GREAT RIVERS REGION CAMPING

COVER LETTER FOR COUNSELOR PACKET

Thank you for your interest in counseling at one of our camps in the Great Rivers Region. If you were a counselor during the 2007 and 2008 Camping Season and filled out and submitted the paperwork, you do not need to complete this entire packet. If you did not counsel at one of our GRR camps during the 2007 or 2008 Camping Season, please fill out and submit the entire packet. We appreciate your time in completing this paper work.

Returning counselors from 2007 and 2008

Complete the following:

Complete Page 2 – Background Investigation Consent

Complete Page 10 & 11– Medical Information, Waiver of Liability, Indemnification and Medical Release Form

New Counselors

Complete ALL pages in the packet.

BACKGROUND INVESTIGATION CONSENT

I, (Print Name)_____ hereby authorize American Baptist Churches of the Great Rivers Region to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those by both public and private organizations and all public records for the purpose of confirming the information contained on my application or volunteer form(s) and/or obtaining other information which may be material to my qualification for employment or as a volunteer now and, if applicable during the tenure of my employment or as a volunteer with American Baptist Churches of the Great Rivers Region

I release American Baptist Churches of the Great Rivers Region and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claim or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed)_____

Phone (_____)_____

Maiden Name or other Names Used_____

Present Street Address _____

City/State/Zip Code _____

Length of time at present address _____

Former Street Address _____

City/State/Zip _____

Length of time at former address _____

Date of Birth _____

Social Security Number _____-----_____----_____

Driver's License # _____

State of License_____

Signature _____ **Date**_____

NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment or placement.

Return Form to: Camp Administrative Coordinator, P O Box 3786, Springfield, IL 62708 or Fax 217-726-7566

LAKE SPRINGFIELD COUNSELOR CERTIFICATION TEST

(Please mark with an X or circle the correct answer)

1. Have you submitted the Background Check Application? _____Yes _____No.
2. Have you received and read the Counselor's Manual? _____Yes _____No
3. The first responsibility of any counselor is to:
   A) themselves B) the Director C) the Manager D) the campers
4. You can be held liable in a court of law for injuries to a camper in your group.
   _____True _____False
5. If you see a stranger on the camp grounds, you should immediately:
   A) escort them where they want to go B) ignore them
   C) take them to the Director or Manager D) bring the person they want to see to them
6. If a camper wishes to speak with you privately, you should:
   A) go some place private B) go some place where you can be seen but not heard
   C) tell them to see the Director D) say no
7. If a camper tells you that they have been abused at home, you should:
   A) immediately inform the Director B) decide if the camper is telling the truth
   C) talk to another counselor D) keep it to yourself
8. Before, during and after reporting to DCFS, all allegations of abuse are kept confidential?
   _____ True _____False
9. It is okay for campers or counselors to go into another cabin without that cabin counselor's approval. _____True _____False
10. The counselor is responsible for the whereabouts of his/her campers during program activities. _____True _____False
11. Raiding or the pranking of cabins is acceptable. _____True _____ False
12. During an emergency, you should:
    A) ask the Director where you can help B) round up your campers and go to your cabin
    C) tell your campers what is going on D) tell your campers to go and find the Director
13. If a parent or guardian comes to camp and wishes to speak with their child, you should:
    A) allow them to do so B) tell them to leave C) take them to Director or Manager
    D) tell them to go and see the Director or Manager
14. Romantic involvements between members of the program staff or between the program staff and campers is allowed. _____True _____False
15. The minimum age for an Assistant Counselor is _____; for a Counselor _____.
16. "Lights Out" means everybody is in their cabin for the night, including the counselor.
    _____True _____False
17. It is acceptable for counselors to leave the grounds with prior permission of the Director and Camp Manager _____True _____False
18. Prescription medicine and most first aid will be dispensed by:
    A) the Director B) a counselor C) a camper D) a permanent staff member

19. Campers are not allowed to have cell phones in their possession during camp.
_____True _____False

20. Program staff must keep their cell phones: A) with them at all times
B) in their cars or the Manager's office C) in their cabin D) at home

21. If a camper reports to the counselor that they have been considering suicide, the counselor should report it immediately to the Director. _____True _____False

22. If you wish to contact a camper who is under 17 via email after camp, you must:
A) ask the camper's permission B) ask the Director's permission
C) have written permission from the parent/guardian D) just log onto the internet

23. Contact with individual campers after camp should: A) never happen
B) always be done in writing C) be done in person D) be done to promote camping

24. Program Staff parties without the campers are allowed during camp.
_____True _____False

25. Assistant Counselors are allowed to be in charge of groups of campers.
_____True _____False

26. Cabin devotions are led by: A) the Director B) whoever stops by during that time
C) the counselor D) the campers

SCORE:_____ (You must get 24 questions correct to pass this test.)

