

JC Application

Please **KEEP** this sheet

FAC Adult and JC Information – 2010

Positions Available:

- Adult Counselor
- Activity Specialists
- Junior Counselor (JC)
- JC can use camp as part of their service learning hours

Requirements:

- Adult Counselors – High school graduate, 19 years or older
- Activity Specialists – High school graduate, 19 years or older
- JC – Finished 8th grade and 14 years or older

Training:



DATE CHANGED TO MAY 15TH, SAME TIMES!!!!

- JC's – ~~May 8th~~ from 9:30 a.m. to 1 p.m. at the Frazier's (lunch and swimming included).
- SC's can join us at 10:30 a.m.
- Frazier's address is 4916 South Hazelton, Tempe (east of Target)
Dave and Gigi Frazier 480-345-8544
- All Staff – June 5th from 9 a.m. to noon at Faith Church of the Valley (FCOV).

CPR Training:

- CPR can be done through Heartsavers. They have classes throughout the valley all during the week to accommodate one's schedule. Their phone number and web page is 480-998-5193 and <http://www.heartsaversinc.com/SCHEDULE.html>

Camp Times:

Boys week, July 11 – 17

Girls week, July 18 – 24

FAC is held at Mountain Meadow Ranch, in Christopher Creek.

FAC is American Camp Association Certified

Applicant's name _____,
(last) (first)



2010 Junior Counselor Application

for Ministry to Children
At Faith Adventure Camp

Position - JR. Counselor: BOYS GIRLS
 Dishwasher Other: _____

Faith Adventure Camp

Faith Church of the Valley
2125 E. Chandler Blvd.
Chandler AZ 85225
(480) 838-6559, (480) 967-8839 fax, www.fcov.org

Date Application Received: _____ Received by: _____

OPTIONAL: If you would like to purchase a camp tee shirt (Cost = \$10), please circle your size and turn the money in with your application (other sizes also available) :

Youth - M Youth - L Adult - S Adult - M Adult - L Adult - XL Other: _____

Payment Type (cash/check/Frys): _____ Date: _____

Name: _____ Phone Number: _____



Faith Adventure Camp Junior Counselor Information

PLEASE READ WITH YOUR PARENTS BEFORE SUBMITTING YOUR APPLICATION

Dear Prospective Junior Counselor and Parents:

Thank you for your interest in Faith Adventure Camp. Please read the following qualifications for Junior Counselor then fill out and return with your application. Junior Counselors are very important to the success of the camp. You can relate to children in a way that adults cannot. Therefore, we want Junior Counselors of the highest caliber to help be responsible for the many youngsters who come to camp to have fun and learn about the Lord.

GENERAL REQUIREMENTS:

You must:

- Have completed 8th grade and/or be at least 14 years of age to become a Junior Counselor.
- Have a love for the Lord and be willing to communicate this to campers.
- Have a willingness to serve.
- Have love and patience with children.
- Have enthusiasm.
- Have a non-critical attitude and be quick to praise.
- Be flexible and willing to adjust.
- Be self-disciplined.
- Be respectful of authority, property and campers.
- Be responsible to know the information in the staff manual.

SPECIFIC REQUIREMENTS:

- You will:
- Assist the counselor in being responsible for the cabin group.
 - Sit at the table with campers, assist with serving, manners, etc.
 - Help your cabin group plan and execute cabin activities.
 - Help with afternoon "Free Time" activities to give counselors a break.
 - Be responsible to the counselor of your cabin group and to the director.
 - Assist in Activity Classes as assigned (usually 2 per day).
 - Sit and participate with campers at all Bible Adventures.
 - Look after camper health and safety.
 - Lead morning devotions.
 - Participate in evening activities with your cabin group.
 - Plan and direct 2-3 after-dinner game-type activities.
 - Be responsible for campers during free-time.
 - Attend a daily J.C. meeting.

ADDITIONALLY:

- Applications are accepted at the first of the year.
- Applications are given priority in the order in which they are received.
- Selection is based on spiritual maturity, ability to lead and work with younger children, and references.
- You must attend two counselor training meetings held prior to camp.
- You must also be certified in CPR.
- All selected applicants will be fingerprinted unless already on file with FCOV (\$5 charge).

NOTE: Junior counselor staff who do not conduct themselves in a responsible manner can be dismissed from their duties and sent home at their own expense.

