



Christian Church (Disciples of Christ) in Georgia  
**2019 Counselor in Training Application**

For youth who have completed grade 10, 11 & 12

Use INK to complete form in its entirety.

**WE PREFER YOU FILL OUT THE ON-LINE APPLICATION ON THE WEBSITE UNLESS NOT POSSIBLE**

Full Name (last, First/Name Called)	Date of Birth	Age/Grade Completed 06/19
Home Address		City, State, Zip
Parent Name/ Home/Cell Phone	CIT Cell Phone	T Shirt Size
Parent Email Address	CIT Email address	
Home Church/City	Minister's Signature	

Please check areas of experience, certifications, etc. that apply to you. **Star \*** those you would share at camp.

	<b>Sunday School Helper</b>		<b>VBS helper</b>		<b>CPR</b>		<b>First Responder</b>
	<b>Lifeguard certified</b>		<b>Recreation Leader</b>		<b>Play musical instrument</b>		<b>Giving Back Projects for Camp</b>
<b>CIT Counselor at Camp Christian (List all age groups/years Note if there is other camp experience)</b>							
	<b>Crafts</b>		<b>Storytelling</b>		<b>Drama</b>		<b>other</b>

2019 EMERGENCY INFORMATION PLEASE PROVIDE MEDICAL HISTORY. Note conditions that CIT has/write in the medication to be taken and brought to camp. (i.e. asthma: albuterol inhaler: 1 x a day)

**Last date/year a tetanus shot was administered** \_\_\_\_\_

Condition	Symptoms	Medication and dosage
Asthma		
ADD/ADHD		
Allergies (seasonal) Bees, Nut Allergy		
Special Food Needs ie; vegetarian, gluten free, lactose intolerant etc. (Food from Home cannot be brought to camp)		
Other Concerns (i.e.		
Anxiety/depression		
Physical Restrictions		
Non Prescription Medicines		

**Please list 2 other contacts and their contact information in the event we cannot reach you:**

**Name/relationship/phone number** \_\_\_\_\_

**Name/relationship/phone number** \_\_\_\_\_

**SIGNATURE, AGREEMENT AND RELEASE:**

In case of emergency, I hereby give permission to the physician selected by the camp director to hospitalize, order injections, anesthesia or surgery for the child named above in order to secure necessary, proper medical care. I understand that I will be contacted immediately in the event that something unforeseen happens that needs my attention. I release the camp management and director in charge from all responsibilities in case of sickness or accident occurring during camp.

The Christian Churches in Georgia provides insurance on a secondary or "excess" basis. This means that if the injured party has other valid coverage, that coverage pays first and Camp insurance pays what the family's insurance does not pay. If the family has no other coverage, then Camp insurance will be primary coverage up to its limits. I further understand that the camp management and director are not responsible for any medical expenses beyond the insurance policies coverage which is limited to illnesses and accidents which occur at camp and excludes pre-existing conditions. I have provided proof of insurance to the camp.

**\*\*REGIONAL POLICY IS THAT YOUTH ARE NOT ALLOWED TO DRIVE TO AND FROM CAMP.  
\*\* ATTENDANCE FOR THE ENTIRE CAMP SESSION IS EXPECTED**

"Camp Christian is not licensed and is not required to be licensed by the state."

Please attach a photocopy of your insurance card to this application!

\_\_\_\_\_  
Signature of Parent/Guardian  
(Signature required regardless of age of camper)

Rank the camp(s) in the order in which you wish to serve (1, 2). A different application is required to serve at Camp OASIS. If you use this form it will be returned to you. Please note you may apply for more than one camp but may serve no more than one and Balaam and it could be either or if many applications are received. Dates include day of preparation before campers arrive. If you are selected to counsel at one of the camps you have selected, the director of the camp will notify you.

Camp	Counselor Dates	Grades Complete	Counselor in Training Requirement	Rank Here
Chrysalis	July 14-17	1 <sup>st</sup> or 2nd	Completed grades 10, 11, 12	
Junior	July 14-19	3 <sup>rd</sup> , 4 <sup>th</sup> , 5th	Completed grades 10, 11, 12	

**Verification of Insurance**

\_\_\_\_\_  
Parent/Guardian/Caregiver name, address, phone number

\_\_\_\_\_  
Name of Insurance Company, Address and Telephone Number

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Member ID

**References (one must be your minister) Please give the accompanying Reference Forms to your references and ask them to forward the form to the Christian Church (Disciples of Christ) in Georgia**

\_\_\_\_\_  
Minister's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
email

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
email

**Photography and Publicity Permission Form**

Every camp experience includes a group photograph which is given to all participants, used in a camp display, and posted on our web site. Your signature indicates your permission for individual and small group pictures or videos of your youth or child to be taken, posted on our website or used in publicity brochures and posters for future camps We will also have a Facebook page.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

The Directors of camps (with input from Regional Director) will select the counselors. The decision will be based on information provided on this application form and other information they ascertain. No more than two Counselors in Training will be selected to serve along with the adult counselors, at the above listed camps with the exception of OASIS.

