***Summer Camp Returning Counselor Application***

Camp Suwannee, FL Conference

**Personal**

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

Address:

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

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check the week(s) of camp in which you are interested in serving as a counselor:**

⬜ Senior Camp

 ⬜ Junior Camp

**Required of all applicants:** 1: Complete Application and mail or email directly to director(s).

2: Affidavit of Good Moral Character *(notarized)*

3: Finger Printing Complete *(within the last five years)-* **see 90 Day Rule**

4: Pastor’s Reference

*The Pastor’s Reference form should be filled out separately and sent directly to the Camp Director(s). Your pastor can download or fill out the reference form directly from* [*www.SuwanneeStaff.com*](http://www.SuwanneeStaff.com)*.*

Senior Camp: smumford8@gmail.com or lizvann2017@gmail.com

Junior Camp: jeffpannone@live.com or jeanniethomas.mama@gmail.com

***Returning Counselor Applicants***

**Please answer the following questions, using an additional page for the answers if you prefer.**

1. Why do you want to return to serve at Camp Suwannee?
2. In what ways, if any, are you different or more mature than your previous summer at camp?
3. Looking back over the weeks of camp during which you served last summer (or last camp you served), write about any regrets you have, situations or incidents you would handle differently, any areas in which you would try harder to perform well.
4. Write about some ways in which you impacted the lives of campers while previously at Camp Suwannee. What are your strengths in the camp setting?
5. Write about some ways that campers impacted you.
6. In what ways have you seen God working in your life recently to grow you?

Please list two adult references that have worked with you in the last year that are not relatives or Camp Suwannee staff. This should include your current pastor or adult spiritual mentor.

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Reference Response Information

Dear Pastor:

You have been listed as the current pastor of an individual who has expressed an interest in working with children or youth as a Counselor or Counselor-in-Training during the Summer Camp Ministry of Camp Suwannee. In order for us to properly evaluate the qualifications of this applicant, we would like you to complete this form with your honest opinions and impressions of the applicant. **Please complete and submit this form ASAP.**

Name:

*Current Pastor of Applicant*

Regarding:

*Name of Applicant*

1. How long have you known the applicant?
2. In your opinion, is the applicant fully qualified to work with children and youth?

 *If no, please explain:*

1. What concerns, if any, would you have in allowing the applicant to work with children or youth?
2. Are you aware of anything in the applicant’s background, personality, or behavior that could in any way pose a threat to children or youth?

 *If yes, please explain:*

1. Would you recommend the applicant to serve in the position for which they are applying?

 *If no, please explain:*

Additional Comments or Explanation:

On a scale of 1-5, (1 being weak and 5 being strong), please rate the applicant in the following areas:

 Respect for authority ◯1 ◯2 ◯3 ◯4 ◯5

 Leadership ability ◯1 ◯2 ◯3 ◯4 ◯5

 Ability to take directions & follow through ◯1 ◯2 ◯3 ◯4 ◯5

 Ability to take initiative without directions ◯1 ◯2 ◯3 ◯4 ◯5

 Concern for others ◯1 ◯2 ◯3 ◯4 ◯5

 Participation in activities ◯1 ◯2 ◯3 ◯4 ◯5

 Enthusiasm ◯1 ◯2 ◯3 ◯4 ◯5

 Communication skills ◯1 ◯2 ◯3 ◯4 ◯5

 Knowledge of the Bible ◯1 ◯2 ◯3 ◯4 ◯5

Additional Comments or Explanation:

**90 Day Lapse in Contact Certification**: I certify by my signature below that the individual recommended on this form has worked with children (New born - 17 years of age) at least once every 90 days, since last summer; under my supervision or by a member of our church.

Signature: Date:

That individual understands that because I cannot testify to that, that I must withhold my signature above and that they will need to be re-screened at their own expense, no more than 90 days before camp starts and no later than two weeks before camp begins.

The above information is true and correct to the best of my knowledge.

Signature: Date: