



Commission on Camps and Conferences
Christian Church (Disciples of Christ) in Indiana
 1100 W. 42ND St., Suite 150
 Indianapolis, Indiana 46208-3375
 Phone: 317.926.6051 Fax: 317.931.2034
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

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 6-12)
(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. 42nd St., Suite 150, Indianapolis, IN 46208; email: krista@indianadisciples.org or 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: _____