SAFETY GUIDELINES:

- Parents of a JC will provide transportation to and from FAC or sign a transportation permission slip designating who will provide the transportation for their child.
- A signed Activity Release Form must be received for each JC prior to the beginning of camp.
- Campers will be supervised by an adult or junior leader at all times.
- There will be at least two leaders at each scheduled activity.
- Two leaders will be present when supervising showers.
- Staff will not be alone or out of sight of another leader when with a single child.
- Staff will not discipline children by use of physical punishment. Supervised "time out", finding an alternative activity, or loss of a privilege (i.e. snack bar), are acceptable alternatives.

Note: When a child has lost all self-control and could, in the judgment of the leader, harm either himself, the leader, or persons around, the adult leader will do the following: Place both his arms around the child's chest (not neck) such that the child's arms are restrained until the child has regained self-control. At the discretion of the leader, the child's parents will be notified

If after knowing all this you are still interested in being part of Faith Adventure Camp, fill out the application, and return it to: Brad Ruffcorn, Faith Adventure Camp, 2125 E. Chandler Blvd., Chandler, AZ 85225

Again, thank you for your interest. In Christ, Brad Ruffcorn, Director



Application for Faith Adventure Camp (a ministry of Faith Church of the Valley)

This application is to be completed by all those desiring a ministry position involving the supervision, assistance or instruction of children. It is being used to help the church provide a safe and secure environment for those children who participate in our camp.

Today's date _____ / _____ / _____

Last Name: _____ First Name: _____

Other name used: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____ Email: _____

Address: _____

City: _____ State _____ Zip _____

Birth date: ____ / ____ / ____ Driver's license # _____

How long at this address? _____ If less than five years, give previous address below:

Address: _____

City: _____ State _____ Zip _____

Emergency Contact: _____ Phone (____) _____

Cell Phone (____) _____

Do you have a personal relationship with Jesus Christ as Lord and Savior? Yes No

Briefly describe your salvation experience: _____

Briefly describe your current spiritual walk in the Lord: _____

How long have you attended Faith Church of The Valley (or other)? _____

What areas of ministries are you currently involved in at Faith or elsewhere? _____

Why do you desire to serve at FAC? _____

How did you learn about FAC? _____

What do you like about being around/working with children? _____

What leadership/volunteer or camp experience have you had with children? List previous church work or other work involving children and youth (identify place and type of work). _____

List any gifts, training education or other factors that have prepared you to work with children. _____

Are you CPR certified? Yes No Are you medically trained? (please explain below) Yes No

Employer (or school): _____ Occupation (or grade): _____

(We will not contact your employer without your permission.)

Contact Name: _____ Phone: (_____)

Is it OK to call you at work? Yes No

Two Local Personal References (must be over 18 years old and not related to you) that you have known for at least 2 years. No more than one should be from Faith Church (or your church).

Name: _____ **Relationship:** _____ **Phone:** (_____)

Name: _____ **Relationship:** _____ **Phone:** (_____)

(staff only) Date interviewed: _____ / _____ / _____ Interviewed by: _____

Comments: _____

(staff only) Date interviewed: _____ / _____ / _____ Interviewed by: _____

Comments: _____

It is our desire that people serving at FAC are attending worship services. Are you attending church regularly? Yes No

Are you able to commit to required training sessions? Yes No

Have you read the safety guidelines (see cover letter) of Faith Church of The Valley and do you agree to follow them? Yes No

Will you support the camp in this ministry by faithfully participating to God's glory with your prayer, talents, encouragement and effort? Yes No

Will you commit to maintain a regular devotional time in prayer and the study of God's Word? Yes No

.....

The questions listed below are a part of our screening process that enables us to provide a safe and secure environment for our children. All information is kept strictly confidential by the FAC staff. Answering yes to any of the questions may not necessarily preclude your involvement in FAC. Thank you for your honesty.

Have you ever been investigated, accused, suspected, indicted or convicted of any abuse or sexually related crimes? Yes No

Have you ever abused or molested a minor in any way, regardless of whether there was any criminal investigation or conviction? Yes No

Do you use illegal drugs? Yes No

Is there anything about you or your life that would call into question your Christian witness? Yes No

If you answered yes to any of the above questions, please explain: _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give Faith Adventure Camp any information (including opinions) that they may have regarding my character and fitness for children/youth work. I release all such references from any liability for any damage that may result from furnishing such evaluations to Faith Adventure Camp and I understand that any omission of material fact on this application may be grounds for rejection of this application and/or termination of FAC responsibility. I understand that the personal information will be held confidential by the professional camp staff.

Should my application be accepted, I agree to follow the policies and procedures of Faith Adventure Camp and to refrain from unscriptural conduct in the performance of my duties on behalf of the camp.

