



**Camp Alexander Mack, Inc.
Counselor/Team Leader Application**

PO Box 158

Milford, IN 46542

Phone: (574) 658-4831 Fax: (574) 658-4765

E-mail: info@campmack.org Website: www.campmack.org

Thank you for applying to be a Team Leader/ Counselor in ministry this summer at Camp Mack, Retreat and Conference Center. Our ministry continues because of people like you. In order to safeguard the well-being of participants served, Camp Mack will investigate the accuracy of the data provided in the application process for all volunteers. This investigation will include, but is not limited to, reference checks with past employers, educational institutions, volunteer organizations, civic groups, and law-enforcement agencies. This information will be used only for purposes of evaluating personnel for Camp Mack.

Please complete the following application as complete as possible.

NAME: _____ PHONE: _____

STREET: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ AGE: _____ DOB: _____ SHIRT SIZE: _____

OCCUPATION _____ GENDER: Male Female _____

CONGREGATION ATTENDING OR MEMBERSHIP _____

PASTOR _____ PHONE _____ - _____ - _____

EMAIL _____

WHAT MOTIVATES YOU TO VOLUNTEER AT CAMP MACK?

CAMP CHOICES - FOR COUNSELOR/TEAM LEADER – (Check One or More)

Beginners _____ Samplers _____ Seekers _____ Finders _____ Followers _____
Culinary _____ Splash _____ Archery _____ Creative Arts _____ Eco-Adventure _____
Survivor _____ Daddirri _____ Pedal & Paddle _____ Dune Challenge _____

DATE CHOICE - FOR ALL POSITIONS

First Choice _____ Second Choice _____

Office Use

Date Received _____ Date Processed _____ References Checked _____

Background Investigation Completed _____ Confirmation Sent _____

Your answers in these areas will help us support you.

SKILLS: On a scale of 1 to 6 (1 being **low** and 6 being **high**).

1. Rate yourself on skill level and comfort leading activities 1__ 2__ 3__ 4__ 5__ 6__

List activities such as sports, games, music, group dynamics, drama, or crafts you are skilled at leading.

2. Rate yourself in the area of *Spiritual Encouragement* 1__ 2__ 3__ 4__ 5__ 6__

What gifts do you have in this area? _____

3. In what ways do you desire to share your faith with campers? _____

4. List past camping experiences and responsibilities. _____

5. List previous Church work involving children and youth. (Identify church and type of work).

6. List previous work outside the church involving youth and children.

7. List any gifts, callings, training, education, or other factors that have prepared you or will be helpful for you in children/youth work.

8. Have you any physical handicaps or conditions preventing you from performing certain types of activities relating to youth or children work? No ___ Yes ___

If yes, please explain: _____

REFERENCES (No Relatives Please)

(1) NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ - _____ - _____

(2) NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ - _____ - _____

VOLUNTEER HISTORY: If no volunteer history, check N/A _____ N/A

(1) Organization _____ Location _____

Phone _____ Responsibilities _____

Supervisor _____

Dates volunteered: from _____ to _____

(2) Organization _____ Location _____

Phone _____ Responsibilities _____

Supervisor _____

Dates volunteered: from _____ to _____

SOCIAL NETWORKING SITES

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

Do you have a site? _____ yes _____ no Site address: _____

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.

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

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

In case of an emergency notify _____

Relationship to you: _____ Phone: (____) _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

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Reference Checks

Person Making Contact _____ Date _____

Reference Checked _____

Tell us about the applicant _____

Person Making Contact _____ Date _____

Reference Checked _____

Tell us about the applicant _____

COUNSELOR/TEAM LEADER 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 _____

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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

I certify that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal. 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 as stated above. 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 as parent/legal guardian I am aware of my child's/ward's intent to volunteer at Camp Mack.

Signature: _____ Relationship: _____ Date _____