

# Counselor in Training Application

Camp Alexander Mack, Inc.  
PO Box 158, Milford, IN 46542  
574-658-4831 [www.campmack.org](http://www.campmack.org)

Thank you for applying to be a Counselor in Training this summer at Camp Mack, a Camp and Retreat Center. Our ministry continues because of people like you. Please complete the following information and send to Jessie Kreider along with a \$50 tuition fee.

**CAMP:** \_\_\_ Beginners \_\_\_ Samplers \_\_\_ Seekers \_\_\_ Finders

**DATE:** First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ CLASS IN FALL: \_\_\_\_\_

GENDER: Male \_\_\_ Female \_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

CONGREGATION ATTENDING OR MEMBERSHIP \_\_\_\_\_

PASTOR: \_\_\_\_\_ EMAIL: \_\_\_\_\_

***Camping Experience:***

1. Camp Mack: \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Years attended

2. Other Camp: Name \_\_\_\_\_ Years attended

3. \_\_\_\_\_

4. \_\_\_\_\_

***Other Related Leadership or Work Experience:***

Leadership Experience \_\_\_\_\_

Work or volunteer experience \_\_\_\_\_

***Camp Skills:*** Use one check to indicate those skills that you have. Use two checks to indicate those you can lead or teach.

\_\_\_ Vespers                      \_\_\_ Cookouts                      \_\_\_ Cabin Devotions                      \_\_\_ Belay Skills

\_\_\_ Recreation                      \_\_\_ Hiking                      \_\_\_ Boating

\_\_\_ Canoeing                      \_\_\_ Singing                      \_\_\_ Lanyard

\_\_\_ Crafts                      \_\_\_ Bible Study                      \_\_\_ other \_\_\_\_\_

**References:** Please give the name, address and phone number of two persons, not relatives. In addition, please give the pastor reference form to your pastor.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Capacity in which this person has known you: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Capacity in which this person has known you: \_\_\_\_\_

**Please write a brief statement on the following:** (Please use an additional page if necessary)

1. Why do you wish to be a counselor in training?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe your faith journey and your relationship with Jesus Christ.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you feel you can contribute to the Camp Mack summer experience for children?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***MEDICAL AND EMERGENCY INFORMATION:***

Please list information about allergic reactions, medication, diabetes, convulsions, and other physical considerations that should be known in case medical treatment is necessary while at camp.

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Please list any food related restrictions or needs (Allergies, Special Dietary needs, Type of Vegetarian, etc...)

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What are the physical, mental, emotional, and medical restrictions you currently experience?

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In case of an emergency notify: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

***SOCIAL NETWORKING SITES***

With the increased use of social networking sites (Facebook, Twitter, etc...), we reserve the right to check an individual's site as part of the reference check.

Do you have a site? \_\_\_\_\_ yes \_\_\_\_\_ no Site address: \_\_\_\_\_



# CIT APPLICATION

## AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, \_\_\_\_\_ attest that in relation to crimes against children, I have not:

(First Name, Middle Initial, Last Name)

- Been convicted of a violent crime or crimes against children,
- Been adjudged liable for civil penalties or damages,
- Had a court order or domestic order or protection,
- Had parental rights terminated.

I authorize Camp Mack to receive information from any law-enforcement agency, including police departments and sheriff's departments, of this state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee, and that I expressly **DO NOT** authorize Camp Mack, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation. I am aware that a prior conviction will not necessarily bar me from employment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Signature of applicant)

Social Security # \_\_\_\_\_ DL # \_\_\_\_\_ DOB \_\_\_\_\_

### Office Use Only

I have completed the Background Investigation of this applicant. The applicant's record \_\_\_ qualifies \_\_\_ disqualifies the applicant for volunteering.

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

### Applicant's Statement

The information that I have provided is correct to the best of my knowledge. I authorize any references or churches listed to provide any information that they may have regarding my character and fitness for children/youth work. I release all such references from liability for any damages that may result from furnishing such evaluation. I agree to support and uphold the mission of Camp Mack. I also agree to operate under the policies and procedures of Camp Mack. I authorize Camp Alexander Mack Inc. to photograph me and/or members of my family and to use such photographs for the purpose of promotion, publicity, historical record, group photos and the like.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENTAL CONSENT:

If the applicant is under the age of 18 at the time this application is completed, we must have the signature of a parent or legal guardian. This signature acknowledges that the parent/legal guardian is aware of their child's/ward's intent to volunteer at Camp Mack. This signature also grants the Executive Director authority, in the event of a health related emergency, to secure proper treatment should such occasion occur.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_



