COUNSELING 2016

Reminder:

- It is expected that you will register for Youth Camp, and if that is not possible, then register for Work Camp in order to counsel.
- If you do not register for Youth Camp or Work Camp, there will be a charge of \$300.00 to cover your expenses to counsel. You will still need to register through our website for the session titled "Non-camper Counselor Registration." This is where you will pay the \$300.00 and have access to the health form that is required.

In other words, if you register for Youth Camp or Work Camp there is no charge for you to counsel.

Whether you are a camper or not, <u>ALL</u> of you will need to register in our online system and fill out a health form.

We have to cover expenses of salaries, food, utilities, t-shirts (counselor and camper), canteen, camp picture, program expenses, insurance, and on and on.

If you look at most any other camp, they charge counselors to come to camp. We will continue to offer those who register as campers a free counselor experience, which is unusual, but we will need to recoup the expenses of those who counsel, but do not sign up for a camp session. This is necessary for us to continue to be able to operate responsibly. If you have any questions, as always, please feel free to contact me: ken@campmikell.com or 706-886-7515.

2016 Mikell Summer Camp Counselor Applications

DUE MARCH 4th, 2016

You will need to return this form with everything filled out and signed along with two (2) references. Please write legibly. *Late applications will not be accepted.*MAIL to: The Rev. Ken Struble, 237 Camp Mikell Ct., Toccoa, GA 30577

NOTE: FAXES OR EMAIL ATTACHMENTS WILL NOT BE ACCEPTED!!

| Applica | nts will be rising hig | th school sophomores or | r older: | |
|-----------------------|------------------------|--|------------|-----------------------------|
| Name: _ | | Age: | Sex: | Date of Birth: |
| Home A | Address: | | | City: |
| State: _ | Zip Code: | Phone: () | | Current Year in School: |
| Email: _ | | Home Parish: | | |
| During 1 | the past year, have y | ou been a regular comm | unicant at | church? Yes No |
| | | contributions have you | | nose in your church, school |
| What p | revious experience h | ave you had at Mikell a | nd/or othe | er camps? |
| | | ave you had working w you have experience wo | | |
| | | lar activities that you ar | | in |
| truthful reference | ly. I authorize the D | d the questions on this a pirector of Camp Mikell including the National S | or other N | Mikell Staff to contact any |
| Name: _ | | | Date | e: |
| Parent/0 | Guardian: | | Da | te: |
| | | | | |

Please check all sessions you are willing to counsel. You may prioritize. (1, 2, 3, etc.) NOTE: Only rising 11th graders+ can apply to counsel Intermediate, and if you only check one session and older applicants have filled the spots, you're out of luck. Also, I start with the oldest applicants and work down to the rising 10th graders. Quite often, I do not have room for some/all 10th grader applicant girls. This is not a personal reflection on you, but is just the reality of having a lot of good applicants.

| Outdoor Junior Camp: May 31-June 5 (6 th and 7 th graders) |
|--|
| Outdoor Intermediate Camp: May 31- June 5 (8 th and 9 th graders) |
| Performing Arts Camp: June 12-18 (4 th -9 th graders) Intermediate Camp: June 19-25 (8 th and 9 th graders) |
| Intermediate Camp: June 19-25 (8 th and 9 th graders) |
| Junior Camp: June 26-July 2 (6 th and 7 th graders) |
| Kid Camp: July 10-16 (3 rd -5 th graders) |
| (Note: Unfortunately, due to an ever shrinking summer per school calendars, we can only |
| offer ONE Kid Camp this summer.) |
| - |

<u>All</u> counselors <u>must</u> attend a one-day training session during the spring. The St. Bartholomew's training day will run from 10:00 AM until 3:30 PM. The session at Mikell, well (see below). You must attend <u>one</u> of these sessions, even if you have had the training before and can recite the counselor handbook by heart. You must check, and actually attend, one of the following:

| April 9th at <i>St. Bartholomew's Church, 1790 La Vista Rd. NE, Atlanta</i> |
|---|
| June 4 th , 5 th at Mikell (The day before Youth Camp. Training will start at 7 pm, |
| you will spend the night, have breakfast, and we'll conclude around 11:30 am on June |
| 5 th . If you are staying for Youth Camp, lunch will be provided.) |

You must turn in a new complete health form with the doctor's portion to be a counselor. Either do this when you register as a camper on the "Parent Dashboard" of the registration system, or when you register as a "Non-camper Counselor.' If you do not turn in a health form, you cannot counsel. Don't come to camp without it!! Period!! ACA rules!!!

In addition, counselors must be at camp by <u>12:00 PM</u> the day camp starts (usually a Sunday). There are no buses this year, as our sessions are from Sunday-Saturday. Be sure to read, sign and return the counselor regulation sheet. Applications are due by March 4, 2016. DO NOT FAX OR ATTACH IN AN EMAIL!!

Mail all applications to: The Rev. Ken Struble, 237 Camp Mikell Ct., Toccoa, GA 30577. You may email me at ken@campmikell.com or call me at 706 886 7515 if you have any questions.

Thank you for applying to be a counselor at Mikell. We need you and we appreciate you.

Counselor Regulations

All applicants must agree to these regulations before being accepted as a counselor. You are expected to abide by each and every one of them.

