The form can be mailed or emailed separately or included in a sealed envelope with your application.

REFERENCES (OTHER THAN RELATIVES) A Reference Form is included as the last page of this application. Please make copies as needed. The form should be mailed or emailed separately or included in a sealed envelope with your application.

1. _____
 NAME ADDRESS PHONE

RELATIONSHIP

2. _____
 NAME ADDRESS PHONE

RELATIONSHIP

3. _____
 NAME ADDRESS PHONE

RELATIONSHIP

FOR RETURNING COUNSELOR APPLICANTS ONLY

PLEASE ANSWER THE FOLLOWING QUESTIONS, USING AN ADDITIONAL PAGE FOR THE ANSWERS IF YOU PREFER.

- Why do you want to return to serve on a Summer Ministry Team?

- What strengths do you bring to the camp setting?

- In what ways, if any, are you different or more mature than your previous summer at camp? How will that impact your work with campers?

- Are there any areas of the camp ministry in which you've not worked previously that you'd like to be involved in?

- In what ways have you seen God working in your life recently to grow you?

REFERENCES

PLEASE LIST TWO ADULT REFERENCES THAT HAVE WORKED WITH YOU IN THE LAST YEAR THAT ARE NOT RELATIVES. THE FIRST SHOULD BE YOUR CURRENT PASTOR OR ADULT SPIRITUAL MENTOR. THE SECOND SHOULD BE A TEACHER, EMPLOYER, COACH OR SIMILAR.

1. _____

NAME

ADDRESS

PHONE

RELATIONSHIP

2. _____

NAME

ADDRESS

PHONE

3

RELATIONSHIP

CONSUMER REPORT/DISCLOSURE NOTIFICATION – FOR ALL APPLICANTS

EASTERN REGIONAL ASSOCIATION

A Consumer Report may include information about your character, general reputation, personal characteristics, or mode of living. You are entitled to ask your prospective employer for a copy of your Consumer Rights under the Fair Credit Reporting Act.

RELEASE OF INFORMATION FORM

I understand that a Consumer Report or an Investigative Consumer Report as described above may be obtained. I hereby authorize a criminal background (criminal history) search which includes a search of local, state and federal courts and/or law enforcement agencies and release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information pertaining to me. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

APPLICANT'S PRINTED NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NO.: _____ **STATE:** _____

CURRENT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PREVIOUS ADDRESSES: (CITY, STATE & ZIP CODE FOR PREVIOUS SEVEN YEARS)

CITY: _____ **STATE:** _____ **ZIP:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

APPLICANT'S SIGNATURE: _____

DATE SIGNED: _____

We need your signature to be digitally or physically signed.

APPLICANT VERIFICATION AND RELEASE – FOR ALL APPLICANTS

I recognize that the Eastern Regional Association is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the Eastern Regional Association to contact any person or entities I have had contact with or that has information about me, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the Eastern Regional Association and any such person or entity from liability involving the communications of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background check if such a check is deemed necessary.

I agree to abide by all the policies and procedures of the organization, and to protect the health and safety of the children or youth at all times.

PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

TO SUBMIT VIA E-MAIL: Save a copy of your completed application to your computer and attach it in an e-mail to gtwitchell@aceasternregion.org.

TO SUBMIT VIA MAIL OR FAX: Print a copy of your completed application and mail to:

Eastern Regional Association, Post Office Box 1913, Rochester, NH 03866;

or fax to 603-332-1648

We communicate with every applicant after we receive an application. If you do not hear from us within a few days after submitting your application, please do not hesitate to call the office at (603) 332-1412.

CAMP COUNSELOR JOB DESCRIPTION

NATURE OF THE POSITION: To build relationships with campers in a residential camp setting and enhance their experience as a camper while taking responsibility for their health and well-being and guiding them towards a relationship with Christ.

QUALIFICATIONS:

1. High school graduate or equivalent, or at least 19 years of age;
2. Have a commitment to Christ, seeking to live out that commitment in their daily contact with others, demonstrating high moral and ethical behavior;
3. Demonstrate a love for children and a willingness to engage in a sacrificial investment of time and energy on their behalf;
4. Adaptability, integrity, enthusiasm, sense of humor, patience and self-control;
5. Be a team player and possess leadership qualities;
6. Participate in Staff Training Week provided by Camp Dixie;
7. Demonstrate an ability to work creatively with other staff; and
8. Be in communication with the Director of Ministry for the Eastern Region prior to camp.

RESPONSIBLE TO:

1. The camp director appointed for each week
2. The Director of Ministry for the Eastern Region.

GENERAL RESPONSIBILITIES:

1. Leadership and guidance of a cabin group of five to eight campers.
2. Participate in the general planning for the camp program in which you will be involved.
3. Have an understanding of the "Staff Training Manual" and see that all policies are upheld in the summer camp programs.
4. Have knowledge of safety and health regulations and understand your role in seeing that they are followed.
5. Supervise the activities of a Counselor-in-Training (CIT) if one is assigned to you.

SPECIFIC RESPONSIBILITIES:

1. Live with a group of five to eight campers (the number of campers in a group will be dependent on the age of the campers.). Build relationships with your campers, helping them adjust to camp life and in relationship to other campers, serving as a parent substitute for those in your care.
2. Accompany campers to all camp classes, gatherings and activities, seeing that they arrive on time, participating enthusiastically, supporting the programming and program staff, and assisting in leadership as requested.
3. Maintain good public relations with campers' parents, communicating with them on arrival and departure and throughout the week if necessary.
4. Give guidance to individual campers in regard to camp life and personal situations they may be facing.
5. Communicate with your caregiver and the camp director concerning the needs of your campers, making them aware of homesickness, disciplinary actions, and asking for assistance when necessary.

6. Guide campers in your cabin or your team, depending on the program for the week, in times of Bible study and prayer, using the materials provided for you and following the methods given to you.
7. Sit with your campers at mealtime and act as host or hostess at your dining table and setting an example in table manners.
8. Work as a team with fellow counselors, assisting them when needed for the well-being of the campers.
9. Direct the activities of the CIT under your supervision, serving as a mentor for them.
10. Recognize and take advantage of “teachable moments” as they arise during your time living in community with your campers. Be willing to share your own personal faith and encourage campers to do the same at their own level of understanding.
11. Participate in filling out evaluation forms given to you for campers, CIT’s and the program for the week of camp, taking care to submit these on time.

Application Recommendation Form

To be completed by Pastor, Teacher, Former Employer, etc.

To: _____
Name of Person Completing Form **Relationship to Applicant**

From: Eastern Regional Association, Post Office Box 1913, Rochester, NH 03866

Regarding: _____
Name of Applicant

Position sought by Candidate named above: _____

To Whom It May Concern: In order for us to properly evaluate the qualifications of this applicant, we would like you to complete this form with your honest opinions and impressions.

1. How long have you known the above individual? _____
2. In your opinion, is the above worker fully qualified to work with children and youth?
___Yes ___No (If no, explain below)
3. What concerns, if any, would you have in allowing this individual to work with children or youth? _____
4. Are you aware of anything in the candidate’s background, personality, or behavior that could in any way pose a threat to children or youth?
___Yes___No (If yes, explain below)
5. Would you recommend this person to serve in the position listed above?
___Yes___No (If no, explain below) Additional

Comments or Explanation: _____

The above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please return this form at your earliest convenience to:

Rev. Greg Twitchell, Superintendent
Eastern Regional Association
Post Office Box 1913, Rochester, NH 03866
Fax: (603) 332-1648

Thank you!