

# Camp Agapé

## Returning College Staff Application



**Camp Agape Mission:**

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

**Camp Counselor Mission:**

To be more like Jesus and

Please read and be sure you understand the commitment that goes along with becoming a Camp Agapé Counselor. We are looking for adults and students who want to make a difference in others and see their own walk with God strengthened at the same time.

### QUALIFICATIONS TO BE STAFF

**Staff must:**

- ◆ Be a Christian. John 16:13-15
- ◆ Faithfully attend church.\* Hebrews 10:25
- ◆ 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 friends and peers, as well as the children around them. 1 Cor. 11:1
- ◆ Be faithful, available, and teachable. John 13:15; Phil. 3:17; Matthew 11:19
- ◆ Be willing to participate in some type of Bible study throughout the summer.
- ◆ Attend camp training, May 8<sup>th</sup> & May 23<sup>rd</sup> & May 24<sup>th</sup>.
- ◆ Attend Staff Commissioning on Sunday morning, May 23<sup>rd</sup> at 8:15 am.

\*Exceptions left to the Leadership Team's discretion.

**Important dates:**

Training: Saturday, May 14<sup>th</sup>, at 8:30 am, at the church.  
 Commissioning: Sunday, May 22<sup>nd</sup> at 8:15 am at the church.  
 Training: Sunday, May 22<sup>nd</sup>, starts at 12:30 pm at the church.

**\* Materials to be Returned:**

	Application Form
	Staff Commitment
	Personal Character Background
	Parent/Guardian Recommendation
	Personal Recommendation
	Pastor Recommendation
	Emergency Health Form

**Please return by Sunday, April <sup>th</sup> to:**

Camp Agapé  
 1701 S. 19<sup>th</sup> Ave.  
 Bozeman, MT 59718

# RETURNING COLLEGE COUNSELOR APPLICATION

Name \_\_\_\_\_ M F  
(Full First Name) (Middle Name-Required) (Last Name)

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Permanent Address & Phone (if different from above) \_\_\_\_\_

Email address \_\_\_\_\_ Home Church \_\_\_\_\_

Church Presently Attending \_\_\_\_\_

School Attending \_\_\_\_\_ Present Year in School \_\_\_\_\_ T-Shirt Size (S, M, L, XL, XXL) \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ G.P.A. \_\_\_\_\_

Ministries and extracurricular activities this past year:

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What is one major theme God has been teaching you this year?

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What are your personal goals for working at camp again this summer? (use back of page if necessary)

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Are you able to be at Camp the entire 9 weeks? Yes No If not, please indicate below which weeks you **will** be here:

Week 1 _____ June 13-17	Week 6 _____ July 25-29
Week 2 _____ June 20-24	Week 7 _____ August 1-5
Week 3 _____ June 27-July 1	Week 8 _____ August 8-12
Week 4 _____ July 11-15	Week 9 _____ August 15-19
Week 5 _____ July 18-22	

## 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 16 to August 21, 2009. I am also willing to work nine 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 May 10.* 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 my 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><b>Male Staff</b></p> <ul style="list-style-type: none"> <li>Modest earrings or body piercing</li> <li>Tattoos should be modest</li> <li>Finger and toe nails are not to be painted/colored</li> <li>Hair style should be conservative</li> <li>Modest bathing suits</li> </ul>	<p><b>Female Staff</b></p> <ul style="list-style-type: none"> <li>Modest earrings or body piercing</li> <li>Tattoos should be modest</li> <li>Hair style should be conservative</li> <li>Modest one-piece bathing suits</li> </ul>
<p><b>All Staff</b></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 \_\_\_\_\_

# 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 struggled at any time with 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 terminated from a job?
- 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.):

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

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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.*

Do you have a current driver's license? Yes No  
If yes, please list your license number (and state)\_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby request the appropriate State Police Department to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said Police Department from any and all liability resulting from such disclosure.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Camp Agapé College Staff Emergency Health Form

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

**Please print clearly or type.**

Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street/ PO Box
City
State
Zip

In case of an emergency, notify: \_\_\_\_\_ ICE 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
State
Zip

Policy Number: \_\_\_\_\_ Expiration Date / / Year of 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.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_.

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