

OFFICE USE ONLY

Date _____ Amount Rec'd _____ Cash/Check # _____ Church Attending _____

**APPLICATION FORM FOR CAMP GENEVA
JUNE 10-14, 2012**

Adult Counselor

(Information received is strictly confidential)

We recognize that this Camp Geneva application form is extensive. We wish we did not have to ask these questions. However, in our desire to reduce the risk of abuse within our camping program, we believe this information is necessary to protect our volunteers. Thank you in advance for your understanding

Personal Information

Name: _____ Male _____ Female _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone numbers: Home: _____ Work: _____ Cell phone: _____

Email Address: _____
(For info on camp updates!)

Marital Status: _____ If Married, Spouse's Name: _____

Filled out the attached paperwork for consent to perform a background check – required for all Adult Counselors.

Payment enclosed — Adult Counselor Fee is \$100. Please make checks payable to the church you are registering with (for example FPC Orlando, FPC Maitland, or FPC Deland).

T-Shirt Size (included in Adult Counselor Fee):

Adult Medium Adult Large Adult XL Adult XXL

Personal History

Occupation: _____ Place of Employment: _____

How long have you been in this position? _____

Hobbies, Interests, or Skills: _____

Spiritual History

What church do you attend? _____ City: _____

Are you a member? Yes or No How long have you attended? _____

Pastor or Minister Supervisor: _____

Address: _____

Do you have a personal relationship with Jesus Christ? _____. In a brief paragraph, please outline your spiritual journey: _____

Ministry Information

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

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

Our campers are 1st – 5th graders. Do you have a preference as to the age you would be assigned?

Confidential Information

In order to provide a safe and secure environment for our children, we believe it is necessary to include the following questions as part of our application process. All information will be kept strictly confidential by the Children’s Ministry Department (Police may access this information, under warrant, if requested). Answering yes to any of the questions may not necessarily preclude your involvement in Camp Geneva. Thank you in advance for your understanding.

Have you had any painful experience (personal abuse in any form) that has better equipped you, or may hinder you from a productive ministry with children? _____

Would you like to meet with a pastor regarding this circumstance? _____

Have you ever been convicted for the use or sale of drugs? _____

Have you ever been hospitalized or treated for alcohol or substance abuse? _____

Have you ever been convicted of a criminal offense (exclude minor traffic violations)? _____

Have you ever been accused, arrested, or convicted for any abuse related crimes? _____

Have you ever been accused, arrested, or convicted for any sexually related crimes? _____

Are there any circumstances involving your lifestyle or background that would call into question your ability to work with children? _____

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

Do you have any physical conditions that would prevent you from performing certain types of activities (running, playing sports, etc.)? If so, please explain: _____

References

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. Include at least one reference from outside the church.

1. Name of Reference: _____

Address: _____ Phone #: _____

2. Name of Reference: _____

Address: _____ Phone #: _____

3. Name of Reference: _____

Address: _____ Phone #: _____

Applicant's Signature: _____ Date: _____

Release of Information and Declaration of Intent

I hereby give First Presbyterian Church of Orlando permission to contact persons named as references to ascertain my suitability for volunteer ministry. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I also grant my permission for First Presbyterian Church of Orlando to perform a personal criminal records check, if deemed necessary, for purposes of my protection against any false allegations and for the protection of those I serve. I consent to such an investigation with the understanding that the results will be kept in extreme confidentiality. I agree to adhere to the child protection guidelines as adopted by this church.

I understand that if my character or morals should be inappropriate and/or criminal at any time during my volunteer service, First Presbyterian Church of Orlando will be entitled to terminate my assistance without expressed cause or prior notice regardless of any oral or written statements by First Presbyterian Church of Orlando prior to, at, or following the date of volunteer service.

I understand that First Presbyterian Church of Orlando is responsible for the welfare of any person or persons entrusted to my care, and thus, I will cooperate fully with the staff in the fulfillment of my duties and will keep all information I encounter, in my role as a volunteer, confidential. If at any time I find that for any reason I am unable to support the policies, procedures, or doctrines of First Presbyterian Church of Orlando, I will gracefully and quietly resign my volunteer position. If my supervisors find that I am in conflict with any of the policies, procedures, or doctrines, and we are not able to resolve the issue, I will gracefully and quietly agree to resign my volunteer position.

I hereby acknowledge that the information contained in this application for volunteer ministry is correct to the best of my knowledge.

Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Witness: _____ Date: _____

Camp Geneva Counselor Covenant

Counselors play a pivotal role in the success of Camp Geneva. Counselors have the power, through their attitudes and actions, to make camp a wonderful experience of Christian fellowship for the campers. As a Camp Geneva Counselor, the Planning Team asks that you read, sign, and abide by this covenant to ensure that this nurturing environment is created.

