



**Commission on Camps and Conferences**  
**Christian Church (Disciples of Christ) in Indiana**  
 1100 W. 42<sup>ND</sup> St., Suite 150  
 Indianapolis, Indiana 46208-3375  
 Phone: 317.926.6051 Fax: 317.931.2034  
[www.indianadisciples.org](http://www.indianadisciples.org)



**Geneva Retreat, Camp and Conference Center**  
 5282 N. Old US Hwy 31  
 Rochester, Indiana 46975  
 Phone: (574) 223-6915  
[www.genevacenter.org](http://www.genevacenter.org)

Today's Date: \_\_\_\_\_

Application for: Counselor \_\_\_\_\_ Director \_\_\_\_\_ Nurse \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ (Must include to process background check.)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Please include area code

Congregation: \_\_\_\_\_ City: \_\_\_\_\_

**Pastor's Statement:** This candidate regularly participates in the life of our congregation, and I believe has the leadership skills necessary for serving in the regional camp program. To my knowledge, this person has never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor.

(Signature of Pastor—REQUIRED) \_\_\_\_\_

Age level/grades of campers with whom I prefer counseling: (check as many as apply)

**You & Me Camp**  
 (ages 5 and up with an adult)

**New Beginnings Camp**  
 (completed grades 1-3)

**Explorer Camp**  
 (completed grades 4-5)

**Middle School Camp**  
 (completed grades 6-8)

**High School Camp**  
 (completed grades 9-12)

**CROSS (Recreation)**  
 (completed grades 6-12) *(Geneva only)*

**Music, Art & Drama (M.A.D. Camp)**  
 (completed grades 6-8) *(Geneva only)*

I would like to go to \_\_\_\_\_ Geneva \_\_\_\_\_ Bedford \_\_\_\_\_ Either

If **under age 21** as of June 1, following date of application, please state age: \_\_\_\_\_ Tshirt size: \_\_\_\_\_

I am currently qualified/certified: \_\_\_\_\_ CPR \_\_\_\_\_ First Aid \_\_\_\_\_ Life-Saving \_\_\_\_\_ Water Safety Instruction

This Box for Office Use Only		Scanned			
Needs BGC	BGC Ordered	BGC Processed	BGC Approved	Ref Req Sent	Received Ref

Please return this form to: Christian Church (Disciples of Christ) in Indiana, 1100 W. 42<sup>nd</sup> St., Suite 150, Indianapolis, IN 46208; email: [cheryl@indianadisciples.org](mailto:cheryl@indianadisciples.org)

Please list any special skills, gifts, interested that you could contribute

Please list any experience you have working with children and youth

**Please list 3 persons (other than family) who are familiar with your character as it relates to working with children or youth. One of these references must be your congregational pastor**

(1)Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

(2)Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

(3)Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

**AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize the Commission on Camps and Conferences of the Christian Church (Disciples of Christ) in Indiana and/or Geneva Center, to contact any persons or entities for the purpose of evaluating my fitness as a Camp Counselor or Director: any prior employers; any education institutions I have attended; any sponsor of a child-related of youth-related activity in which I have participated; and a criminal background-check agency.

Permission is hereby given for the contact of any such person or entity and for the release of any records pertaining to my employment/service/character/general reputation/personal characteristics and mode of living. This release does not extend to financial records.

\_\_\_\_\_ **Applicant** \_\_\_\_\_ **Date**

\_\_\_\_\_ I have been convicted of a felony. \_\_\_\_\_ I have not been convicted of a felony.

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?  
\_\_\_\_\_ No \_\_\_\_\_ Yes

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please note that counselors and directors **must also have a current health form on file** prior to camp start date. Forms are available online at <http://indianadisciples.org/commissions/commission-on-faith-formation/#camp>

**\*\*FOR REGIONAL OFFICE USE ONLY\*\***

Reviewed and Approved by: \_\_\_\_\_ Date: \_\_\_\_\_