

2012 Camp Agapé Application



Please read and be sure you understand the commitment that goes along with becoming a Camp Agapé counselor. We are looking for adults and students who want to make a difference and see their own walk with God strengthened at the same time.

QUALIFICATIONS TO BE A COUNSELOR

A Counselor must:

- ◆ Be a Christian. John 16:13-15
- ◆ Faithfully attend church. Hebrews 10:25
- ◆ Regularly attend youth group.
- ◆ Demonstrate an attitude of honoring their parents and submitting to church and camp leaders. Ephesians 6:1; Hebrews 13:17; Romans 13:1
- ◆ Have a Christian walk that sets a good example to the children around them as well as friends and peers, including private disciplines of prayer and study. 1 Cor. 11:1
- ◆ Be faithful, available, and teachable. John 13:15; Phil. 3:17; Matthew 11:19
- ◆ Be willing to participate in some type of Bible study throughout the summer.
- ◆ Attend camp training.
- ◆ Attend Staff Commissioning.
- ◆ Be willing to attend all trainings and dinners.

Materials to be returned: (if applicable)

	Application Form
	Staff Commitment
	Personal Character Background
	Parent/Guardian Recommendation
	Personal Recommendation
	Pastor Recommendation
	Emergency Health Form

Please return by April 1 to:
 Camp Agapé
 700 W. Liberty St.
 Wauconda, IL 60084

Application Instructions

One of our primary goals in Camp Agapé is to model Christ to the children who attend camp and to encourage them to enter a relationship with our Creator. To that end, all applicants must have a relationship with God through Jesus Christ and be willing to share that faith with children.

During the interview process you will be asked about your faith, what you are doing to grow in your faith, and demonstrate how you would share your faith with another.

Following are the instructions for applying; please find the position for which you are applying and follow those instructions. If you are applying for camp for the first time, you must gather **three** recommendations (see section 11) to turn in with your application.

If you are applying for a Junior Counselor Position:

Fill in parts 1, 3 and 5 through 10. Part 4 is optional.

Remember, if this is your first time applying for camp you need **three** recommendations (section 11).

If you are applying for a Counselor Position:

Fill out sections 1 and 3-10.

If you have not worked at Camp Agapé it is likely that you will be asked to serve as a Junior Counselor for the 2012 season.

Remember, if this is your first time applying for camp you need **three** recommendations (section 11).

If you are applying for a Senior Counselor Position:

Fill out sections 1-10.

Remember, if this is your first time applying for camp you need **three** recommendations (section 11).

If you are applying for the first time:

You must have three recommendations submitted to church **prior** to the deadline of the staff application.

These recommendations:

- must differ from the personal reference listed on the application
- come from (1 each):
 - a parent/guardian,
 - a pastor or clergyman, and
 - a personal reference.

Please duplicate the form found on the last page of this application and have the reference return it to the church office. Additional pages may be used if necessary.

If you are returning staff:

Fill out the sections noted above for the position for which you are applying.

For sections 3 and 5, do not repeat information from your previous application; instead, let us know what has changed and give updates on your spiritual walk.

CAMP AGAPÉ COUNSELOR APPLICATION

This application is for anyone desiring to work in any counselor position of Camp Agapé. Some sections of the application are not required for all positions; please read carefully.

Position Requested: Senior Counselor (College Age) Counselor (High School)
 Junior Counselor Other _____

Part I:

Name _____ M F
 (Full First Name) **(Middle Name-Required)** **(Last)**

Phone # (____) _____ Birthdate ____/____/____ Social Security # _____ - _____ - _____

Permanent Address & Phone _____

Email address _____ Home Church _____

Church Presently Attending _____

School Attending _____ Present Yr. in School _____ G.P.A. _____

Do you have a current driver's license? Yes No

If yes, please list your license number (and state) _____

T-Shirt Size (S, M, L, XL, XXL) _____

Part II: (Senior Counselors Only)

School Address _____ City/State _____ Zip _____

Major _____ Minor _____ Dates of your Spring Break: _____

Will you need to have housing arrangements? _____ Will you have a car to use during the summer? _____

Part III:

Previous Ministry Experience (briefly explain project and your responsibilities):

Extracurricular Activities and Achievements:

Special Training Received: (example: Certified in Evangelism Explosion, etc.)

