

COUNSELOR PACK

SUMMIT
LEADERSHIP CAMP

AT PINE SUMMIT CHRISTIAN CAMPS

www.pinesummit.com/camps

(909) 866-5801

Summit Leadership Camp

“Summer Camp for Awana Scholars”

Dear Counselor Applicant:

We are pleased that you are interested in participating as a Camp Counselor this year. Please find below some of the items that you will need to keep in mind if you wish to complete the application. If you have concerns and/or questions, feel free to speak with your club's Camp Coordinator, the Area Camp Coordinators for your region, or the registrar at Pine Summit Christian Camps. The Area Camp Coordinators for San Diego are Mike and Debra Sims at (858) 748-3317 or simsos@cox.net and for California Golden West are John and Julie Laubacher at (805) 484-8470 or laubacherfam@gmail.com.

- We welcome applications from adults who have trusted Jesus Christ as their personal Lord and Savior, have the gift of compassion and/or encouragement, are quick to listen and slow to speak, and live above reproach.
- Young adults under the age of 25 may apply if they have earned a Citation award. Citation achievers under the age of 22 may serve as counselor trainees through the “Graduates in Service Together” program or “GIST.”
- Other counselors who've not earned a Citation award must be at least 25 years of age at the time of service.
- Applicants must be in good health with no hindrances that would keep you from fulfilling your duties as a counselor.
- References should be given out by you to your pastor, your commander and a friend. All references will be returned by your contacts to the camp coordinator at your church for mailing with the application. Please make sure your references are aware of the time deadlines!
- Approval is based on a background check, the number of male/female counselors needed, experience, the timeliness of sending in your application.
- Each Club will be sending one Counselor for each six campers (1:6 ratio).
- If your Awana Club has already chosen enough Camp Counselors, please complete the application anyway. It is always possible that you will be needed (if approved) for an Awana Club that doesn't have enough Camp Counselors.
- If approved, your cost will be \$150.00. You'll need to be prepared to submit your payment upon acceptance.
- If you need more forms, feel free to make your own copies or download them from the web site at www.pinesummit.com/camps or www.summitleadershipcamp.com.
- Please make sure each application is complete before the Camp Coordinator sends it. This includes: the completed Reference Questionnaire (3), all signature lines are completed on the application, and all required copies included. Applications that are missing information or are incorrect will be returned for correction.
- Please **turn in your application** to the Camp Coordinator at your club no later than **March 01, 2010**.

Thanks,

The Summit Team

Summit Leadership Camp

COUNSELOR APPLICATION

(Please use a pen and print clearly)

COUNSELOR INFORMATION

I am interested in applying for the following (choose one): Counselor Graduate in Service Training (GIST)

Awana club status: Active Inactive Years of service? _____ (in Awana camps)

Applicant's full name: _____ Date of Birth: _____ Age: _____

Badge name (a.k.a. nickname) if different from above: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Main Contact Phone: _____ Email Address: _____

Adult Shirt Size: S M L XL XXL Have you earned your Awana Citation? Yes No

Please list any position, grade, or camper preferences you may have: _____

REFERENCES

Please give a Reference Questionnaire (attached) to each of the three (3) required persons below.

Required Reference Check from each of the following: (1) Pastor (2) Awana Commander/Director (3) Non-Family Friend

Pastor's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Main Contact Phone: _____ Email Address: _____

Commander's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Main Contact Phone: _____ Email Address: _____

Friend's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Main Contact Phone: _____ Email Address: _____

CURRENT AWANA CLUB INFORMATION

Awana Church: _____ Awana Charter Number: _____ Phone: _____

Church Address: _____ City: _____ State: _____ Zip: _____

Awana Club Experience (in years): Cubbies _____ Sparks _____ T&T _____ Trek _____ Journey _____ Other _____

HOME CHURCH INFORMATION

Home Church: _____ Phone: _____

Church Address: _____ City: _____ State: _____ Zip: _____

If chosen as camp counselor, I will be available to help in any part of the ministry where I am needed and I will submit myself to the authority of Pine Summit while adhering to and enforcing all camp rules and dress codes as set forth. I understand that falsification of any information or failure to submit any additional and necessary information may be grounds for my immediate release as a camp counselor. I further understand that this is an application and no guarantee to become a camp counselor is being offered.

_____ Date

_____ Signature (required for acceptance)

Please complete the back of this application.

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REFERENCE QUESTIONNAIRE FORM

(Please use a pen and print clearly)

Complete and return to (Camp Coordinator): _____

at (church name): _____ by (date): _____

Applicant's Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Main Contact Phone: _____ Email Address: _____

1. What is your relationship with the applicant? Pastor Commander/Director Friend
2. How long have you known the applicant? Less than One Year One to Five Years More than Five Years
3. How familiar are you with the applicant? Distant Acquaintance Acquaintance Close Friend
4. How does the applicant relate to others? Frequent Problems Occasional Problems Rarely a Problem Very Well
5. Would you consider the applicant a team player? Yes No
6. Have you observed the applicant interacting with children? Yes No
7. Does the applicant get along with children? Yes No

..... Please Explain:

8. Please rate the emotional maturity of the applicant? Mature Immature

..... Please Explain:

9. Have you ever witnessed the applicant losing his/her temper? Yes No
10. Can the applicant handle change or are they flexible? Yes No
11. Does the applicant frequently follow through on his/her commitments? Yes No
12. To your knowledge, has the applicant ever had problems with drugs or alcohol? Yes No
13. To your knowledge, has the applicant ever been accused or charged with child sexual abuse or child abuse? Yes No
14. Would you recommend the applicant for work with children without any reservation? Yes No
15. Would you entrust your own children to this person? Yes No
16. Do you know of any circumstance that would make it inappropriate for the applicant to work with children? Yes No
17. Do you know of any circumstance about the applicant that would compromise this ministry? Yes No
18. Is there anything else that you would like to say to help in this decision about the applicant? Yes No

..... Please Explain:

Signature

Print Full Name

Date

Phone Number

Address, City, State, Zip

Email

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CONSENT AND RELEASE OF LIABILITY FORM

(Please use a pen and print clearly)

THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Name of Adult: _____ Date of Birth: _____

I understand and agree that participation at Pine Summit ("Camp") is a privilege to which I am not otherwise entitled. In consideration for that privilege, I am signing this Consent and Release of Liability.

Release of Liability

Prior to participation in Camp activities, I acknowledge that my involvement in the Camp may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware.

By signing this Consent and Release of Liability, I warrant that I am fully capable of safely participating in all Camp activities, and I expressly assume all risks of my participation, whether such risks are known or unknown to me at this time. I further generally release Pine Summit, Alpine Slide and their directors, officers, employees, volunteers, and agents, and other guests at the Camp, from any and all claims that I may have against any of them as a result of property damage or personal injury, illness or death as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of me, and the heirs, family, estate, administrators, executors, personal representatives and assignees of me.

Other Releases and Acknowledgements

I understand that, while I am participating in Camp activities, photographs, film, audio recordings and videotape of me may be taken for use in brochures, videos, releases to the press, and various Pine Summit publications and other work product. I do hereby irrevocably grant Pine Summit permission to record, display and/or reproduce my name (first name only), likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

Signature

Print Full Name

Date

Phone Number

Address, City, State, Zip

Email

Emergency Contact (if same write "Same"): _____ Phone: _____