



NORTHWEST REGIONAL CHRISTIAN CHURCH
(DISCIPLES OF CHRIST)

A partnership of the congregations in Alaska, Washington and North Idaho
PO Box 23189, Federal Way, WA 98093 P: 253.893.7202 F: 253.656.5715
Email: nwrcc@disciplesnw.org Website: www.disciplesnw.org

OUTDOOR MINISTRY COUNSELOR APPLICATION FORM

Date: _____

NAME: _____
Last First MI Alias/Maiden

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL/WORK PHONE:** _____

EMAIL: _____ **BIRTHDAY:** _____
MM/DD/YYYY

OCCUPATION: _____ **SSN#:** _____

DRIVERS LICENSE NUMBER: _____ **STATE OF ISSUE:** _____

I am interested in serving in the Regional Camping Program:

- At:** Gwinwood Zephyr
As: Counselor Co-director Counselor-In-Training (Circle your grade in the Fall: 10, 11, 12)
With: Kids Junior Chi Rho CYF

Is this application a renewal? **Yes**, I was a counselor within the last three years. **No**

NOTE: You are required to fill out at least page 1 each year you counsel, references are renewed every three years. If you are unsure when your references need to be redone, please contact the regional office. You must also complete the medical information page if your medical condition(s) or insurance details have changed.

Attention: The NWRCC is authorized to conduct criminal background checks on volunteers at its Camp and Conference programs. All staff participating in the Regional youth events must agree to the request for Criminal History Information as per the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845

I desire to serve as a camp counselor for the NWRCC during the current year's summer camp season. I understand that the references I have listed may be contacted to confirm my character and abilities as appropriate for leadership in the camp and conference program. I promise to cooperate with other counselors, directors and staff and to uphold all standards set forth by the Region and the Directors. With God's help, I will seek in every way to provide an experience on the highest Christian level for all who attend the camp which I serve. I will participate in all training opportunities planned for the event and at all times will conduct myself as the Christian example I am called to be. I understand that the Camp and Conference Directors will be allowed to review this application for staff planning purposes.

Name

Date

Parent/Guardian Permissions for Counselors in Training (Under 18)

I give my consent for _____ to attend the event identified on this form and for the background check described above to be completed. During travel to and from the event, and for its duration, I hereby give my consent for adult sponsors or Regional staff to authorize emergency care or surgical treatment for my child (if under 18) in the event I cannot be reached immediately for my permission.

Parent / Guardian Signature _____

(Date) _____

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Date: _____

General Camp Experience and Skills

Have you ever been to Gwinwood or Zephyr?

- As a Camper _____ Number of Years
 As a Counselor _____ Number of Years

Have you ever counseled anywhere else? Number of Years _____ Where? _____

Where is your church membership? _____

What activities do you participate in at church? _____

Why do you want to be involved in the Camping Ministry? _____

What special skills/interests do you have that might be relevant to counseling camp? (i.e. Bible study, music, sports, crafts, hiking, etc.) _____

Counselor In Training Applicants: Please use a separate sheet of paper to complete a short essay:
Explain why you would like to participate as a Counselor In Training and (2) speak about the ways in which your experience, gifts, skills, training, and interests will lend to the overall camping experience (staff and campers) of those with whom you will work as a Counselor In Training.

Have you ever been disciplined for, charged with, or convicted of an act of sexual misconduct or child sexual abuse? If yes, please explain: _____

Have you ever been convicted of a felony? If so, please explain: _____

REFERENCE LIST

Note: You must have a minister's reference. Please include names, addresses and phone #'s. **YOU ARE RESPONSIBLE FOR YOUR REFERENCES RETURNING THE REFERENCE FORMS TO THE REGIONAL OFFICE.** In addition to one reference from a minister you must list one person familiar with your character as it relates to working with children or youth. Do not include a relative.

** References only need to be completed every three years. (For example: You supplied an application with references in 2007, your references would not need to be renewed until 2010)

First Reference: Minister's Information

Name: _____ Phone: _____

Address: _____

Relationship to Applicant: _____

Second Reference:

Name: _____ Phone: _____

Address: _____

Relationship to Applicant: _____

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Medical and Emergency Contact Information: In the event of an emergency, this information will be critical to appropriate care being received in a timely manner.

Allergies: (Please check all that apply) Bee Sting Seasonal / Pollen Mildew Poison Ivy
Aspirin Penicillin Sulfa Poison Oak

Others & Food Allergies: _____

Health History: (Please check all that apply)

AIDS / HIV <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	ADD / ADHD <input type="checkbox"/>	Sore Throats <input type="checkbox"/>
Kidney Conditions <input type="checkbox"/>	Poliomyelitis (Polio) <input type="checkbox"/>	Sinusitis <input type="checkbox"/>	Bed Wetting <input type="checkbox"/>
Whooping Cough <input type="checkbox"/>	Ear Infections <input type="checkbox"/>	Tuberculosis <input type="checkbox"/>	Rheumatic Fever <input type="checkbox"/>
Bronchitis <input type="checkbox"/>	Heart Conditions <input type="checkbox"/>	Stomach Upsets <input type="checkbox"/>	Fainting <input type="checkbox"/>
Sleep Walking <input type="checkbox"/>	Seizures <input type="checkbox"/>	Chicken Pox <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Serious Injuries <input type="checkbox"/>	Operations <input type="checkbox"/>	Measles <input type="checkbox"/>	Lice <input type="checkbox"/>

Others: _____

Please explain any of the above which are checked; note recent illnesses, procedures, surgeries: _____

Medications: *Include Over-The-Counter Drugs as well.*

COUNSELORS IN TRAINING (Under 18) All medications must be sent to camp in their original containers to be turned over to adult camp staff at registration. A staff person will monitor & distribute medications as needed.

Medication- Dose & Time: _____

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Emergency Contacts – COUNSELORS IN TRAINING, ONE CONTACT MUST BE PARENT/GUARDIAN

Contact 1 Name: _____ Home Phone: (_____) _____

Relationship: _____ Cell Phone: (_____) _____

Other Phone: (_____) _____

Contact 2 Name: _____ Home Phone: (_____) _____

Relationship: _____ Cell Phone: (_____) _____

Other Phone: (_____) _____

Insurance Information:

Insurance Provider: _____ Physician: _____

Policy / Group Number: _____ Physician Phone: _____

Immunizations up to date? _____

**REFERENCE FORM
CAMP AND CONFERENCE COMMISSION**

Northwest Regional Christian Church (*Disciples of Christ*)
PO Box 23819
Federal Way, WA 98093

Applicant's Name: _____

Reference's Name: _____

Reference's Address: _____

Reference's Email: _____

How long have you known the applicant? _____

In what capacity? _____

Does he/she work well with others? _____

How would you rate her/him in the following areas?

	Excellent	Good	Average	Poor	Don't Know
Personal Habits					
Character					
Morals					
Compassion					
Responsibility to Commitments					
Christian Maturity					
Receives Criticism Well					

Can you, without hesitation, recommend this applicant to be a camp counselor/director? _____

Is there any reason why you would not recommend this applicant for working with children or youth? _____

Signature

Date

Return To: NWRCC – PO Box 23819, Federal Way, WA 98093

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