

SUMMER MINISTRIES/CAMP COUNSELOR APPLICATION 2015

PERSONAL

NAME: _____ EMAIL: _____
(first) (middle) (last)

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 TO READ THROUGH THE COUNSELOR JOB DESCRIPTION ON PAGES 5-6 OF THIS APPLICATION.

SUMMER MINISTRIES EXCHANGE PROGRAM

Summer Ministries Exchange Program: *Would you be interested in spending the summer working on a team at camps and churches in other areas of the US? Florida, New England, the Mid-West, North Carolina? Weeks and pay vary, based on location. By checking the box, you are giving your permission to have your application forwarded to other regions of the country for consideration.*

If you answered yes to the previous question, what areas would you be willing to travel to? (check all that apply)

- Camp Dixie (Fayetteville, NC) / June 7-July 10
- Appalachian Region (MD, KY, NC, VA, WV) / June 7-August 1
- Central Region (IA, IL, IN, MO, NM, OH, OK, TX, WI) / June 7-August 8
- Eastern Region (CT, MA, ME, NH, NY, VT) / June 7-August 11
- Florida / June 7-July 25

APPLICATION REQUIRMENTS & INFORMATION

- All applications must be in by **March 31st** in order for the applicant to be considered for a staff position.
- All counselors are required to attend **Staff Training Week** on June 7-12 at Camp Dixie, Fayetteville, NC.
- All applicants must be **18 years of age** by the time of training in order to be considered eligible for a staff position.

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

RETURNING APPLICANTS: You **do not** need to complete page 2.

ALL APPLICANTS MUST COMPLETE:

1. Consumer Report/Disclosure Notification (page 3)
2. Applicant Verification and Release (page 4)
3. The Pastor's Reference Form
4. The Spiritual Inventory Form

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?
- Why do you want to serve on a Summer Ministries Team?
- Have you ever traveled or been away from home and family for an extended period of time (longer than 3 weeks)?
- 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 can 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: _____

CONSUMER REPORT/DISCLOSURE NOTIFICATION – FOR ALL APPLICANTS

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 releases 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: _____
(first) (middle) (last)

SOCIAL SECURITY NO: _____ HAIR COLOR: _____

EYE COLOR: _____ DATE OF BIRTH: _____ SEX: M F

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 churches and organizations I will be serving are 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 **[Insert Conference/Region Name Here]** 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 **[Insert Conference/Region Name Here]** 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 EMAIL: Save a copy of your completed application to your computer and attach it in an email to **[Insert Contact Email Here]**.

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

[Insert Contact Address & Fax Here]

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 us at **[Insert Contact Phone Here]**.

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 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 Summer Ministries Team Director for the area in which you are serving

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 expectations for summer ministries team staff 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 set 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 your pastor, teacher, former employer, chosen reference, etc.

TO: _____
 (Name of Person Completing Form) (Relationship to Applicant)

FROM: _____
 (Name of Applicant)

POSITION SOUGHT BY APPLICANT 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 know the above individual? _____
2. In your opinion, is the above individual fully qualified to work with children and youth? Yes No
 If no, please explain: _____
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, please explain: _____

5. Would you recommend this person to serve in the position listed above? Yes No - If no, please explain: _____

By signing this form, I am acknowledging that all of the above information is true and accurate to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN THIS FORM AT YOUR EARLIEST CONVENIENCE TO:
Advent Christian General Conference
PO Box 690848, Charlotte, NC 28227