As a Camp Geneva Counselor I promise to:

- ◆ Carefully supervise all of the campers in my care at all times. (Campers are never allowed to wander around camp without a counselor.)
- ◆ Support the camp program by **attending** and **participating** in **all** camp events **with my campers**.
- ◆ Reinforce the camp theme and teaching concepts through my leadership of morning quiet times and evening devotions.
- ◆ Abide by the "Policy for Child Abuse Prevention" in my conduct and supervision of campers.
- ◆ Support and build a positive relationship with other counselors and staff and work as a team to provide excellent care for our campers.
- ◆ Refrain from any behavior that does not build up the body of Christ in a camp environment for children such as: coarse language, inappropriate dress, alcohol and tobacco consumption, violating camp rules and regulations, and gossip.
- ◆ Monitor the behavior of campers in my care and correct behavior when necessary.
- ◆ **Wear appropriate swimwear** (one-piece bathing suits for women, no Speedo's for men.)
- ◆ Confiscate any water guns, water balloons, silly string, cell phones, or shaving cream that campers may bring to camp.
- ◆ Be aware of the children in my cabin who require daily medication or medical attention and get them to the camp nurse.
- ◆ Communicate immediately and directly with the Director of Camp Geneva about problems in working with other counselors or discipline concerns with campers.
- ◆ Leave at home **all** personal CD Players, electronic games, water guns, water balloons, and silly string.

As a Camp Geneva Counselor, I understand that if I violate this covenant, I will be held accountable for my actions. If at any time I find that for any reason I am unable to support the policies, procedures, or teachings of Camp Geneva, I will gracefully and quietly resign my position as a camp counselor.

Counselor's Signature

Date

ADULT COUNSELOR HEALTH INFORMATION

Please provide us with this information just in case.
We merely want to be prepared! Thanks!

Counselor's Name: _____

Name of Physician: _____

Health Insurance Company: _____ Policy #: _____

Is there any physical condition that the Camp Nurse and/or Camp Director should be aware of (i.e. Diabetes, Asthma, Heart Conditions, etc.)? _____

Are you allergic to anything? If so, what? _____

Signature: _____ Date: _____

First Presbyterian Church of Orlando
Accident Insurance Group Enrollment Form

Please make checks payable to First Presbyterian Church of Orlando

Name: _____
Address: _____
City, State: _____ Zip: _____
Home #: _____ Work #: _____
Birthdate: _____ Gender (M or F): _____

Permission, Release and Consent

I hereby give my permission for myself/my child to participate in an activity organized by the First Presbyterian Church of Orlando (FPC). I hereby release, hold harmless and absolve FPC and Presbyterians for Renewal, their officers, staff, sponsors and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I/my child require(s) medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the FPC staff or any adult counselor acting on behalf of FPC with respect to the activity, to consent to any X-Ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all of my/my child's medical allergies, medications being taken, medical problems or other pertinent information.

Signed: _____ Date: _____

Medical Allergies, medication being taken, medical problems or other pertinent information:

Emergency Contact and Phone #: _____

Doctor's Name and Phone #: _____

IDENTIFICATION CARD

Participant: _____

The above named participant is covered for accidental medical expenses with The Hartford Insurance Group through First Presbyterian Church of Orlando. All medical claims should be filed on the Hartford claim forms only. This Insurance is in effect for a year from the date of signing.

Signature _____

Date _____

The Hartford Insurance Group Policy Number:
21SR275679



**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE
 FCRA
 (FAIR CREDIT REPORTING ACT)**

Date: _____

Last Name	First Name	Middle Initial	
Maiden and/or Other Last Names Used			
Address*			
City*	County*	State*	Zip*
Date of Birth**	Social Security Number**	Circle One**: Male / Female	

I, _____, am an applicant for employment or a volunteer position with First Presbyterian Church of Orlando and have been advised that as a part of the application process, First Presbyterian Church of Orlando conducts a thorough criminal history background check including some aspects of a credit investigation to verify identity. I do hereby consent to First Presbyterian Church of Orlando use of any information provided during the application process in performing the criminal history and/or credit history check. First Presbyterian Church of Orlando has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment or a volunteer position. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of First Presbyterian Church of Orlando. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

* AS SHOWN ON THE ORIGINAL APPLICATION
 ** TO BE USED ONLY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONNEL FILE.

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO
 If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO

If YES, Please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO

If YES, Please provide an explanation below:

4. Have you ever been accused of molesting or abusing a minor? YES NO

If YES, please provide an explanation below:

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO

If YES, Please provide an explanation below:

6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO

If YES, Please provide an explanation below:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT OR VOLUNTEER POSITIONS WILL EXIST AND MAY BE USED AT THE DISCRETION OF FIRST PRESBYTERIAN CHURCH OF ORLANDO.

Signed this _____ day of _____, 20____

Applicant (Print Name) _____

Applicant Signature _____

