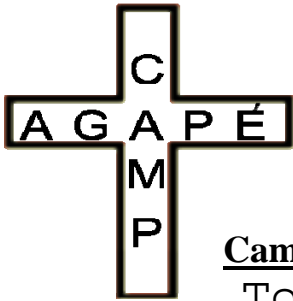


# Camp Agapé

## Returning High School Counselor Application

(For 9<sup>th</sup> – 12<sup>th</sup> Grade Students)



**Camp Agape 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 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 A COUNSELOR

**A Counselor 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 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> AND May 23<sup>rd</sup>.
- ◆ Attend Staff Commissioning on Sunday morning, May 23<sup>rd</sup> at 8:15 am.

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

### Materials to be Returned:

	Application Form
	Staff Commitment
	Personal Character Background
	Emergency Health Form

**Please return by Sunday, April 5<sup>th</sup> to:**

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

**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.

# RETURNING HIGH SCHOOL COUNSELOR APPLICATION

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Ministries and extracurricular activities this past year:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What has God been teaching you this year?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle any areas of Skill/Achievement/Interest that you would like to work on this summer.

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

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 June 1<sup>st</sup>.* 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 this 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

<b>Male Staff</b> Modest earrings or body piercing Tattoos should be modest Finger and toe nails are not to be painted/colored Hair style should be conservative Modest bathing suit	<b>Female Staff</b> Modest earrings or body piercing Tattoos should be modest Hair style should be conservative Modest one-piece bathing suits
<b>All Staff</b> 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. 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.	

**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.**

Counselor 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/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 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 it's 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

## 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.