

Camp Smoky Christian Retreat Summer Camps 2018 Volunteer Youth Counselor APPLICATION for Adventure Camp I - GRADES 1 - 6 or Youth Camp "2018"

GIRLS - JUNE 24 - 27 - 3 nights ____ (only female counselors) or

BOYS - JUNE 27 - 30 - 3 nights ____ (only male counselors) or

YOUTH CAMP - JULY 15 - 20 ____ (check one)



Name: _____ Age: _____ Male: _____ Female: _____

School _____ Present Grade: Freshman Sophomore Junior Senior Other _____

Mailing Address: _____

City, State Zip _____

Cell Phone: _____ Email: _____

Please list URL link to all social networking sites you participate in:

(FaceBook, MySpace, Twitter, etc.) _____

Is this your first year applying at Camp Smoky? ____ If not, what year "returnee" are you? ____

Position Applied For: counselor ____ or kitchen ____

Please read/sign the attached Statement of Faith and Initial here: _____

Please read/sign the Counselor Code of Conduct and Initial here: _____

Name of Parent/Guardian: _____

Complete Address: (if different than above) _____

City, State Zip _____

Phone: (Alternate Number): _____

Church Background

1. Are you a Christian? ____ Member of what church? _____ Phone _____

2. Have you had experience in RA's, GA's, Acteens or other camping organizations? ____ Explain: _____

3. Have you had experience in working with children in Sunday School, Children's Worship, Missions, Vacation Bible School, or any other program? ____ Explain: _____

Previous Camp Experience:

Camper or Staff? Camp Dates (Year)

Previous Work or Experience: The following information must be completed.

Name of Business: _____

Position: _____

Length of Employment: _____

1. List any hobby, craft, talent skills or interests you have that may be used in small group activity leadership:

Please answer the following questions. Attach additional pages if necessary.

2. Why do you want to be a 2018 Camp Smoky Christian Retreat Summer Camp Volunteer? _____

3. What experiences or qualifications do you have that will support you being a camp counselor? _____

4. Give your personal salvation experience. _____

5. Explain how to lead someone to Christ. _____

6. How you would handle conflict amongst campers? _____

Camp Smoky Christian Retreat Summer Camp: **STATEMENT OF BELIEF**

1. We believe that the Holy Bible, composed of the Old and New Testaments, is of supreme and ultimate authority in faith and life, is inspired by God, are inerrant in its original languages and is God's final revelation to the Church.

2. We believe in God the Father, God the Son, and God the Holy Spirit, the Trinity being one God, eternally existing in three persons.

3. We believe in the virgin birth of Jesus Christ, that He was born of the Virgin Mary and begotten by the Holy Spirit, God incarnate.

4. We believe the origin of man was by God through creation as related in the book of Genesis, that he was made in the image of God, that he sinned and thereby incurred physical and spiritual death.

5. We believe that all men are born with a sinful nature and are in need of redemption.

6. We believe that the Lord Jesus Christ is the only Savior, that He was crucified for our sins, as a voluntary substitutionary sacrifice, that He rose bodily from the dead, and ascended into Heaven, according to Scripture, and that all who believe in Him and call on His Name shall be saved.

7. We believe that the baptism of the Holy Spirit comes at the moment of salvation to every believer, and that the believer's eternal destiny is secure.

8. We believe in the imminent return of Jesus Christ to earth in power and glory, to reign forever, in the bodily resurrection of the saints and their eternal bliss, and in the eternal punishment of the lost.

9. We believe that the institution of marriage is between one man and one woman.

I affirm that I have read the above statement of belief and that I am in full agreement. YES _____ or NO _____

Signed _____ Date _____

Counselor Code of Conduct

Counselors are entrusted with a great deal of responsibilities. You are accountable for the well being of the campers, keeping them safe, having fun and helping them connect with each other and with God. You have a tremendous influence with the campers! It is extremely important that you act in a positive Christian manner with the campers, the staff and each other. The success of Camp Smoky Christian Retreat Summer Camps and more importantly, the camper’s experience of camp, depends on it!

