



Christian Church (Disciples of Christ) in Georgia
Adult Director/Counselor Application 2019
WE PREFER YOU FILL OUT THE ON-LINE APPLICATION ON THE WEBSITE

Use Ink to Complete

Full Name (last, First/Name Called)	Date of Birth	Age
Home Address	City, State, Zip	
Home Phone	Cell Phone	Occupation
T-Shirt Size	Email address	
Home Church	City	

Please check all areas of experience, certifications, etc that apply **Star** * those you would share at camp.
 Feel free to add others.

	Youth Sponsor		Children's Sponsor		Sunday School Teacher		Bible Study Training
	Small Group Leader		VBS Teacher/Leader		Public/Private School/Pre School Teacher		Minister/Keynote (circle one or both)
	Camp Counselor at Camp Christian (<u>List all age groups/years</u> Note other camp experience)						
	CPR		First Responder		Lifeguard certified		Recreation Leader
	Crafts		Storytelling		Drama		Nature Study
	Worship Coordinator/leader		Play musical instrument – what kind		Music Leader/Assist		Giving Back Projects for Camp

Please check the camps/conference you would like to serve this summer by numbering them in order from 1st choice, 2nd, 3rd, etc. If there is only one you are interested in, just select it. Dates include day of preparation for some camps before campers arrive. If you are selected to counsel, you will be notified. Please note, not everyone can be chosen due to finances and camper/counselor ratio.

Counselor Dates for Camp	Grade campers have completed	Counselor Requirements	I'd like to serve
CYF Conference June 9-15	10 th , 11 th , 12 th	MUST BE 23 or older	
Chi Rho June 16-21	6 th 7 th	MUST BE 21 or older	
Mid High June 23-June 28	8 th , 9 th	MUST BE 21 or older	
Junior July 14-19	3 rd , 4 th , 5 th	MUST BE 19 or older *	
Chrysalis July 14-117	1 st 2 nd	MUST BE 19 or older*	
OASIS June 30-July 3	3 rd , 4 th , 5 th	MUST BE 23 or older* Chosen at director discretion	

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
Marilyn Parks or Pam Van Dusen at
campoffice@gadisciples.org

Please provide 2 references and phone number/emails. Thank you

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 GA

Minister	Phone Number	Email
Name	Phone Number	Email

Signature, Agreement and Medical 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 myself in order to secure necessary, proper medical care. 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 provide 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.

Signature	Date
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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		
	Other Concerns		
	Anxiety/depression		
	Physical Restrictions		
	Non Prescription Medicines		

Emergency Contact: (please provide 2)

Name	Phone Number(s)
Name	Phone Number(s)

Verification of Insurance

Parent/Guardian/Caregiver Name, Address, Phone Number

Name of Insurance Company, Address and Telephone Number

Member Name

Member ID

Include a copy of both sides of your insurance card if you have one

Background Check Authorization

I understand that a background check is required for me to participate as a counselor. I hereby authorize Choice Point Services Inc. on behalf of the Christian Church (Disciples of Christ) in Georgia to procure a background check consumer report. This report may be compiled with information from courts record repositories, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation or personal characteristics.

Applicants Signature

Date

Print Your Legal Name

Date of birth

Social Security Number

State of Driver's License and Number

*If you are not comfortable sending in your SS# in the mail, please call the Administrative Assistant at the Regional Office.

My signature below certifies that I have never been accused or convicted of any kind of child abuse or sexual abuse.

Signature

Date

Thank you again and please mail your applications to the regional office at:

Christian Church (DOC) in GA
2370 Vineville Avenue
Macon, GA 31204
Attn: Camp Counselor Application

CAMP 2019

CHRISTIAN CHURCH (DOC) IN GEORGIA COVENANT Directors, Counselors
Please sign this covenant after you have read it. You will be serving as a role model.

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

- Be on time/attend/be attentive for all camp activities and participate in them fully. **Be inclusive** at all times.
- Have fun and make sure everyone else has a great time. I will be myself and open to making new friends.
- Report any safety concern immediately
- 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

THE CHRISTIAN CHURCH in GEORGIA POLICIES and OMAT POLICIES include:

- ✚ My responsibilities as a Director or Counselor will be to nurture and guide.
- ✚ I will be responsible for a cabin/sleeping area of 5 to 11 campers/conferees on a 24-hour basis for the entire length of the camp and will be with the camper/conferees in the cabin/sleeping area after lights out.
- ✚ Caring for the campers/conferees 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/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, firearms, fireworks is prohibited. Violators will be sent home at parents'/one's own expense and you will be excluded from future events.
- ✚ Use of electronic devices 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 please turn in to the director at registration
- ✚ 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. Campers, counselors in training, counselors, directors and other adults should wear closed toed shoes to avoid hazards.

Counselor/Director Signature

Date

Minister's Signature

Date

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 you 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

Date

This covenant and release must be signed and returned with your completed application to be processed.

DIRECTOR/CAMP COUNSELOR 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 Yes No
and/or been charged or arrested for that crime?

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

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

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