Administered by:_____

Date:_____

Name_____

Address_____

City/State/Zip_____

Phone_____

Email address:_____

Church name & address_____

_____

Send to: Camp Administrative Coordinator, P O Box 3786, Springfield, IL 62708 Fax: 217-726-7566

AMERICAN BAPTIST CAMPS OF THE GREAT RIVERS REGION

VOLUNTEER APPLICATION

Name _____
Last First Middle

Address _____

City, State Zip
_____

Home Phone (_____)_____ Work Phone (_____)_____

Birthdate:_____ Position applying for _____

Where employed_____ Full-time / Part Time

What skills spiritual gifts, or talents do you have which might be useful in this position

_____

_____

What training or experiences do you have which might be useful in this position?

_____

_____

Church
Membership_____

Address & Phone of Church _____

Church Pastor _____

Have you ever been convicted of or pleaded guilty to a crime? Yes_____ No_____
(If Yes Explain)

_____

_____

_____

-over-

Have you been convicted of child abuse or sexual abuse or been involved in any activities related to molesting or abusing children/youth? Yes_____ No_____
(If yes explain)

_____

_____

Do you have a current drivers license?
_____ Yes (state and number _____)
_____ No

References: (Please provide name, address and phone of three references)

1. _____
2. _____
3. _____

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date.

Should my application be accepted, I agree to be bound by the policies of the American Baptist Camps of the Great Rivers Region and to refrain from unscriptural conduct in the performance of my services on behalf of the camping program.

I understand that the use of tobacco, alcohol and illegal drugs are not permitted on the camp grounds. I further understand that I am expected to conform to an exemplary standard of personal behavior consistent with the goals and policies of our American Baptist Camps. Failure to do so will lead to my dismissal from camp.

Signature_____ ***Date***_____

Return to: **Camp Administrative Coordinator**
P. O Box 3786, Springfield, IL 62708
Fax: 217-726-7566

COUNSELOR REFERENCE

Name of person applying for counselor position:_____

Address:_____

City/State/Zip_____

_____(name) has requested to serve as a counselor for one of our American Baptist Camps in the Great Rivers Region. We are seeking information to see if this individual is qualified to serve. Please answer the questions honestly and fully. We appreciate your time on this matter. This information will be kept on file at our Regional Resource Center.

1. How long have you known this person and in what capacity_____

_____

2. Has this person ever been convicted for any crime? Yes_____ NO_____

If yes, please explain_____

3. Is this person active in his/her local church?_____

_____

4. Does this person seem mature in handling discipline and authority?_____

_____

5. If you had a child in his/her cabin would you feel good about it?_____

_____

6. Have you observed this person with children or youth?_____

_____

7. How long has this person been at his/her place of employment?_____

_____

8. Would you recommend this person as a counselor without any reservations?_____

_____

9. Any other comments or remarks_____

_____

Reference Name _____Relationship_____

Address_____

Phone (_____)_____ Email: _____

Signature & date_____

Please return form to Camp Administrative Coordinator, P O Box 3786, Springfield, IL 62708. Phone [217] 726-7366 Fax [217] 726-7566

COUNSELOR REFERENCE

Name of person applying for counselor position:_____

Address:_____

City/State/Zip_____

_____(name) has requested to serve as a counselor for one of our American Baptist Camps in the Great Rivers Region. We are seeking information to see if this individual is qualified to serve. Please answer the questions honestly and fully. We appreciate your time on this matter. This information will be kept on file at our Regional Resource Center.

1. How long have you known this person and in what capacity_____

_____

2. Has this person ever been convicted for any crime? Yes_____ NO_____

If yes, please explain_____

3. Is this person active in his/her local church?_____

_____

4. Does this person seem mature in handling discipline and authority?_____

_____

5. If you had a child in his/her cabin would you feel good about it?_____

_____

6. Have you observed this person with children or youth?_____

_____

7. How long has this person been at his/her place of employment?_____

_____

8. Would you recommend this person as a counselor without any reservations?_____

_____

9. Any other comments or remarks_____

_____

Reference Name _____Relationship_____

Address_____

Phone (_____)_____ Email: _____

Signature & date_____

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COUNSELOR REFERENCE

Name of person applying for counselor position:_____

Address:_____

City/State/Zip_____

_____(name) has requested to serve as a counselor for one of our American Baptist Camps in the Great Rivers Region. We are seeking information to see if this individual is qualified to serve. Please answer the questions honestly and fully. We appreciate your time on this matter. This information will be kept on file at our Regional Resource Center.

