

CAMP COUNSELOR



2024 Schedule:

- June 3-7/ Counselor Training (10am – 4pm)
- June 17-22 / Adventure Camp I (7th – 8th grades)
- June 17-22 / Summit Camp I (9th – 12th grades)
- July 08-13 / Adventure Camp II (7th – 8th grades)
- July 08-13 / Summit Camp II (9th – 12th grades)
- June 10-15 / Explorer Camp I (4th – 6th grades)
- June 24-29 / Explorer Camp II (4th – 6th grades)
- June 30-July 02 / Base Camp (1st – 3rd grades) *3pm Sunday – 11am Tuesday

Qualifications:

Senior counselors are to have completed the senior year of high school. If you have not served as a senior counselor you will need to complete the Application Form and submit recommendations from two adults – pastor, church leader, teacher, professor, etc. If you are a returning senior counselor, please complete the returning application.

Specialty:

To live out “camp is for the camper” every minute with campers in order to lead them to Christ and/or to help them take another step spiritually.

Accountability:

Executive Director and Program Director

Qualifications:

1. An understanding of the aims and philosophy of Wabash Park Camp.
2. A love for campers.
3. An ability to get along with others.
4. Spiritual and emotional maturity.
5. A willingness to perform tasks other than those assigned.
6. A radiant Christian personality.
7. A basic knowledge of age group characteristics and corresponding needs.
8. A loyalty to Christ and the program of the camp.
9. An appreciation for Creation and the out-of-doors.
10. Physical stamina.
11. Personal health and cleanliness.

Responsibilities:

1. To maintain daily personal devotions.
2. To care for the needs of the cabin group.
3. To cooperate with other counselors and staff.
4. To broaden the camper’s interests.
5. To watch for and encourage spiritual life.
6. To involve campers in sports and organize these activities with the Program Director.

7. To see that the cabin is clean, neat and orderly.
8. To enforce camp rules for conduct.
9. To conduct cabin devotions daily as scheduled.
10. To watch the health of campers and report any irregularities to the Nurse or Director.
11. To help group acquire cohesion and group feeling.
12. To seek a one-on-one interview with each of your campers.
13. To do necessary counseling for salvation or other spiritual needs of the camper.
14. To sit with campers in chapels and meetings.
15. To attend Monday briefing meetings each Monday.
16. To be responsible for their campers 24 hours a day. You will have at least one hour off per day as assigned.
17. To be responsible in dress. All staff is asked to dress appropriately/decently/modestly in a way that does not distract from the light of Christ in their lives. We ask that male staff refrain from wearing any pierced jewelry and that female staff restrict their piercings to only the ear. Consider 1Corinthians 10:32-33 "Do not cause anyone to stumble, whether Jews, Greeks or the church of God— even as I try to please everybody in every way. For I am not seeking my own good but the good of many, so that they may be saved."
18. To make any reports required promptly and accurately.

Authority:

1. Shall carry out the Behavior Management Policy of camp.
2. Shall see to it that his/her campers respect others and the guidelines of the camp.
3. Shall see the assistance of the Program Directors when campers are not responding to appropriate guidelines.

Policies/Expectations:

1. Your example is very important, so your attitude about food and serving others is important. "The food is always good" should be your general attitude. If there is a food you do not particularly care for, just say, "No, thank you" without comment. Each cabin will share in kitchen/dining room clean up according to a rotation schedule. Your servant/willing heart will set the tone for your campers.
2. All campers are to be treated with respect. No staff member is to torment, pull pranks or practical jokes on any camper or staff for any reason. At the same time, you are to accept the tricks or jokes that campers play on you unless it is destructive or distracting to the program.
3. If you are in a dating relationship while serving at camp; conduct yourself in such a way that the campers have to "guess" about whether you are dating.



