

East Tennessee Youth Camp Commission
Volunteer Counselor or Counselor-in-Training Application

The East TN Camp Commission is committed to providing campers with a Christ-centered camp of the highest quality. Counselors must have a genuine relationship with the Lord Jesus Christ and must be patient with children and teenagers. Counselors-in-Training must have the same characteristics and are also expected to support and cooperate with their adult counselor and behave maturely. Please complete this application and give the recommendation form to your pastor to complete and mail. All applications will be treated in confidence and seen only by appropriate members of the East TN Camp Commission and camp directors. The children of those who are staff at camp and CITs at Junior Camp will receive a \$25 discount to attend camp. Thank you and God bless!

Applications must be received with pastor recommendation by May 15th for both camps. No counselor will be allowed to stay without the completed application. This includes the pastor's recommendation AND a Permission to Obtain a Background

Check for counselors ages 18 and over. We will notify you if your application is accepted.

Please send your completed application to:

Leanne Kirk 355 Holly Creek Road Greeneville, TN 37745

Counselors for Junior Camp and Junior High Camp must be at least 18 years or older. Counselors for Senior High Camp must be at least 21 years or older. CITs (counselors-in-training) may serve only at Junior (13-17years old) or Junior High Camp (15-17 years old)

Please check all that apply.

I am applying for a position as a _____ Counselor at Junior Camp **OR** _____ Counselor in training (CIT) June 8-12
_____ Counselor at Junior High Camp **OR** _____ Counselor in training (CIT) June 15-19
_____ Counselor at Senior High Camp June 22-26

Circle your T-shirt size (all sizes adult): Small Medium Large X-Large 2XL 3XL

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ e-mail _____

Primary Phone Number (include area code): _____

Alternative Phone Number (i.e. cell phone or work phone): _____

Gender: _____ Age: _____ Occupation: _____

Emergency Contact Information

Name of Contact: _____ Relationship: _____

Phone Number: _____ Alternative Phone Number: _____

Church Information

Home Church: _____

Pastor: _____ Phone Number: _____

Medical Information

Indicate your current level of health: Excellent Good Fair Poor

List all known allergies: _____

Activities in which you cannot participate: _____

Special Dietary Needs: _____

Medical Insurance Provider, Policy Holder, and Policy Number:

I authorize the release of medical records in the case of illness or accident. In case of any medical emergencies, I understand that every effort will be made to contact my identified emergency contact. In the event the emergency contact cannot be reached, I hereby give permission to the East TN Youth Camp directors or staff to hospitalize, secure proper treatment, and to authorize anesthesia or surgery.

Signature and Date (parent's signature required if under 18): _____

REQUIRED: Notary Signature and Date (if under 18): _____

Counselor or Counselor in Training Additional Background Information

Church Camp Experience

Have you ever been a camper at camp? If so, when and where? _____

Have you ever been a counselor or director at a camp? If so, when and where?

Why do you want to be a counselor? _____

Leadership Interests

What are your leadership interests? (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Morning Devotions | <input type="checkbox"/> Small group discussion |
| <input type="checkbox"/> Bible study/lesson | <input type="checkbox"/> Concessions | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Prayer in Public | <input type="checkbox"/> Large group games or activities | <input type="checkbox"/> Skits or drama |
| <input type="checkbox"/> Prayer in Small groups | <input type="checkbox"/> Small group games or activities | <input type="checkbox"/> Sports |

Church Involvement

To ensure strong Christian leadership for our camps, counselors are expected to be regular worshippers and active in other ministries of the church. Please describe your involvement in your home church.

Your Faith and Everyday Life

Please tell us about your Christian journey and how your faith in Jesus Christ affects your everyday life.

Counselor Agreement

Please read and initial each of the following statements.