Each counselor participant shall:

- Fulfill their counselor requirements including applications and training.
- Cell phones (& all electronic devices) should not be seen by campers. You should not text nor receive calls in front of campers. Please give your parents/guardians the directors/camp pastor’s cell phone number in case of emergency. Campers are not allowed to use your cell phone under no circumstance.
- Remain on camp property at ALL times.
- Be a positive role model treating everyone with respect and compassion using kind words and actions.
- Inform the Camp Director promptly of any difficulties or concerns they have with or about the campers.
- Dress appropriately (including modest 1 piece swimsuits, no tube tops and shorts that reach your fingertips) and excluding vulgar, alcohol/drug/tobacco, or sexually related clothing, etc.
- Participate fully in all camp activities with enthusiasm while encouraging the campers to join in.
- Respect each other’s possessions and personal space.
- Observe all camp rules including lights out and remaining in your assigned cabins throughout the night.
- Ensure campers are supervised at all times, including overnights.
- Respect Camp Smoky Christian Retreat Camp’s facilities and grounds by keeping it clean and encouraging campers to join in.
- Follow the leadership and direction of the Camp Directors and Pastors and Staff for a positive, rewarding, safe and fun camp leadership experience.
- Alert Camp Directors or Pastors or Nurse of any medical or allergy related incidents immediately.

I understand that any inappropriate and/or disruptive behavior or language will not be tolerated and will be handled quickly by the Camp Directors and Pastor.

I have read and will abide with this **Counselor Code of Conduct** document. I have read the application, code of conduct, statement of belief and the events I am responsible to attend and I understand the expectations asked of me and will fulfill them to the best of my ability.

Counselor Signature _____ Date: _____
Parent/Guardian Signature _____ Date: _____

I understand my commitment to participate in all camp events is requested: _____ (initial)
I agree/commit to all camp events, which include the following:

-Application Deadline: April 15th.

-Youth Counselor Training: May 11 & 12, 2018 at Camp Smoky (for Children’s Camp weeks)

-Camp Kick-Off: First day of the camp that you are assigned

-In the event that an unforeseen circumstance arises affecting my participation at camp events, I understand that it is my responsibility to notify the Camp Director immediately.

- You must provide 3 references, including your pastor. These are due from the person of your choice by May 1st.

APPLICANT SIGNATURE & DATE _____
PARENT/GUARDIAN SIGNATURE (if under 18): _____

PLEASE RETURN APPLICATION BY April 15th and your three references by May 1st to:
Sevier County Association of Baptists, P.O. Box 4099, Sevierville, TN 37864

#1

Volunteer Youth Counselor for Camp Smoky Personal Reference Questionnaire #1 Counselor's Pastor

Applicant's Waiver: I hereby acknowledge that this reference is confidential and waive my rights to its contents.

Signature _____ Date _____ Applicant _____

_____ This person has given your name as a reference who could evaluate his/her past performance as well as potential for succeeding in this position. Please give careful consideration to the questions below. Your prompt attention to this questionnaire is much appreciated as we are unable to consider this applicant until we have received the required references. Should you prefer to contact us directly, please feel free to do so. All our summer staff live and work with children 6 – 13 years of age. They must be excellent role models whom parents would want their children to emulate. The rating information will be held in the strictest confidence and will only be re- viewed by those officially involved. Please provide an accurate description of the applicants character and skills. Keep in mind that only the truly exceptional individual will rank highly in all categories with **1 being the highest rank and 5 being the lowest rank.**

How Extensive Has your contact been with this person?

- Daily contact Observed applicant frequently Observed applicant infrequently Have seen records/reports
 Other

How Long have you known this applicant and in what capacity?

