

# *JC Application*

Please **KEEP** this sheet

## FAC JC Information – 2012

### **Positions Available:**

- Junior Counselor (JC)
- Dishwasher

### **Requirements:**

- JC – Finished 8th grade and 14 years or older

### **Mandatory Training:**

- JC's – May 19th, 2012 from 9:30 a.m. to 1 p.m. at the Frazier's (lunch and swimming included).
- SC's will 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 2nd from 9 a.m. to noon at Faith Church of the Valley.

### **CPR Training:**

- CPR can be done through Heartsavers. They have classes throughout the valley all during the week to accommodate one's schedule. Contact info is 480-998-5193 and <http://www.heartsaversinc.com/SCHEDULE.html>
- CPR can also be done online through [www.cprcare.com](http://www.cprcare.com) for \$19.95

### **Camp Times:**

Boys' week, July 8 - 14

Girls' week, July 15 - 21

FAC is held at Mountain Meadow Ranch, Christopher Creek, Arizona  
FAC is American Camp Association Certified

Applicant's name \_\_\_\_\_,  
(last) (first)



Mountain Meadow Ranch  
Christopher Creek, Arizona

# 2012 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](http://www.fcov.org)

Date Application Received: \_\_\_\_\_ Received by: \_\_\_\_\_



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 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 a love for the Lord and be willing to communicate this to campers.
- Have completed 8th grade and/or be at least 14 years of age to become a Junior Counselor.
- 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 after January 1st.
- 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 be certified in CPR.
- All selected applicants over the age of 18 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.
- JCs can use camp as part of their community service hours.

**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.

Please complete your application and return it to:

Brad Ruffcorn - FAC  
Faith Church of the Valley  
2125 E. Chandler Blvd.  
Chandler, AZ 85225

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



# JC Application for Faith Adventure Camp

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Church currently attending: \_\_\_\_\_ How long? \_\_\_\_\_

What areas of ministries are you currently involved in at FCOV 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 FCOV (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 the TWO 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 or by adult campers/staff members themselves.*

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

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

Alternate Phone Number: \_\_\_\_\_

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

Business address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

If not available in an emergency, notify:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

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 (Complete form on page 8) \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Use backside of paper if needed.

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please **RETURN** this form  
- If applicable

# Medication Dosing Schedule

(For People with Daily Medication Needs)

I, \_\_\_\_\_ (Parent's Name), give the Registered Nurse at Faith Adventure Camp permission to administer the following medication(s) to my child as instructed below. If needed, I also allow the Nurse to administer over the counter medications on standards of practice: Tylenol, Ibuprophen, Benadryl, Phenylephrine/Guaifenesin (cold/cough), Pepto-Bismol, Tums, and topical medications.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's printed names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signed by Parent: \_\_\_\_\_ Date: \_\_\_\_\_

| Medication Name:                            | Dosage Amount:       | What TIME is it given? | Special Instructions:                                                                | Given For? |
|---------------------------------------------|----------------------|------------------------|--------------------------------------------------------------------------------------|------------|
| <b><u>EXAMPLE:</u></b><br>Topamax Sprinkles | 75 mg, twice per day | 8:00 am & 8:00 pm      | Open capsules and pour into applesauce, then spoon out the meds with the applesauce. | Seizures   |
|                                             |                      |                        |                                                                                      |            |
|                                             |                      |                        |                                                                                      |            |
|                                             |                      |                        |                                                                                      |            |
|                                             |                      |                        |                                                                                      |            |
|                                             |                      |                        |                                                                                      |            |
|                                             |                      |                        |                                                                                      |            |
|                                             |                      |                        |                                                                                      |            |

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• For Administration Use Only:

• Cabin #: \_\_\_\_\_ Counselor: \_\_\_\_\_

• Notes: \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

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## 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<br>or                                 | 3,                         |                      |
| Tetanus<br>Diphtheria TD<br>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 _____<br>( most recent) |                            |                      |

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, the church should be contacted for a legal waiver which must be signed for attendance.

## JUNIOR COUNSELOR ACTIVITY PREFERENCES



Name: \_\_\_\_\_ Age during camp: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Are you a Returning JC or a First Time JC? \_\_\_\_\_

JCs assist in teaching crafts for two classes each day, either in the morning or the afternoon.  
Some activities that are offered:

Camp Craft, Nature Study, Group Games, Music, Crafts (painting, woodworking, electronics), Sewing Arts, Paper Craft, Drama, Hiking, etc.

Tell us about yourself:

List any elective courses you have taken or hobbies you have (i.e. sports, music, sewing, model cars, etc.) that will help the Activity Director place you as a helper.

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Returning JCs:

List activities you have helped with in the past:

Would you help with it again?

|  |     |    |               |
|--|-----|----|---------------|
|  | Yes | No | No Preference |
|  | Yes | No | No Preference |
|  | Yes | No | No Preference |
|  | Yes | No | No Preference |

All JCs:

When would you prefer to have free time? Morning Afternoon

Do you have a friend preference for free time? \_\_\_\_\_

Do you have a particular Senior Counselor or Activity preference? \_\_\_\_\_

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Thank you for being willing to serve at camp this year! Questions? Email [Tracie.Blair@gmail.com](mailto:Tracie.Blair@gmail.com).

*"Don't let anyone look down on you because you are young, but set an example for the believers in speech, in life, in love, in faith and in purity." 1 Timothy 4:12 NIV*



# Activity/Photo Release Form

My teen 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 Meadow Ranch of all liability resulting from any injury or harm while my child participates in any activity with Faith Adventure Camp.

My teen can participate in any activity except:

\_\_\_\_\_

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

JC's Printed Name: \_\_\_\_\_

Signature of JC: \_\_\_\_\_

I have read, understand and agree to the above:

Parent's Printed Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## PERMISSION TO RIDE (if applicable)

My teen (name): \_\_\_\_\_ has my permission to be released to, and ride home with \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



# Staff T-Shirt/Cinch Bag Order Form

FAC T-shirts and Cinch Bags are available for all staff to purchase. Camp T-shirts and Cinch Bags ARE NOT required. However, please return this form by June 2nd indicating your preference.

T-shirt/Cinch Bag money must be turned in with your application.

- I would like to order a T-shirt for \$10.00.
- No thanks - I don't want a t-shirt.
- I would like to order a Cinch Bag for \$8.00
- No thanks - I don't want a Cinch Bag

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

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

Please circle your T-shirt size (other sizes available):

Youth - M   Youth - L   Adult - S   Adult - M   Adult - L   Adult - XL

Other size: \_\_\_\_\_

- Cash \$ \_\_\_\_\_
- Check # \_\_\_\_\_
- Please process Fry's Money

Date: \_\_\_\_\_