COUNSELOR APPLICATION
Summer 2024

Please mark the camps you can serve:

- | | |
|--|---|
| <input type="checkbox"/> June 3-7/ Counselor Training (10am – 7pm) | |
| <input type="checkbox"/> June 17-22 / Adventure Camp I | <input type="checkbox"/> July 08-13 / Adventure Camp II |
| <input type="checkbox"/> June 17-22 / Summit Camp I | <input type="checkbox"/> July 08-13 / Summit Camp II |
| <input type="checkbox"/> June 10-15 / Explorer Camp I | <input type="checkbox"/> June 24-29 / Explorer Camp II |
| <input type="checkbox"/> June 30-July 02 / Base Camp (1 st – 3 rd grades) *3pm Sunday – 11am Tuesday | |

Base camp for Grades 1–3 ~ Explorer camps for Grades 4-6
Adventure camps for Grades 7-8 ~ Summit camps for Grades 9-12

GENERAL INFORMATION

Name: _____

Home Address: _____

College Address: _____

Phone: () _____ Email: _____

Church: _____ Pastor: _____

Date of Birth: ____/____/____ Social Security #: ____ - ____ - ____

Last year completed in school as of Summer 2024: 12 13 14 15 16

PERSONAL INFORMATION

1. Why would you like to be a camp counselor?

2. What church do you attend? What is your level of involvement in the life of the church?

3. Tell us about your educational experience – high school, college(s), major, etc.

4. If in college, what campus/student activities are you involved in?

5. Discuss previous camp counseling experiences, or other experiences in leading children or youth.

6. What gifts do you have that would be beneficial in your ministry as a counselor?

7. Do you have health-related conditions that might affect your ability to be an effective counselor?

8. Have you ever been arrested for committing a crime? _____ If yes, explain.

9. Have you ever been convicted of child abuse or been involved in any activity related to molesting or abusing children? _____ If yes, explain.

10. Have you read and agree with the job descriptions attached to the senior counselor application? _____ If no, explain.

11. Because we take very seriously our legal and moral responsibility to provide for all of our staff and guests an environment that is positive and wholesome, we seek to maintain a staff of blameless character and testimony. Therefore, as part of our background checks on applicants we routinely consult the National Crime Index Service, or other appropriate federal and/ or state law enforcement agencies. By submitting this application, you are authorizing us to conduct such a check. Do you have any reason to believe that such a background check on you would disclose any negative information? _____ If yes, please explain.

12. On the back, share any other information about yourself you would like us to know about.

Heath Form ~ 2024

Please print



Name _____ Date of Birth ____/____/____
Age _____ Gender: M ___ F ___
Home Address _____ City _____ State _____ Zip _____
Home Phone () _____ Cell Phone () _____
Emergency Contact Name _____
Work Phone () _____ Cell Phone () _____
Family Physician _____ Physicians Phone () _____

Do you currently take prescription or non-prescription medication on a regular basis? ____ yes ____ no
If yes, please bring medication in its **original container** with clearly marked instructions to administer at camp.

Will you have medication that requires refrigeration? _____

“I give my permission to the camp nurse to administer the following medication to me for the following complaints.”

Headache, muscle ache, or sports injury:

Aspirin _____yes _____no
Acetaminophen _____yes _____no
Ibuprofen _____yes _____no

Upset stomach

Antacid (Maalox) _____yes _____no

Severe allergic reaction (swelling, itching, hives)

Diphenhydramine (Benadryl) _____yes _____no
Contact Lenses _____yes _____no

Tetanus Immunization Date: _____

Other information that would be helpful to the camp nurse while you are at camp?

Our family insurance coverage is _____ Policy # _____

Policy Holder's Name _____

*Please attach a photo static copy of your health insurance card.

AUTHORIZATION I herewith authorize any representative of Wabash Park Camp & Re- treat Center to request and consent in writing or otherwise as requested by Union Hospital, Inc. (Terre Haute, IN.), or any other licensed hospital, to any and all examinations, medical treatment and/or procedures to or for the above named minor, either on or off the premises of Union Hospital, as may be deemed advisable or appropriate by any physician or surgeon licensed to practice medicine in the state of Indiana. This authorization constitutes a Power of Attorney appointing the above named staff as Attorney - In-Fact to sign said requests and consents as fully as though I myself did so. This consent is effective from 6/1/24 - 7/31/24. I hereby release the Wabash Conference of the Free Methodist Church, Camp Wildwood as well as WPC&RC and/or its personnel from responsibility in case of sickness and/or accident while he/she attends camp. I hereby grant my permission for my child to be transported by bus or vehicle to nearby facilities that are included in camp programming. I acknowledge that I understand the potential risk and the activities involved in youth camping.

