

Adult Full Application

FAC Adult Information – 2012

Please **KEEP** this sheet

Positions Available:

- Adult Counselor
- Activity Specialist
- Nurse
- Kitchen Staff

Requirements:

- High School Graduate, 19 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 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 Senior Counselor Full Application

for Ministry to Children
At Faith Adventure Camp

Position - SR. Counselor: BOYS GIRLS
 Activity Specialist Kitchen Staff 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

Date Application Received: _____ Received by: _____



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.
- Be a High School Graduate, 19 years of age or older
- 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.

- | |
|--|
| <p><u>SENIOR COUNSELOR SPECIFIC REQUIREMENTS:</u></p> <ul style="list-style-type: none"> • 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 Camp Director. • Teach Activity classes as arranged with Activity Director (see pg 9). • Sit and participate with campers at all Bible Adventures. • Attend 7am counselor meeting, daily. |
|--|

- | |
|--|
| <p><u>ACTIVITY SPECIALIST SPECIFIC REQUIREMENTS:</u></p> <ul style="list-style-type: none"> • Meet general requirements listed above. • Prepare and teach in a specialty area 4 activity hours daily. • Attend 7am staff meeting, daily. • Attend all Bible Adventures and participate as requested. • Assist with cabins as needed or requested. • Participate in Adventure Day. • Be available for other tasks, as needed. |
|--|

ADDITIONALLY

- 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.
- 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, there is NO guarantee of you being their counselor.
- 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.

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



SC 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: _____

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: _____

Church you are 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 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 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'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 (____) _____

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 _____

ADULT STAFF ACTIVITY QUALIFICATIONS



Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Each **Senior Counselor** teaches one craft two times a day – one hour to younger campers, one hour to older campers. Each **Activity Specialist** teaches four times a day – twice to older, and twice to younger campers. Please plan activities that can be completed in four days.

Ideas for Activities:

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

Returning Counselors and Activity Specialists:

List activities you have taught at camp and new activities you have learned since last year.

First Time Counselors and Activity Specialist:

List qualifications or hobbies you have. For example, “I am a Little League coach or a week end carpenter” – any information that will assist the Activity Director in suggesting activities.

Senior Counselors: When would you prefer to have free time? Morning Afternoon

Activity Preferences:

List three activities you would be willing to teach this year. (Final approval will be given by Activity Director.) Then indicate whether or not you need a JC helper for safety purposes, a power source, or particular time of day.

| Activity | JC Helper | Power Source | Time |
|----------|-----------|--------------|-------|
| 1. | Y N | Y N | AM PM |
| 2. | Y N | Y N | AM PM |
| 3. | Y N | Y N | AM PM |

KEEP THIS PLANNING INFORMATION SHEET

Tracie Blair is the current **Activity Director**. All questions about planning should be directed to Tracie. Contact info: cell phone (Verizon) 480-734-3404 (okay to text) and/or e-mail Tracie.Blair@gmail.com.

WHAT?! I have to write lesson plans?

After you have been accepted as a SC or Activity Specialist and have been given approval for your activity, you will need to make a plan. We want to provide a quality program for our campers. Like the old saying goes, "When you fail to plan, you plan to fail." Each day should have a purpose. Remember, camp should be FUN and not too much like school. Get outside; have an adventure; be creative. As you plan, keep these in mind:

- † How will you use your time to point the children toward a relationship with Jesus?
- † What lasting skill will you teach during the week?
- † Is this activity fun and engaging?
- † Will this hold their interest for four days?
- † Campers will be able to _____ by the end of the activity time.
- † Can you modify and teach this to both younger and older campers?

We recommend practicing the activity before camp. The first night is activity sign up, so bring an example to show the campers and be prepared to "sell" your class. Plan for 10-12 campers per hour and keep receipts so you can return unused items.

Wal-Mart gift cards are available to SCs and Activity Specialists who get final approval from the Activity Director and bring a completed **Activity Planning Sheet** to the **June 2nd** training.

Example of a daily plan:

Name: Best Counselor EVER

Activity: Hands-on Science

| | Activity/Theme/Purpose: | Materials: | Notes/Modifications: |
|-------|---|--|---|
| Day 1 | Topic: Funny things in God's creation. Slime: Chemical Reactions Campers will learn to make slime using glue and borax. Talk about different things in creation and how they each have purpose. | 24 Ziploc bags water measuring cups borax glue 24 bowls | Bring dye for older campers. (gloves) Walk to the creek if we are done early and look at slime on the rocks. |

Remember to modify the daily directions for younger or older campers. Have extra stuff for those who finish early.

In this packet we have provided two Activity Planning Sheets. Once you have communicated with the Activity Director, make two copies of your plan – one to be turned in to the Activity Director before camp and one to be used by you during camp.

With a little planning and tons of room for improvisations and RAIN your activity will be great. Expect more training from the Activity Director at the all staff training before camp.

*Train up a child in the way he should go;
even when he is old he will not depart from it.
Proverbs 22:6 ESV*

KEEP THIS COPY

Activity Planning Sheet

Name: _____ Activity: _____

| | Activity/Theme/Purpose (What you want them to know/learn/do.) | Materials: | Notes/Modifications: |
|-------|---|------------|----------------------|
| Day 1 | | | |
| Day 2 | | | |
| Day 3 | | | |
| Day 4 | | | |

GIVE THIS COPY TO ACTIVITY DIRECTOR

Activity Planning Sheet

Name: _____ Activity: _____

| | Activity/Theme/Purpose (What you want them to know/learn/do.) | Materials: | Notes/Modifications: |
|-------|---|------------|----------------------|
| Day 1 | | | |
| Day 2 | | | |
| Day 3 | | | |
| Day 4 | | | |



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: _____