



**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** _____ **Other Staff** _____

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 (*Geneva only*)
(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:** _____

Potential Contributions: skills, gifts, interest which I, as Counselor or Director, could contribute to camping ministries:

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

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

Please return this form to: Sandy Kincaid, Christian Church (Disciples of Christ) in Indiana, 1100 W. 42nd St., Suite 150, Indianapolis, IN 46208; email: sandy@indianadisciples.org – OR - Cathy Adley, Geneva Center, 5282 N Old US 31, Rochester, IN 46975; email: cathy@genevacenter.org

Getting to Know You...

1. Tell us about a time in your life when you had to quickly learn to do something. What did you learn? How did you learn it? Did you use the new information you learned?

2. Often in school or work we are expected to adhere to policies that don't really make sense to us. Tell about a time you had to stick to a rule, even though it didn't seem reasonable. How did you handle that situation?

Getting to Know You (Continued)...

3. Give an example of a time when a child really tried your patience. Specifically, tell about an instance in which this child seemed to want to make you angry. How did you respond to that situation?

4. Tell about a time when someone commended you for your good judgment and common sense. What was the situation and how did you handle it?

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>

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| <p>**FOR REGIONAL OFFICE USE ONLY**</p> <p>Reviewed and Approved by: _____ Date: _____</p> |
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