- Counselors' primary responsibility is to take care of the campers. <u>The campers</u> will be supervised at all times.
- Counselors may not have in their possession or consume illegal drugs or alcoholic beverages. Counselors violating this standard will be sent home.
- Counselors agree to participate in Counselor Training. You must attend a training day either at Mikell on April 25th or St. Bart's on April 18th. No exceptions.
- Counselors will arrive by 12 pm (Lunch) the day the camp session starts (its fine to come a little earlier to move into your dorm. A list of which dorm you will be in will be on the door to Walthour.)
- Camp sessions end around 10 AM, except for Performing Arts Camp. You will be free after lunch at this camp. Counselors may leave no earlier without approval from the director or summer staff leadership.
- Counselors may not use tobacco products.
- Cell phone usage will be restricted to your time off. We encourage you to spend time with others at Mikell to build community here and not be on the phone. While you are with the campers, your responsibility is to be with the campers.
- Counselors must register their prescription drugs with the nurse before the session begins.
- Vehicles must be parked upon arrival and not driven until departure. Vehicles
 will be parked in the lower field parking lot. Keys will be taken up at the
 beginning of camp and returned at the end of camp. There will be no trips to
 town.
- Counselors are responsible for reporting to their staff person any damage caused by them or their campers.
- Counselors may not bring pets to camp.
- Counselors may not have visitors during sessions.
- Bring enough clothes for the session.
- Counselors should attend Youth and/or Work Camp.

Being a volunteer counselor is one of the most difficult and rewarding jobs you will ever have. You will be an important part of the ministry of Mikell. You will be with the campers from the time you wake up until the time you go to bed, with little exception. If you agree to the above rules and are up for the job, please sign below, and thank you.

| Signed: | Date: |
|---------|-------|
| 6 | |

Volunteer Counselor Reference

(Applicant: Please duplicate this form. Two (2) references are needed.)

Thank you for taking the time to fill out the reference for this Camp Mikell Summer Camp Counselor Applicant. You may either return the form to the applicant, mail it to: The Rev. Ken Struble, 237 Camp Mikell Ct., Toccoa, GA 30577, or email it as an attachment to ken@campmikell.com. Questions? Email or call 706-886-7515

| Name of Applicant: | | | |
|---|--|--|--|
| In what capacity do you know the Applicant? | | | |
| Is this person dependable and timely? Yes No If no, please explain. | | | |
| Is this person capable of working unsupervised? Yes No If no, please explain. | | | |
| Is there anything that would make you feel uncomfortable about hiring this person to work with children? Yes No If yes, please explain. | | | |
| Does this person work well with others? Yes No If no, please explain. | | | |
| Name of reference: Phone #: | | | |
| | | | |

I would appreciate any other information that you would like to share about the applicant. And again, thank you for your time.

Voluntary Disclosure Statement All Camp Staff FM 16

Mail this form along with your application. Answer all questions that apply. Thank you. Ken

Developed and approved by the American Camp Association

| Name | Birth date | | | | | |
|---------------------------------|--------------------------------|-----------------------|----------------|----------------------|------------------|--|
| Last | First | Middle | | | | |
| Home address | Street Address | City | | State | Zip | |
| Social Security # | Other r | names by which kno | own (e.g., mai | den name) | | |
| Home phone | Business phone (if applicable) | | | | | |
| Cell phone (optional) | E-mail address (optional) | | | | | |
| School or College | | | | | | |
| Address | Street Address | City | | State | | |
| | | | | | | |
| Driver's License # | | State | _ Expiration D |)ate | | |
| 1. Previous residence(s) for la | ast five years (include c | ollege and home re | sidences): | | | |
| City | | | State | Years | | |
| City | | | State | Years | | |
| City | | | State | Years | | |
| City | | | State | Years | | |
| (Continue on separate sl | heet, if necessary.) | | | | | |
| 2. Have you ever been convid | ted of any crime relatin | ng in any manner to | children and/o | or your conduct with | | |
| If yes, please explain: (Use | a separate sheet, if ne | ecessary.) | | | □ Yes □ No | |
| | | | | | | |
| | | | | | | |
| Have you ever been convice | eted of any crime includ | ing but not limited t | n those listed | l below and/or any | crime similar in | |
| any manner to those listed | | g, sacriot illillou t | , | . Doion ana, or any | □ Yes □ No | |

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- · Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- · Intent to commit any of the above crimes.

| If yes, please explain: (Use a separate sheet, if necessary.) | |
|---|--|
| | |
| 4. Have you ever been adjudged liable for civil penalties or damages investigated liable for civil penaltie | olving sexual or physical abuse of children? ☐ Yes ☐ No |
| 5. Are you now or have you ever been subject to any court order involving but not limited to a domestic order or protection? If yes, please explain: (Use a separate sheet, if necessary.) | ng sexual or physical abuse of a minor, including, ☐ Yes ☐ No |
| 6. Have your parental rights ever been terminated for reasons involving s | sexual or physical abuse of children? □ Yes □ No |
| If yes, please explain: | |
| I understand that: | |
| a) The camp may deny employment to any person who answers "yes" to any one discovers circumstances that would indicate a "yes" answer to any of the above immediately. b) The information provided on this form is subject to verification, which may inclu Central Registry of child abusers. c) The camp may terminate employment or volunteer service of any person if that have a history of complaints of abuse of a minor; have resigned, been terminated, or been asked to resign from a position abuse of a minor; and/or have falsified or omitted information in this disclosure statement. d) This disclosure statement must be updated yearly. | de a criminal history check and request from any person is found, regardless of when discovered, to: |
| Signature | Date |
| Signature of Minor's Parent or Guardian | Date |