1. How well is the applicant able to direct and influence others along definitive lines of action?

- 1 2 3 4 5

Example or Comments

2. How well does applicant work as a member of a group?

- 1 2 3 4 5

Example or Comments

3. How does the applicant react to suggestions or criticism by others?

- 1 2 3 4 5

Example or Comments

4. How well is applicant able to competently complete projects on his/her own?

- 1 2 3 4 5

Example or Comments

5. How well does the individual put his/her principles and convictions into action?

- 1 2 3 4 5

Example or Comments

6. How well does applicant control his/her emotions?

- 1 2 3 4 5

Example or Comments

Narrative Report

Why would you be willing to have your children under this individual's leadership during one of the camps?

What would be this person's greatest assets to children in a resident camp program?

At Camp Smoky we focus on providing character building experiences for each of our campers in a Christian Environment. Describe how this applicant will excel in helping make “character count”.

In what areas would you like to see this person continue to grow?

May we call you for further information if necessary? Yes ____ No ____
The Camp Smoky Leadership greatly appreciates your time and assistance. Thank You.

Signed (Reference) _____ Date _____

_____ Print Name _____
Address _____

_____ City _____ State _____

_____ Zip _____ Phone (H) _____ Phone
(Cell) _____ E-mail _____

PLEASE RETURN REFERENCE BY May 1st to:

Sevier County Association of Baptists, P.O. Box 4099, Sevierville, TN 37864

#2

Volunteer Youth Counselor for Camp Smoky Personal Reference Questionnaire #2

Applicant's Waiver: I hereby acknowledge that this reference is confidential and waive my rights to its contents.

Signature _____ Date _____ Applicant _____

_____ This person has given your name as a reference who could evaluate his/her past performance as well as potential for succeeding in this position. Please give careful consideration to the questions below. Your prompt attention to this questionnaire is much appreciated as we are unable to consider this applicant until we have received the required references. Should you prefer to contact us directly, please feel free to do so. All our summer staff live and work with children 6 – 13 years of age. They must be excellent role models whom parents would want their children to emulate. The rating information will be held in the strictest confidence and will only be re-viewed by those officially involved. Please provide an accurate description of the applicants character and skills. Keep in mind that only the truly exceptional individual will rank highly in all categories with **1 being the highest rank and 5 being the lowest rank.**

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 Other

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- 1 2 3 4 5

Example or Comments

2. How well does applicant work as a member of a group?

- 1 2 3 4 5

Example or Comments

3. How does the applicant react to suggestions or criticism by others?

- 1 2 3 4 5

Example or Comments

4. How well is applicant able to competently complete projects on his/her own?

- 1 2 3 4 5

Example or Comments

5. How well does the individual put his/her principles and convictions into action?

- 1 2 3 4 5

Example or Comments

6. How well does applicant control his/her emotions?

- 1 2 3 4 5

Example or Comments

Narrative Report

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What would be this person's greatest assets to children in a resident camp program?

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In what areas would you like to see this person continue to grow?

May we call you for further information if necessary? Yes ____ No ____
The Camp Smoky Leadership greatly appreciates your time and assistance. Thank You.

Signed (Reference) _____ Date _____

Print Name _____
Address _____

City _____ State _____

Zip _____ Phone (H) _____ Phone _____

(Cell) _____ E-mail _____

PLEASE RETURN REFERENCE BY May 1st to:

Sevier County Association of Baptists, P.O. Box 4099, Sevierville, TN 37864

#3

Volunteer Youth Counselor for Camp Smoky Personal Reference Questionnaire #3

Applicant's Waiver: I hereby acknowledge that this reference is confidential and waive my rights to its contents.

Signature _____ Date _____ Applicant _____

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 Other

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Example or Comments

2. How well does applicant work as a member of a group?

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Example or Comments

3. How does the applicant react to suggestions or criticism by others?

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Example or Comments

4. How well is applicant able to competently complete projects on his/her own?

- 1 2 3 4 5

Example or Comments

5. How well does the individual put his/her principles and convictions into action?

- 1 2 3 4 5

Example or Comments

6. How well does applicant control his/her emotions?

- 1 2 3 4 5

Example or Comments

Narrative Report

Why would you be willing to have your children under this individual's leadership during one of the camps?

