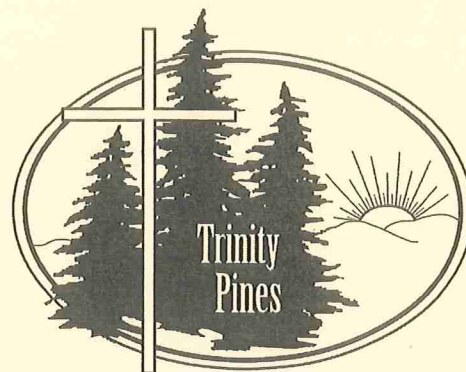


Consider a Ministry Week this Summer...

# BE A COUNSELOR AT CAMP

Sponsored by Intermountain District Nazarene Camps

Trinity Pines Camp • Cascade, Idaho



## SUMMER CAMPS 2012

Genesis Girls (1 <sup>st</sup> —3 <sup>rd</sup> grade)	June 18-20
Genesis Boys (1 <sup>st</sup> —3 <sup>rd</sup> grade)	June 20-22
4 <sup>th</sup> —6 <sup>th</sup> Grade Kids	June 25-29
4 <sup>th</sup> —6 <sup>th</sup> Grade Girls	July 9-13
4 <sup>th</sup> —6 <sup>th</sup> Grade Boys	July 16-20
7 <sup>th</sup> —8 <sup>th</sup> Grade (Jr. High)	July 23-27
9 <sup>th</sup> —12 <sup>th</sup> Grade (Sr. High)	June 11-15

### WHAT CAN I EXPECT TO DO AT CAMP?

Most adult workers at camp are assigned cabin responsibilities for 10-12 children or youth. Activities will vary according to the age of the group, and your responsibilities would include (but are not limited to) clean-up following a meal, supervision of recreational activities, leadership of cabin spiritual enrichment time, and general oversight of the health and welfare of the campers under your care.

### PLEASE MAIL TO:

Intermountain District Camp  
55 SW 5th Ave., Suite 100 • Meridian, ID 83646  
Phone: 208-888-0988 • Fax: 208-888-4586  
Posted on website: [www.tpines.org](http://www.tpines.org)

### WHAT AGE SHOULD A CAMP WORKER BE?

Camp workers come in all ages, shapes and sizes. Cabin counselors must be over the age of 18 in order to work at the Children's and Teen camps. Being a camp counselor is not a summer vacation. Your involvement in the lives of these young people— in helping them make life-changing decisions— takes its toll on the energy and love needed to do your job throughout the week. Camp workers will meet daily for staff and personal encouragement, and communication from the Camp Director.

### WHAT WILL IT COST TO ATTEND CAMP?

The Camps Board underwrites your participation in camp by providing lodging and meals. The transportation to and from camp is your responsibility. We discourage other members of your family from attending camp with you, unless they are registered to attend the same camp. You will find yourself engulfed in the activities of your campers, and family members "tagging along" will only be a hindrance in building relationships with your new camp friends.

**PLEASE NOTE:** Due to the necessity of background checks  
Your application must be to us by **May 1**.

### COMPLETE THE FOLLOWING INFORMATION (please print):

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Church you attend \_\_\_\_\_

Gender:  Male  Female

*Please list in priority the camps you would like to work:*

Priority #1 \_\_\_\_\_ Priority #2 \_\_\_\_\_ Priority #3 \_\_\_\_\_

\_\_\_\_\_ I have been a camper on the Intermountain District \_\_\_\_\_ I have served as a camp worker prior to this opportunity

Church of the Nazarene  
**Background Check for Children/Youth Workers**

**DISCLOSURE NOTICE**

The Church of the Nazarene is sensitive to the needs of families and strives to be protective and responsible in all areas of ministry. This responsibility is especially felt in the Church's care of their children and youth entrusted to us. In order to fulfill this trust, as well as to comply with state law and requirements of our insurance carrier, it is essential that the church screen ALL adults and youth workers who come in contact with children and youth. This questionnaire is an essential part of that process.

The church will exercise prudent control over the release of disclosure of the content of this document. However, confidentiality **cannot be guaranteed**, and the church specifically reserves the right to disseminate any material contained herein when the church, in its sole discretion, deems it necessary or advisable.

**NOTE:** Upon your signature of this questionnaire, you understand that a nationwide criminal and sex offender background check will be conducted.

**QUESTIONNAIRE**

Full Name: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_ Driver's Lic.#: \_\_\_\_\_ State: \_\_\_\_\_

Church you attend: \_\_\_\_\_ Member?  YES  NO

Ministry Position Applying for: \_\_\_\_\_ Contact: \_\_\_\_\_

Please list all states you have lived in over the past ten (10) years: \_\_\_\_\_

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

Have you ever abused, endangered, abandoned, or neglected a child under the age of 18 years or been accused of any such action by anyone?  YES  NO

If YES, please explain fully: \_\_\_\_\_

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

Have you ever been convicted of child abuse, endangerment, abandonment, neglect, injury, or any crime involving actual or attempted molestation of a minor (a child under 18 years of age)  YES  NO

If YES, please explain fully: \_\_\_\_\_

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

You may use additional sheets if desired. Have you attached additional sheets?  YES  NO

**PERSONAL REFERENCES**  
(No Relatives or Former Employers)

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

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

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

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Years Known: \_\_\_\_\_

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

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

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

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Years Known: \_\_\_\_\_



**APPLICANT'S CERTIFICATION and AUTHORIZATION TO RELEASE INFORMATION**

I, the undersigned applicant, hereby certify that the information contained in this application is complete and correct to the best of my knowledge. I hereby authorize any references or law enforcement agencies to release any information requested pursuant to this application. I hereby release all such references or law enforcement agencies from any and all liability which may result from releasing any requested information, and I waive any rights that I may have to review records or references provided on my behalf.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicant is under 18 years of age)

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**For District Office Use Only:**

Questionnaire Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ By: \_\_\_\_\_

Date of Background Check: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ By: \_\_\_\_\_

Results:  ACCEPTABLE  UNACCEPTABLE

Reported to: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_