**Please make sure all pages of this form are completed and returned by March 18, 2019.**

**Christian Church (DOC) in Georgia  
2370 Vineville Avenue  
Macon, GA 31204**

**If you have questions, please contact: camp@gadisciples.org  
Marilyn Parks or Pam Van Dusen (monitored daily)**

## CAMP 2019

### CHRISTIAN CHURCH (DISCIPLES OF CHRIST) IN GEORGIA COVENANT **COUNSELOR IN TRAINING**

**Please sign this covenant to indicate you have read it You will be serving as a role model.**

**PARENTS are also asked to read and sign indicating their agreement to the covenant.**

I will come to camp expecting to grow in my faith and in relationship with others, becoming a special part of the camp community. I covenant to follow all the rules and guidelines set by the Christian Church in Georgia, OMAT, and any others set for this event. With this, I commit myself to:

- Be on time/attend/be attentive for all camp activities and participate in them fully. **Be inclusive** at all times.
- Have fun, report **any safety concern to a director or counselor and abide by the curfew set by my camp**
- Be an active participant in all total group and small group activities.
- Respect others regardless of age, gender, or race and to respect others' feelings and thoughts.
- Cooperate with the counselors, keynoter, director and other staff members at all times.
- Learn what it means to be one of Jesus' servants and learn about God and share it with my family and others.
- Be respectful of God's beauty in this special place and only leave footprints behind

**Please sign this covenant to indicate you have read it or had it read to you and agree to it.**

### **THE CHRISTIAN CHURCH in GEORGIA POLICIES and OMAT POLICIES include:**

- ✠ My responsibilities as a Counselor in Training will be to nurture and guide.
- ✠ I will assist with a cabin/sleeping area of 6 to 11 campers on a 24 hour basis for the entire length of the camp and will assist with small group and other activities as assigned by the co-directors.
- ✠ Caring for the campers will be my first priority while at camp.
- ✠ I will maintain and support the standards set by OMAT and the Directors.
- ✠ The Christian Church (Disciples of Christ) in Georgia does not publish a dress code. We expect that everyone will dress appropriately for a Christian camping environment. One-piece swim suits are recommended for modesty. **BIKINIS AND THONGS and SHORT SHORTS ARE CONSIDERED INAPPROPRIATE.**
- ✠ Participants are expected to remain for the entire event. No one should expect to arrive late or leave early.
- ✠ Stewardship of camp property is important. Camp must be left in as good or better shape than it was found upon arrival. Repair of damage to property will be paid by the person(s) responsible.
- ✠ Food and drink (except water) must be kept out of the cabin area and Woodland
- ✠ Cabins and sleeping areas are off limits to members of the opposite sex. (The directors say to stay at least 23.5 feet away.)
- ✠ Offensive, insensitive and foul language is not acceptable.
- ✠ Events for youth in Georgia are tobacco free.
- ✠ Possession or use of intoxicating beverages or illegal drugs, fireworks or firearms is prohibited. Violators will be sent home at parents' expense and you will be excluded from future events.
- ✠ Use of electronic devices by CIT'S is not permitted. (Please leave these at home-these can be distractions to the camp experience.)
- ✠ Cell Phones are not permitted. If you need one coming/going to camp – You must turn in to the directors.
- ✠ No writing on any surface. Including villas, porches, cabins and on mattresses including Woodland
- ✠ No Swimming or Jumping into the Lake.
- ✠ Pranks are not tolerated at Camp Christian. Those who are involved in such will be sent home.
- ✠ Shoes are to be worn at all times when not in the swimming pool. CIT'S should wear closed toed shoes to avoid hazards.
- ✠ **Youth participating as counselors in training are not permitted to drive to/from camp. Arrangements should be made with your church for transportation.**

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**Counselor in Training Signature/ Date**

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**Parent/Guardian Signature/ Date**

(must be signed regardless of participant's age) **Please read your child's covenant before signing.**

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**Minister's Signature**

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**Date**

**This covenant must be returned with your completed application to be processed.  
Deadline for application is March 18, 2019**

**DIRECTOR/CAMP COUNSELOR/ COUNSELOR IN TRAINING REFERENCE FORM**  
**Please Return to: Christian Church in Georgia, 2370 Vineville Avenue, Macon, GA 31204**

Name and Address  
of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Name and Address or  
Phone Number of  
Reference: \_\_\_\_\_  
\_\_\_\_\_

The above named has applied to serve as a director, counselor or counselor in training in the outdoor ministry of the Christian Church (Disciples of Christ) in Georgia and has given your name as a character reference. Please answer the following questions to the best of your ability. This information is kept confidential. Thank you for your time.

How long have you known the applicant? How do you know him/her? \_\_\_\_\_  
\_\_\_\_\_

What are the applicant's strong points? What are his/her special gifts? \_\_\_\_\_  
\_\_\_\_\_

Difficulty getting along with others? \_\_\_\_\_  
\_\_\_\_\_

Do you know of any problems the applicant has that would affect his/her leadership with youth? \_\_\_\_\_  
\_\_\_\_\_

To your knowledge:  
Has the applicant ever sexually molested a child or youth and/or been charged or arrested for that crime?  Yes  No

Does the applicant have a chemical dependency of any kind?  Yes  No

Does the applicant have any serious mental or physical problems which might interfere with their effectiveness as a staff member?  Yes  No

Would you entrust the care of your child to the applicant?  Yes  No

(An affirmative answer to any of these questions may require further discussion, but please answer honestly.)

**BECAUSE OF OUR COMMITMENT TO THE CARE OF CHILDREN AND YOUTH IT IS VERY IMPORTANT THAT THEY BE PROTECTED IN ALL ASPECTS.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reference Signature