Part IV: (Junior Counselors may skip this section)

Prior Work Experience:

Employer	Address & Phone	Job Title & Description	Wages	Dates of Employment	Reason Left

Part V: SPIRITUAL BACKGROUND & CONVICTIONS

Personal Testimony (Describe briefly your conversion. Use additional paper if needed.):

Spiritual Growth (Describe significant events in your Christian life since conversion and what you have been doing to help your faith grow.):

Describe any experience you have sharing your faith with non-Christians:

What do you think could be your greatest contribution **to** the Camp program?

What do you think would be your greatest gain **from** Camp?

Part VI:

Daily activities often include hiking, swimming, carrying small children, and supervising children in water. Do you have any limitations that would prevent you from carrying out these tasks? If yes, explain: _____

Are your parents in support of your participation in Camp? _____ If no, please explain:

Are you able to be at Camp the entire 10 weeks? _____ If not, please indicate below which weeks you **will** be here:

___ June 4-8

___ June 11-15

___ June 18-22

___ June 25-29

___ July 2-6*

___ July 9-13

___ July 16-20

___ July 23-27

___ July 20-Aug 3

___ Aug. 6-10

*Camp will be closed July 4

Part VII: ADDITIONAL REFERENCES

Please list here any personal references. These should be people who could vouch for your moral character, personality strengths, and/or work abilities and not duplications of individuals listed elsewhere in this application.

NAME	ADDRESS & PHONE	RELATIONSHIP TO YOU

Part VIII: PERSONAL CHARACTER BACKGROUND

We understand that the nature of some of the questions below is highly personal. Because you will be entrusted with small children, it is our responsibility to take every precaution on their behalf. All information will be held in strict confidence. Knowledge of past problems properly dealt with will not prevent acceptance; but discovery of dishonesty in any area may be grounds for immediate dismissal from the Camp program. Thank you for your honest cooperation.

- Yes No Have you, at any time, been addicted to tobacco, alcohol or any controlled substances (drugs)?
- Yes No In the past 6 months, have you smoked tobacco, drank alcohol or used any controlled substances?
- Yes No Have you ever been in trouble with school authorities or law enforcement officials?
- Yes No Have you ever been terminated from a job?
- Yes No Are you in an immoral relationship?
- Yes No Have you participated in any type of sexual activity outside of the confines of marriage?
- Yes No Have you participated in any homosexual activity or consider yourself to be homosexual?
- Yes No Are there any other problems morally or personally that could be considered liabilities against you?
- Yes No Have you ever had serious difficulties relating with your parents?

If yes to any of the above, please explain the events, how they were resolved, and what God has taught you. (Use additional paper if needed.):

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? If so, please explain:

Were you a victim of abuse or molestation while a minor? Yes No

If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with a member of the pastoral staff rather than answer it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant.

Part IX: STAFF EMERGENCY HEALTH FORM

(This form is to be filled in by a parent or guardian for all participants under age 18. If over 18 please fill it out yourself. **Please print clearly or type.** This form will be copied and sent on each bus. In case of an emergency, it will be available for emergency personnel.)

Employee Name _____ Date of Birth ____/____/____

Parent/Guardian Name _____ Relationship to Teen _____

Address _____

Street/Box _____ City _____ State - _____ Zip _____

In case of emergency, notify: _____ Phone (home) (_____) _____

(Other phone number, if applicable) (_____) _____

PLEASE CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING ILLNESSES OR CONDITIONS LISTED BELOW:

	Yes	No	Yes	No		Yes	No	
Asthma -----	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Epilepsy -----	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Special diet -----	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bronchitis -----	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hypertension -----	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical disabilities -----	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Convulsions/seizures -----	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						

Other recurring illnesses: _____

ALLERGIC REACTIONS (if applicable, please give reaction and treatment needed):

Insect stings _____ Aspirin _____

Penicillin or other drugs _____ Hay Fever _____

Other _____

Are there any medications or treatments to be taken on trips? _____ If so specify: _____

The Wauconda Evangelical Free Church staff is committed to the health and welfare of each student attending our activities. However, in case there would be need for medical care, please provide the following information about your health and accident insurance.

Name of Health & Accident Insurance Company _____

Address _____

Policy Number _____ Expiration Date ____/____/____/Year of last tetanus shot _____

I here certify that _____ is in good health, free from communicable disease, and able to participate in all the activities provided. IN CASE OF MEDICAL and/or SURGICAL EMERGENCY or other necessary medical attention, I hereby give permission to the trained medical staff selected by the group leader to hospitalize, secure proper treatment for, and order injections, x-rays, or surgery for my child as named above. I understand attempts will be made to reach me before such steps are taken.