Signed: _____ Date: _____

(Note: This document must be signed and dated to be accepted)

Do you have: Allergies? _____yes _____no Please specify: _____ _____ Asthma? _____yes _____no Diabetes? _____yes _____no Other? _____ _____
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PERSONAL TESTIMONY and REFERENCES

- A. Include with your application a written or typed testimony. When and where did you become a Christian? What major influence(s) caused you to make the decision to accept Christ? Talk about your daily relationship with Christ – devotions, growth areas, challenges, etc.
- B. We need to receive at least two references – one from a pastor, and one from a staff person, professor, or other adult. Please have each of them complete the REFERENCE FORM provided and ask them to return it to the address below.

FINAL INSTRUCTIONS

Send this completed application to the following address. Be sure to include your written testimony and any other attachments we need to see.

WPC&RC

Attention: Deana Hayes
Scott Lefler

304 E. CR 650 S
Clay City, IN 47841

Telephone: 317-409-4718

Email: DeanaHayes2017@aol.com





SENIOR COUNSELOR REFERENCE FORM **Summer 2024**

Introduction

The following person is applying to serve as a senior counselor at Wabash Park Camp & Retreat Center this summer. WPC&RC, is a ministry of Wabash Conference of the Free Methodist Church. We are located one-mile north of Clay City, Indiana. The applicant's responsibilities will be to supervise and guide up to seven children or youth for five days of each camp – staying with them in a youth cabin and leading them in participation in the camp program. It is imperative that camp counselors be healthy, spiritually and emotionally mature, and worthy examples in their Christian walk.

Thank you for taking a few moments to complete this reference.

Information Regarding the Applicant

Applicant's Name: _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

For each of the following characteristics, please circle the number which best describes your evaluation of the applicant. (1 being low, 5 being high). Circle NA if an area does not apply as it relates to your opportunity to observe or evaluate the applicant:

Handles responsibility well	1	2	3	4	5	NA
Receives and follows instructions well	1	2	3	4	5	NA
Responds well to constructive guidance	1	2	3	4	5	NA
Responds well to authority	1	2	3	4	5	NA
Works efficiently	1	2	3	4	5	NA
Is self-motivated	1	2	3	4	5	NA
Demonstrates patience	1	2	3	4	5	NA
Sets personal goals	1	2	3	4	5	NA
Works well with children	1	2	3	4	5	NA
Works well with peers	1	2	3	4	5	NA
Has positive influence on peers	1	2	3	4	5	NA
Makes wise decisions	1	2	3	4	5	NA
Models a solid Christian life	1	2	3	4	5	NA
Attends church regularly	1	2	3	4	5	NA
Able to form healthy friendships	1	2	3	4	5	NA
Possesses a good sense of humor	1	2	3	4	5	NA
Displays a caring and compassionate attitude	1	2	3	4	5	NA
Is flexible enough to lead and follow	1	2	3	4	5	NA
Able to maintain focus in difficult situations	1	2	3	4	5	NA
Does what is right even when it is unpopular	1	2	3	4	5	NA
Appears to be in good physical health	1	2	3	4	5	NA
Appears to be emotionally mature	1	2	3	4	5	NA

What gifts and strengths does the applicant have that will enable him or her to be an effective counselor.

What concerns would you have as you consider this applicant's aspiration to be a camp counselor?

Discuss the applicant's maturity and responsibility in relating to persons of the opposite sex.

If you had a child attending camp, would you want this applicant serving as your child's counselor?

Discuss the probable effectiveness of the applicant as a camp counselor.

Additional comments you believe would be helpful to us (*use another sheet if needed*).

Signed: _____ Date: _____

Position: _____ Email: _____

Phone Number (s): _____

Thanks for mailing this reference to the following address ASAP:

WPC&RC
Attention: Deana Hayes
Scott Lefler
304 E. CR 650 S
Clay City, IN 47841

Telephone: 317-409-4718

Email: DeanaHayes2017@aol.com

