

Camp Agapé

Counselor-in-Training Application

(For 8th Grade Students)



Camp Agapé Mission:

To provide a place for children to grow and learn in a safe and encouraging

Camp Counselor Mission:

To be more like Jesus and get

Please read and understand the commitment that is involved with becoming a Camp Agapé counselor. We are looking for adults and students who want to make a difference and see their own walk with God strengthened at the same time.

QUALIFICATIONS TO BE A COUNSELOR-IN-TRAINING

A Counselor-in-Training must:

- ◆ Be a Christian. John 16:13-15
- ◆ Faithfully attend church.* Hebrews 10:25
- ◆ Regularly attend youth group.*
- ◆ Have a consistent quiet time (in the Word and in prayer)
- ◆ Demonstrate an attitude of honoring their parents and submitting to church and camp leaders. Ephesians 6:1; Hebrews 13:17; Romans 13:1
- ◆ Have a Christian walk that sets a good example to the children around them as well as friends and peers. 1 Cor. 11:1
- ◆ Be faithful, available, and teachable. John 13:15; Phil. 3:17; Matthew 11:19
- ◆ Be willing to participate in D-groups throughout the summer.
- ◆ Attend camp training May 8th AND May 23rd.**
- ◆ Attend Staff Commissioning on Sunday morning, May 23rd at 8:15 am.

*Exceptions left to the Leadership Team's discretion.

**Dates subject to change due to the school calendar and the number of snow days taken.

Materials to be Returned:

	Application Form
	Staff Commitment
	Personal Character Background
	Emergency Health Form

Please return by Sunday, April 5th to:
 Camp Agapé
 1701 S. 19th Ave.
 Bozeman, MT 59718

Important dates:
 Training: Saturday, May 14th, at 8:30 am, at the church.
 Commissioning: Sunday, May 22nd at 8:15 am at the church.
 Training: Sunday, May 22nd, starts at 12:30 pm at the church.

CAMP AGAPÉ COUNSELOR-IN-TRAINING APPLICATION

Name _____ M F
(Full First Name) (Middle Name-Required) (Last Name)

Address _____ City _____ Zip _____

Phone # (____) _____ Birthdate _____ Social Security # _____-____-_____

E-mail address _____ Home Church _____

School Attending _____ Present Yr. in School _____ T-Shirt Size (S, M, L, XL, XXL) _____

Previous Ministry Experience (briefly explain project and your responsibilities):

Extracurricular Activities and Achievements:

Hobbies, Interests:

Special Training Received:

Circle any areas of Skill/Achievement/Interest:

- | | |
|-----------------------------|---------------------|
| Music (Vocal) | Storytelling |
| Photography | Evangelism |
| Song Leading | P. E. & Recreation |
| Music (Instrumental) | Drama |
| Administration/Organization | Teaching |
| Arts and/or Crafts | Puppets |
| Science/Nature Teaching | Survival Techniques |

Explain any experience related to above marked areas:

SPIRITUAL BACKGROUND

Personal Testimony (Briefly describe your conversion. Use additional paper if needed.):

Spiritual Growth (Describe significant events in your Christian life since conversion.):

Describe any experience you have sharing your faith with non-Christians:

What do you think could be your greatest contribution **to** the Camp program?

What do you think would be your greatest gain **from** Camp?

Do you have any physical handicaps or limitations? No Yes If yes, explain: _____

Are your parents in support of your participation in this project? Yes No If no, please explain:

Please indicate below which weeks you **will** work:

- Week 1 _____ June 13-17 Week 6 ___ July 25-29
Week 2 _____ June 20-24 Week 7 ___ August 1-5
Week 3 _____ June27-July 1 Week 8 ___ August 8-12
Week 4 _____ July 11-15 Week 9 ___ August 15-19
Week 5 _____ July 18-22

ADDITIONAL REFERENCES

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Please list here three personal references. These should be people who could vouch for your moral character, personality strengths and/or work abilities.

NAME	ADDRESS & PHONE	RELATIONSHIP TO YOU

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STAFF COMMITMENT

I verify that the enclosed information on my application is accurate to the best of my knowledge. I understand that the Camp Agapé Ministry Project is a nine-week program from June 16th to August 21st, 2009. I am also willing to work 8 ½ hour days, in addition to ongoing training and ministry. I understand that Camp Agapé promises children space in camp based on the number of staff working. *I will not decrease the number of weeks I have committed to on this application after June 1st.* I understand and am willing to assume the risks inherent in the physically demanding role of camp counselor.