Applicant's Signature: _____ Date: ____/____/____

Parent's signature (if a minor) _____ Date: ____/____/____

.....

(staff only) Interview done by: _____ Date: _____

The applicant was recommended _____ declined _____ recommended with stipulations _____

Explain: _____

Medical Information

This side to be filled in by parent/guardian of minors.

Name _____ Birthday _____ Sex ____ Age ____
Last First Initial

Parent or Guardian _____ Phone (____) _____

Home address _____

Business address _____ Phone (____) _____

Second parent or guardian or emergency contact _____

Home address _____ Phone (____) _____

Business address _____ Phone (____) _____

If not available in an emergency, notify

Name _____ Phone (____) _____

Address: _____

Health history (check-giving approximate dates)

Frequent ear infections _____
Heart defect/disease _____
Convulsions _____
Diabetes _____
Bleeding/clotting disorders _____
Hypertension _____

Diseases:
Mononucleosis _____
Chicken Pox _____
Measles _____
German Measles _____
Mumps _____

Allergies:

Hay Fever _____
Asthma _____
Insect stings _____
Penicillin _____
Other drugs _____
Poison Ivy _____
reactions, etc. _____

Operations or serious injuries: (dates) _____

Disability or chronic recurring illness _____

Dietary modifications No ____ Yes ____ **If yes, you must fill out a dietary restriction form.**

Current medications (send with instructions) _____

Other diseases or details of above _____

Name of dentist/orthodontist _____ Phone (____) _____

Name of family physician _____ Phone (____) _____

Date of last physical examination _____

Do you carry family/medical/hospital insurance ? _____ If so, indicate

Carrier _____ Policy or Group # _____

Suggestions or health related information for camp personnel _____

(For female) has this person menstruated ? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____

Special consideration _____

IMMUNIZATION HISTORY

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent boosters.

Vaccines	Year of Basic immunization	Year of last booster
Diphtheria	1.	1.
Pertussis (Whooping Cough DPT	2.	2.
Tetanus or	3,	
Tetanus Diphtheria TD or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given _____ (most recent)		

Important—This box must be completed for Attendance *

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

_____ (Parent's Initials) Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order X-rays, tests and treatment for my child or myself. In the event I cannot be reached to authorize treatment in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above or myself. This form may be photocopied for use out of camp.

_____ (Parent's Initials) I also authorize permission to give over the counter medications on standards of practice: Tylenol, Ibuprophen, Benadryl, Phenylephrine/Guaifenesin (cold/cough), Pepto-Bismol, Tums, and topical medications.

Signature of parent or guardian: _____

Date: _____.

* If for religious reasons you cannot sign this, then the church should be contacted for a legal waiver which must be signed for attendance.



JUNIOR COUNSELOR ACTIVITY PREFERENCES

NAME : _____

PHONE: _____

EMAIL: _____

Junior Counselors assist in teaching crafts 2 of the 4 sessions. Please indicate preference below by numbering 1, 2, 3, etc.. Please choose more than one area of interest so that it is easier to arrange everyone. Remember that these are not guaranteed. Not all activities will need JC assistance.

Please indicate your areas of interest (1, 2, 3, etc.):

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Communication Arts |
| <input type="checkbox"/> Campcraft | <input type="checkbox"/> Music |
| <input type="checkbox"/> Nature Study | <input type="checkbox"/> Sewing Arts |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Paper Arts |
| <input type="checkbox"/> Group Games | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Outdoor Cooking |
| <input type="checkbox"/> Aerobics | |

Prefer Morning/Afternoon: _____

Senior Counselor Preference: _____

Friend Preference: _____



Activity Release Form

My child has permission to attend camp as a Junior Counselor, participate in all activities on or off campsite under the supervision of the camp staff, and receive emergency medical care if necessary. Photographs may be taken for camp publicity.

While there is trained staff supervision at all times, there are many inherent risks in activities and games that campers are involved in. Most activities are conducted outdoors where there is a possibility of risk of physical injury or harm.

I voluntarily choose to allow my child to participate in the camp experience and assume the risk of injury or harm that could result from participation. On my own behalf and that of my personal representative and heirs, I hereby release Faith Church of the Valley, Faith Adventure Camp and Mountain Meadows Ranch of all liability resulting from any injury or harm while my child participates in any activity with Faith Adventure Camp.

My child can participate in any activity except:

I _____ (Junior Counselor) also understand and agree to abide by the restrictions placed on my camp activities.

Child's Printed Name: _____

Signature of Child: _____

Parent's Printed Name: _____

Signature: _____

Date: ___/___/___