1. How long have you known this person and in what capacity_____

_____

2. Has this person ever been convicted for any crime? Yes_____ NO_____

If yes, please explain_____

3. Is this person active in his/her local church?_____

_____

4. Does this person seem mature in handling discipline and authority?_____

_____

5. If you had a child in his/her cabin would you feel good about it?_____

_____

6. Have you observed this person with children or youth?_____

_____

7. How long has this person been at his/her place of employment?_____

_____

8. Would you recommend this person as a counselor without any reservations?_____

_____

9. Any other comments or remarks_____

_____

Reference Name _____Relationship_____

Address_____

Phone (_____)_____ Email: _____

Signature & date_____

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ABC Great Rivers Region Camps (Blackhawk and Lake Springfield)

Medical Information, Waiver of Liability, Indemnification and Medical Release Form
ALL camp participants must fill out this form -- ONE FORM PER PERSON

THIS COMPLETED FORM MUST BE BROUGHT TO CAMP WITH YOUR CAMPER

PARTICIPANT MEDICAL INFORMATION

Name:			
Address:			
City:		State:	Zip:
PHONE:	Home	Work:	Cell:
eMail address:			

Medical History

	NO	YES	Explain any YES:
Swimmer's ear			
Severe sunburn			
Convulsion/Seizure			
Fainting spells			
Asthma/Hay fever			
Impetigo/Boils			
Athlete's foot			
Allergies:			
Medications			
Plants (e.g. poison ivy)			
Insects			
Food (e.g. peanuts)			
Other			

List any medications recently taken or to be dispensed at camp with instructions:

Tetanus immunization?	NO	YES	Date:

Are there significant injuries, illnesses, hospitalizations, surgeries, or behavioral issues we should be aware of?

PARENT OR LEGAL GUARDIAN

Name:			
Address:			
City:		State:	Zip:
PHONE:	Home	Work:	Cell:
eMail address:			

SECOND PERSON TO CONTACT IN CASE OF EMERGENCY

Name:			
Address:			
City:		State:	Zip:
PHONE:	Home	Work:	Cell:
eMail address:			

MEDICAL INSURANCE INFORMATION			
Insurance Company			
Address:			
	City:	State:	Zip:
Name of Insured:			
Policy Number:			
Phone Number for Prior Authorization:			
Other Insurance Information:			

Personal Physician:
Address of Personal Physician:
Phone Number(s) of Personal Physician:

WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

I/We (print names) _____
the undersigned participant/parents or legal guardians of the child participant named above, am/are aware of, recognize and acknowledge the risks involved in participating in camp activities and warrant and represent that my/our child is physically fit and capable of participating in these activities. On behalf of myuself/our child, I/we hereby:
a) waive, release, and discharge the American Baptist Churches of the Great Rivers Region (the "Region"), its officers, agents, employees, and volunteers from any and all liability, damages, claims, demands, losses, or causes of action of any and every kind, including my/our child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to my/our child arising out of camp activities or activities preliminary or subsequent thereto;
b) indemnify and hold harmless the Region, its officers, agents, employees, and volunteers from and against any and all liabilities, damages, claims, demands, losses, or causes of action made by other individuals or entities as a result of any of my/our child's involvement in or actions during camp; and
c) assume full responsibility for the risk of bodily injury, death, disability, or property damage arising out of or related to the above-described activities, whether caused by my/our child's negligence or otherwise.

In the event of accident, injury or illness involving me/our child, under any circumstances where I am physically unable to consent or am not present, I hereby voluntarily authorize and consent to furnishing to me/our child such medical care, attention and treatment by any hospital, physician, or dentists as such hospital, physician, or dentist may deem necessary or advisable, including any anesthetic, medical, or surgical diagnosis or procedure. I authorize the camp manager or persons identified by the camp manager to consent to such medical care and treatement. I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers.
I/we accept responsibility for any medical bills incurred by me/our child.

I/we understand that my/our child may be photographed or filmed to be used in promotional and/or informational materials for regional camping. My/our child will not be identified by name in such materials.
I/we give permission for such use of my/our child's image. NO YES _____ initial

_____ Signature of participant only if 18 years old or older _____ age _____ date signed

If participant is under 18 years of age, both parents or legal guardians must sign.

_____ Signature of Father or Legal Guardian _____ date signed

_____ Signature of Mother or Legal Guardian _____ date signed

Original to be kept on file at the Regional office; a copy kept onsite