

Counselor in Training Application
Camp Alexander Mack
PO Box 158
Milford IN 46542

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 Curt Rowland along with a \$50 registration fee.

CAMP: _____ Beginner _____ Sampler _____ Seeker _____ Finder
DATE: First Choice _____ Second Choice _____

NAME: _____ E-MAIL _____

STREET: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF PARENT OR GUARDIAN: _____

SCHOOL ATTENDING: _____ CLASS IN FALL: _____

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 ___ Cook outs ___ 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 you wish to be a counselor in training?

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

3. What 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.

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

In case of an emergency notify: _____

Relationship to you: _____ Phone: (____) _____

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 In. 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: _____

AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, _____ attest that I have not been convicted of a violent crime or crimes against children. 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

SOCIAL NETWORKING SITES

With the increased use of social networking sites (Facebook, Myspace, 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: _____