As a counselor, I agree to:

- | | |
|--|---|
| <input type="checkbox"/> show love to all the campers and the camp staff | <input type="checkbox"/> serve God as a counselor to the best of my ability |
| <input type="checkbox"/> put the campers' needs above my own desires | using my gifts and talents God has given me |
| <input type="checkbox"/> treat every individual at the camp with respect | <input type="checkbox"/> communicate my faith in Jesus Christ as Lord and |
| <input type="checkbox"/> abide by camp rules | Savior through my words and actions |

Signature of Counselor: _____ Date: _____

Parent's Signature (if under 18): _____ Date: _____

If you know the names of others who would be interested in being a camp counselor, please list their name and phone number below.

East Tennessee Youth Camp Commission Volunteer Counselor or Counselor-in-Training Pastor Recommendation Form

The East Tennessee Youth Camp Commission is committed to providing campers with a Christ-centered camp of the highest quality. The key to making every camp a great one comes from the leadership provided by volunteer counselors. Counseling at camp is both a highly rewarding and highly demanding opportunity to serve Jesus Christ. The Camp Commission considers the quality of the camp leadership to be by far the most important element affecting a camper's experience.

Please take a few minutes to complete this counselor recommendation completely and honestly. This evaluation is completely confidential and will only be seen by appropriate members of the East Tennessee Youth Camp Commission and the Camp Directors.

Applications must be received with pastor recommendation by May 15th for both camps. No counselor will be allowed to stay without the completed application. This includes the pastor's recommendation AND a Permission to Obtain a Background Check for counselors ages 18 and over.

Pastors, please place the recommendation in an envelope and sign your name across the seal. All recommendations should be mailed to: Amy Luttrell, Camp Commission, 401 Mount Bethel Road Greeneville, TN 37745.

APPLICANT INFORMATION

Applicant should complete this section before giving the form to his/her Pastor to complete and mail.

Applicant's Name: _____

Please check all that apply.

I am applying for a position as a _____ Counselor at Junior Camp **OR** _____ Counselor in training (CIT) May 30-June 2
 _____ Counselor at Junior High Camp **OR** _____ Counselor in training (CIT) June 4-June 8
 _____ Counselor at Senior High Camp June 11-June 15

PASTOR'S RECOMMENDATION

Name of Person Completing this Recommendation: _____

Church: _____ Position: _____

Phone Number: _____ How long have you known the applicant? _____

Please offer a brief assessment of the applicant in the following areas on a scale of 1 to 10 (1 lowest, 10 highest):

Living their Christian Faith 1 2 3 4 5 6 7 8 9 10

Comments: _____

Communicating their Christian Faith 1 2 3 4 5 6 7 8 9 10

Comments: _____

Connecting with Children/Youth 1 2 3 4 5 6 7 8 9 10

Comments: _____

Following through on Assignments 1 2 3 4 5 6 7 8 9 10

Comments: _____

Working as a Part of a Team 1 2 3 4 5 6 7 8 9 10

Comments: _____

Decision Making/Judgment 1 2 3 4 5 6 7 8 9 10

Comments: _____

Maturity to be a Counselor 1 2 3 4 5 6 7 8 9 10

Comments: _____

Enthusiasm 1 2 3 4 5 6 7 8 9 10

Comments: _____

Please check one of the following:

_____ I recommend this person as a camp counselor or CIT _____ I do not recommend this person as a camp counselor or CIT

Signature: _____ Date: _____

Permission to Obtain a Background Check

This form authorizes the East TN Youth Camp Commission to obtain background information and must be completed by the applicant. The Youth Camp Commission must keep this completed form on file for at least five years after requesting a background check.

I, the undersigned applicant (also known as “consumer”), authorize the East TN Campground Association and East TN Youth Camp Commission through its independent contractor, Lexis Nexis, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to the East TN Campground Association, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Identifying Information for Background Information Agency (also known as “Consumer Reporting Agency”)

Print Name: _____

First

Middle

Last

Other names used (alias, maiden, nickname): _____

Current Address: _____

Street/P.O. Box

City

State

Zip Code

County

Dates

Former Address: _____

Street/P.O. Box

City

State

Zip Code

County

Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver’s License Number: _____ State of Issuance: _____ Date of Birth: _____ Gender: _____