Parent/Guardian Signature _____ Date ____/____/____

Part X: STAFF COMMITMENT

I verify that the enclosed information on my application is accurate to the best of my knowledge. I understand that the Camp Agapé Ministry is an eleven-week program. I am also willing to work 9 hour days, in addition to ongoing training and ministry. I understand that Camp Agapé promises children space in camp based on the number of staff working. **I will not decrease the number of weeks I have committed to on this application after camp training weekend.** I understand I must attend staff training weekend and Staff Commissioning. If hired as a senior staff or leadership team member I will attend staff training week as well. I understand and am willing to assume the risks inherent in the physically demanding role of camp counselor.

I commit to give myself fully to the work of the Lord and the training program so that the maximum fruit can be experienced. I also understand that I will have to wisely conduct myself and organize my time to be able to do so. I understand that as a Camp staff member, I will be a representative of my Lord Jesus Christ and the Wauconda Evangelical Free Church. As such I am willing to order my conduct, attitudes, and activities to be above reproach. I will endeavor to interact in a godly way with management, my fellow employees, parents, and children. This includes applying the word of God in areas of conflict, gossip, forgiveness, and servitude. 2 Timothy 3:16-17

CAMP DRESS CODE

<p>Male Staff</p> <p>Modest earrings or body piercing Tattoos should be modest Finger and toe nails are not to be painted/colored Hair style should be conservative</p>	<p>Female Staff</p> <p>Modest earrings or body piercing Tattoos should be modest Hair style should be conservative One piece bathing suits</p>
<p style="text-align: center;">All Staff</p> <p>With the understanding that we are modeling Christ, all staff members will dress in clean and modest clothing. Shorts and skirts should cover the legs in a tasteful, conservative manner. No style of clothes, makeup, jewelry, or any other fashion statement out of the realm of conservative standards will be appropriate for working with children. In all that we do, we desire to glorify God and present a professional appearance to the families that are entrusting their children to us this summer. The Leadership Team reserves the right to be the final judge on what is beyond the realm of acceptability during Camp. Also, we reserve the right to retroactively add to this dress code as new trends and styles arise.</p>	

I have read and understand the qualifications necessary to become a Camp Agapé staff member and believe that I qualify for this position. I have also read the commitment statement and dress code and will abide by them. I ask to be held accountable by my fellow staff members and the Camp Leadership Team to help me achieve and maintain these standards.

Staff Applicant's Signature _____ Date _____

If applicant is under age 18, please have parent/guardian sign permission slip:

I give my permission for my son/daughter to participate in the Camp Agapé Ministry Project. I understand that it is an intensive summer-long training program. I also understand the risks and demands of the role of camp counselor. I give my permission for emergency medical treatment if necessary.

While I know that the Camp Director will be supervising the summer staff, I understand that it is my son/daughter/s responsibility to conduct him/herself wisely and in accord with curfew laws, dress code, etc. I assume responsibility for him/her as long as Camp leadership is not negligent in the care and supervision of my child.

Parent/Guardian Name _____ Parent/Guardian Signature _____

CAMP AGAPÉ RECOMMENDATION

Name of Applicant _____ Phone # _____

Your honest input is a valuable part of our assessment and training for Camp Agapé applicants. The person listed above is an applicant who will be working with children as a role model throughout the summer. Their actions both during camp, as well as before and after they participate in this ministry, will influence the children that attend camp. Please keep this in mind as you respond and be aware that your comments will be kept confidential. Use additional sheets in needed.

**Please return this recommendation to: Camp Agapé
Evangelical Free Church
700 W. Liberty St.
Wauconda, IL 60084**

1. What have you observed regarding the applicant's work ethics (punctuality, responsibility, taking initiative, following directions, etc.)?

2. What do you see as this applicant's greatest strengths?

3. What do you see as the applicant's greatest weaknesses or greatest needs for training?

4. To the best of your knowledge, what is your view of the applicant's moral character and personal habits? Are there any problems in these areas?

5. Is there anything about this applicant that would prevent you from heartily recommending him/her? _____
If yes, please explain any reservations:

Signature _____ Relationship to Applicant _____

(Parents filling out this recommendation may skip the remaining portion)

Name _____ Title _____

Business/Home Phone (_____) _____ How long have you known the applicant? _____
(circle which one)