I commit to give myself fully to the work of the Lord and the training program so that the maximum benefit can be experienced. I also understand that I will have to wisely conduct myself and organize my time to be able to do so. I understand that as a Camp staff member, I will be a representative of the Lord Jesus Christ and the Evangelical Free Church of Bozeman. As such I am willing to order my conduct, attitudes, and activities to be above reproach. I will endeavor to interact in a Godly way with leadership, my fellow employees, parents, and children. This includes applying the word of God in areas of conflict, gossip, forgiveness, and servitude. 2 Timothy 3:16-17

CAMP DRESS CODE

<p>Male Staff</p> <ul style="list-style-type: none"> Modest earrings or body piercing Tattoos should be modest Finger and toe nails are not to be painted/colored Hair style should be conservative 	<p>Female Staff</p> <ul style="list-style-type: none"> Modest earrings or body piercing Tattoos should be modest Hair style should be conservative Modest one-piece bathing suits
<p>All Staff</p> <p>With the understanding that we are modeling Christ, all staff members will dress in clean and modest clothing. Shorts and skirts should cover the legs in a tasteful, conservative manner. Shirts must be tucked in. No style of clothes, makeup, jewelry, or any other fashion statement out of the realm of conservative standards will be appropriate for working with children. In all that we do, we desire to glorify God and present a professional appearance to the families that are entrusting their children to us this summer. The Leadership Team reserves the right to be the final judge on what is beyond the realm of acceptability during Camp. Also, we reserve the right to retroactively add to this dress code as new trends and styles arise.</p>	

I have read and understand the qualifications necessary to become a Camp Agapé staff member and believe that I qualify for this position. I have also read the Commitment Statement and Dress Code and will abide by them. I ask to be held accountable by my fellow staff members and the Camp Leadership Team to help me achieve and maintain these standards.

Staff Applicant's Signature _____ Date _____

If applicant is under age 18, please have parent/guardian must sign the following:

I give my permission for my son/daughter to participate in the Camp Agapé Ministry Project. I understand that it is an intensive summer-long training program. I also understand the risks and demands of the role of camp counselor. I give my permission for emergency medical treatment if necessary.

While I know that the Camp Director will be supervising the Summer Staff, I understand that it is my son's/daughter's responsibility to conduct himself/herself wisely and in accord with curfew laws, dress code, etc. I assume responsibility for him/her as long as Camp leadership is not negligent in the care and supervision of my child.

Parent/Guardian Name _____ Parent/Guardian Signature _____

PERSONAL CHARACTER BACKGROUND

We understand that the nature of some of the questions below is highly personal. Because you will be entrusted with small children, it is our responsibility to take every precaution on their behalf. All information will be held in strict confidence. Knowledge of past problems properly dealt with will not prevent acceptance; but discovery of dishonesty in any area may be grounds for immediate dismissal from the camp program. Thank you for your honest cooperation.

- Yes No Have you at any time used tobacco, alcohol or any controlled substances (drugs)?
- Yes No Have you ever been in trouble with school authorities or law enforcement officials?
- Yes No Have you ever been involved in serious moral problems (sexual intercourse, homosexuality, etc.)?
- Yes No Are there any other problems morally or personally that could be considered liabilities against you?
- Yes No Have you ever had serious difficulties relating with your parents?

If yes to any of the above, please explain the events, how they were resolved, and what God has taught you. (Use additional paper if needed.):

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? If so, please explain:

Were you a victim of abuse or molestation while a minor? Yes No
If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with a member of the pastoral staff rather than answer it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for children or youth work.

I further state that **I HAVE CAREFULLY READ THE FOLLOWING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement that I have read and understand.

Applicant's Signature _____ Date _____

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Camp Agapé Staff

Emergency Health Form

This form is to be completed by a parent or guardian for all participants under age 18.
This form will be copied and available on each field trip.
In case of an emergency it will be available for medical personnel.

Please **PRINT** clearly.

I give my permission for _____ to attend & participate in Camp Agape.

Signature _____ Date ____/____/____ Relationship to student _____
Parent/Guardian

Address _____
Street/ PO Box City State Zip

In case of an emergency, notify: _____ Phone: (____) _____

Other phone number if applicable (____) _____

PLEASE CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING ILLNESSES OR CONDITIONS LISTED BELOW:

Yes	No	Yes	No	Yes	No			
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy.....	<input type="checkbox"/>	<input type="checkbox"/>	Special Diet.....	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension...	<input type="checkbox"/>	<input type="checkbox"/>	Physical Disabilities.....	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/seizures.....	<input type="checkbox"/>	<input type="checkbox"/>						

Other Recurring Illnesses: _____

ALLERGIC REACTIONS (if applicable, please give reaction and treatment needed):

Insect Stings: _____ Aspirin: _____

Penicillin/Other Medications: _____ Hay Fever: _____

Other: _____

Are there any medications or treatments to be taken on trips or at camp? Yes NO If so specify: _____

PLEASE FILL OUT THE FOLLOWING

The Camp Agape staff is committed to the health and welfare of each student attending our activities. However, in case there would be need for medical care, please provide the following information about your health and accident insurance.

Name of Health and Accident Insurance Company: _____

Address: _____
Street City ST Zip

Policy Number: _____ Expiration Date ____/____/____ Year of child's last Tetanus shot: _____.

I hereby certify that _____, is in good health, free from communicable diseases, and able to participate in all the activities within Camp Agape. **IN CASE OF MEDICAL** and/or **SURGICAL EMERGENCY** or other medical attention, I hereby give permission to the trained medical staff selected by the Camp Agape staff to hospitalize and/or secure proper treatment including but not limited to injections, x-rays, or surgery for my child named above.

I understand attempts will be made to reach the parent/guardian before such steps are taken.

Parent/Guardian Signature: _____ Date ____/____/____.

THIS AGREEMENT IS SUBJECT TO ARBITRATION PURSUANT TO THE STATE OF MONTANA ARBITRATION ACT,
TITLE 27, CHAPTER 5, MONTANA CODE ANNOTATED.