

COUNSELOR PACK



PINE SUMMIT CHRISTIAN CAMPS
www.pinesummit.com/camps
(909) 866-5801

I.C.E. - Incredible Christian Experience

Dear Counselor Applicant:

We are pleased that you are interested in participating as a Camp Counselor for your Church's Club during Winter Camp. Please find below, some of the items that you will need to keep in mind. Feel free to speak with your Club's Camp Coordinator or call Pine Summit and speak to the Registrar, at (909) 866-5801, if you have concerns and/or questions.

- 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.
- If you were a **Camp Counselor at Pine Summit within the last 12 months** you don't need to fill out the following forms. However, you are not automatically accepted for ICE even though you were a summer counselor.
- Please read the Parent Pack in its entirety. This will help you with the details of camp.
- Because you represent your local club and church, the application process will be handled by them with assistance from Pine Summit. Please turn in your application to the Camp Coordinator or Commander for your Club.
- Each Club will be sending one Counselor for each nine campers (1:9 ratio). If your Church's Club is not able to send enough Camp Counselors, they will need to pay the counselor fee of \$70.00 for each additional Camp Counselor needed. Additional Camp Counselors will be provided by other clubs that have an excess of approved applicants.
- If your Church's Club has already chosen enough Camp Counselors, please complete the application anyway. It is always possible that you will be needed (if approved) for those Church Clubs that don't have enough Camp Counselors.
- The ICE Committee will process all applications. Approval is based on a background check, the number of male/female counselors needed, experience, and the timeliness of sending in your application.
- If approved, the cost of camp for you will be \$70.00. Please follow the same deadlines as listed in the Parent Pack. The Camp Coordinator or Commander will add you to the roster for your Club.
- Make sure that all the signature lines are completed and all required copies are sent along with the application.
- Applications that are missing information or are incorrect will be returned for correction. This will delay your acceptance. Please make sure each application is complete before sending.

Thanks again,

The ICE Team

Pine Summit Christian Camps ▪ (909) 866-5801
PO Box 2871 ▪ Big Bear Lake, CA 92315
registrar@pinesummit.com
www.pinesummit.com/camps

I.C.E. - Incredible Christian Experience

COUNSELOR APPLICATION

(Please use a pen and print clearly)

COUNSELOR INFORMATION

AWANA Club Volunteer Status: Active Inactive

Applicant's Full Name: _____ Date of Birth: _____ Age: _____

Name or nickname you prefer to be called (if different from above): _____ Male Female

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

Main Phone: _____ E-mail 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

Required References: Pastor Commander/Director Friend (non-family)

Reference #1 Name: _____

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

Phone: (_____) _____ E-mail Address: _____

Reference #2 Name: _____

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

Phone: (_____) _____ E-mail Address: _____

Reference #3 Name: _____

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

Phone: (_____) _____ E-mail Address: _____

Please give a Reference Questionnaire Form to each of the required persons above.

CLUB INFORMATION

AWANA Church: _____ Main Phone: _____

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

CHURCH INFORMATION

Home Church: _____ Main Phone: _____

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

If chosen as a 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. I understand that falsification of any information or failure to submit any additional and necessary information may be grounds for my release as a guest counselor. I further understand that this is an application and no guarantee to become a camp counselor is being offered. Finally, I agree to abide by the policy and procedures as set forth.

Signature (required for acceptance)

Please complete the back of this application.

I.C.E. - Incredible Christian Experience

REFERENCE QUESTIONNAIRE FORM

(Please use a pen and print clearly)

1. What is your relationship with the applicant? Pastor Commander/Director Friend
2. How long has 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

If Yes, Please Explain: _____

Signature

Print Full Name

Date

Phone Number

Address

City, State, Zip

Please return completed reference to the Camp Coordinator at (church name): _____ by (date): _____

I.C.E. - Incredible Christian Experience

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.

Group Name: _____ Group Date: _____

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 myself, 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

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