

# ***Adult Full Application***

## **FAC Adult and JC Information – 2010**

Please **KEEP** this sheet

### **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)



Mountain Meadow Ranch  
Christopher Creek, AZ

# 2010 Senior Counselor Full Application

for Ministry to Children  
At Faith Adventure Camp

Position - Sr. Counselor:  BOYS  GIRLS  
 Activity Leader  Kitchen Help  Nurse  
 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](http://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

## Senior Counselor Job Description



Mountain Meadow Ranch is comprised of numerous rustic cabins which are shared by the counselor, Junior Counselor, and their campers. It is located just under the Mogollon Rim near the little town of Christopher Creek 25 miles east of Payson. The creek itself runs through the campground. In addition, the facilities include a dining hall, an outdoor amphitheater, a campfire circle, restroom facilities, a multi-purpose building, an archery range, a volleyball court, a Frisbee golf course, trees, bushes and wildlife.

Counselors at Faith Adventure Camp are the mainstay of the program. The camp is counselor-led and relationship-based. Each Counselor and teen-aged Junior Counselor are responsible for approximately 8 campers. Camp is a wonderful, exhilarating, exhausting, wearing, joyous, nerve-wracking experience that you will never forget. It isn't a week of relaxation, but it is a week of change and growth in a beautiful setting where you can revel in God's creation and in His love.

### GENERAL REQUIREMENTS

You must:

- 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 responsible to know the information in the staff manual.

### SPECIFIC REQUIREMENTS

You will:

- Be responsible for the cabin group along with your Junior Counselor, 24 hours per day.
- Look after camper health and safety.
- Sit at the table with campers, assist with serving, manners, etc.
- Plan and execute cabin activities—especially for block time.
- Participate in evening activities with your cabin group.
- Be responsible to the director.
- Teach Activity classes as arranged with Activity Coordinator (see attached list).
- Sit and participate with campers at all Bible Adventures.
- Attend 7 A.M. counselor meeting, daily.

### ADDITIONALLY

- Applications are accepted on a first come, first served basis.
- Selection is based on spiritual maturity, ability to lead and work with younger children, and references.
- Must attend two counselor training meetings held prior to camp.
- Be certified in CPR (classes will be offered at FCOV for \$20 and are valid for 2 years).
- All selected applicants will be fingerprinted unless already on file with FCOV (\$5 charge).
- All selected applicants must be willing to undergo a background check.
- If your own children will be campers, please have them registered prior to arriving at camp.

### SAFETY GUIDELINES

- Transportation to and from FAC is your responsibility.
- 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 adult leader, harm either himself, the adult 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 adult leader, the child's parents will be notified.

Please complete the attached application and return it to: Brad Ruffcorn, Faith Adventure Camp, 2125 E. Chandler Blvd., Chandler AZ 85225.

Thank you for your interest in serving.  
In Christ, Brad Ruffcorn, Director



# Senior 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: \_\_\_\_\_

Maiden Name or other name used: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's license # \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status: S M D W Spouse's Name: \_\_\_\_\_

*Please understand that persons living together who are not lawfully married disqualify themselves from ministry at Faith Church of The Valley. If you have questions regarding this matter, please speak with a Pastor or the Children's' Ministry Director.*

Child's name \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child's name \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child's name \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child's name \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child's name \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child's name \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ 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

What activities might you like to work with or teach? (See attached Areas of Activity Interest sheet) \_\_\_\_\_

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

**2 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's/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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



(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 or by adult campers/staff members themselves.*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First Initial

Parent or Guardian (or Spouse) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Home address \_\_\_\_\_

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 \_\_\_\_\_

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.

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.

Signature \_\_\_\_\_

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

# AREAS OF ACTIVITY INTEREST



Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

Each counselor teaches two crafts, each activity leader teaches four. Junior Counselors assist in teaching crafts. **Be creative - learn and teach something new!** Please mark any activities you can teach or that you would be willing to learn. Label your preferences 1, 2, 3, etc. You must check with the activity coordinator for final approval.

## CAMPCRAFT

- \_\_\_ fire building (as weather permits)
- \_\_\_ knots and lashing
- \_\_\_ trail laying
- \_\_\_ tools
- \_\_\_ outdoor cookery
- \_\_\_ sleep out
- \_\_\_ trip planning
- \_\_\_ conservation
- \_\_\_ Orienteering/map/compass

## NATURE STUDY

- \_\_\_ acclimatization
- \_\_\_ birds
- \_\_\_ earth science
- \_\_\_ geology
- \_\_\_ trees
- \_\_\_ insects, reptiles
- \_\_\_ mammals
- \_\_\_ astronomy
- \_\_\_ weather
- \_\_\_ nature exploring
- \_\_\_ nature craft
- \_\_\_ fishing

## GAMES

- \_\_\_ group games
- \_\_\_ team sports
- \_\_\_ individual sports
- \_\_\_ challenge sports

## CRAFTS

- \_\_\_ printmaking
- \_\_\_ painting
- \_\_\_ solar etching
- \_\_\_ glass etching
- \_\_\_ forts and castles
- \_\_\_ woodworking
- \_\_\_ toy making
- \_\_\_ rocketry
- \_\_\_ airplanes
- \_\_\_ model cars, boats
- \_\_\_ electronics
- \_\_\_ auto mechanics

## SEWING ARTS

- \_\_\_ quilting
- \_\_\_ stitching
- \_\_\_ cross stitch
- \_\_\_ macramé

## PAPER ARTS

- \_\_\_ string art
- \_\_\_ papier mache
- \_\_\_ paper flowers
- \_\_\_ stencil art

## COMMUNICATION ARTS

- \_\_\_ puppets
- \_\_\_ drama
- \_\_\_ signing
- \_\_\_ ventriloquism

## MUSIC

- \_\_\_ make instruments
- \_\_\_ play instruments
- \_\_\_ movement
- \_\_\_ vocal (choir)

## HIKING

## PHOTOGRAPHY

## OUTDOOR COOKING

## AEROBICS

## OTHERS?

OTHER PREFERENCES (Morning/Afternoon, Location, Specific Junior Counselors, etc.)

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