What would be this person's greatest assets to children in a resident camp program?

At Camp Smoky we focus on providing character building experiences for each of our campers in a Christian Environment. Describe how this applicant will excel in helping make "character count".

In what areas would you like to see this person continue to grow?

May we call you for further information if necessary? Yes ___ No ___
The Camp Smoky Leadership greatly appreciates your time and assistance. Thank You.

Signed (Reference) _____ Date _____

Print Name _____
Address _____

City _____ State _____

Zip _____ Phone (H) _____ Phone _____

(Cell) _____ E-mail _____

PLEASE RETURN REFERENCE BY May 1st to:

Sevier County Association of Baptists, P.O. Box 4099, Sevierville, TN 37864

Counselor Health Form for Camp Smoky **TURN IN WITH APPLICATION by April 15, 2018**

Check all the dates of camp that apply: GIRLS - JUNE 24 - 27 - 3 nights ____ (only female counselors) or

BOYS JUNE 27 - 30 - 3nights ____ (only male counselors) or YOUTH CAMP - JULY 15 - 20 ____

Counselor Name: _____ Age: ____ Sex: ____ Birthday: _____

T-shirt size _____ Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Counselor lives with: Mom Dad Both

Other _____

E-mail: _____

Home Phone: (____)____-____ Work: (____)____-____

Mom Cell: (____)____-____ Dad Cell: (____)____-____

Counselor's Physician _____ Phone # _____

Family Insurance Company _____

Insurance Subscriber's Name _____ SS# _____

Ins Insurance Claims Address _____ Pre-Authorization Phone # if required () _____

Emergency Contact: _____

Name of person to notify (other than parent): _____ Phone: (____)____-____

Address: _____

City: _____ State: _____ Zip: _____

Are you subject to: (Circle all that apply)

Diabetes Frequent colds Asthma Bronchitis Ivy

Nosebleed Abscessed ears Fainting Bee Sting Allergy Oak

Earache Stomach upsets Sore throat Bed-wetting Sumac

Headache Sleepwalking Sinusitis

List communicable skin eruptions or disease: _____

Emergency Treatment and Activities Permission

This health information and history is correct to my knowledge and the above named child has permission to engage in all prescribed camp activities except as noted by me. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Smoky Directors and Nurse to secure proper treatment for, hospitalize and to order injections, anesthesia, or surgery for the above named child. I understand that I am responsible for expenses incurred by sickness or injury not covered by camp insurance.

I understand that children may be photographed or filmed while participating in camping activities and that these photographs or film may be used in print or in other media to promote Camp Smoky.

Parent/Guardian _____

Date _____

Have you ever had an allergic reaction to: (describe what sets off reaction and its severity)

Foods: _____ (Please list) _____

Drugs: _____ (Please list) _____

Insect Stings: _____ Has counselor ever been stung by a bee? _____

Do you carry an Epi-pen? _____ **If yes, please make sure and bring to camp and list on medication form!

Ivy Poisoning: _____ Other: _____

Counselor Profile (Please circle): Physical Condition: Excellent Good Fair Poor

Temperament: Timid Quiet Sensitive Adjusts to contemporaries: Very Easily Participates in group activities: Easily, Average, Easily Excitable, Aggressive, With Difficulty With Encouragement Only When Encouraged

Known Fears or Weakness: _____ Eating, Sleeping Habits: _____

Any Activity restrictions: _____ Special dietary concerns: _____

List of Prescriptions and their schedules: _____

Getting Ready for Camp Smoky and General Information
(Please keep this PAGE for your info – it is also provided to the campers)

Valuables: Campers are not to bring non-essential items to camp. The camp does not assume responsibility for lost articles. Label all valuables, luggage, clothing, and other items for identification. Put pillows, blankets, or sleeping bags in plastic bags and label. Include extra plastic bags for the return trip. Behavior that all campers should abide by: Treat others as you would like to be treated and have the same attitude as Jesus!! Campers are expected to behave in a manner consistent with the camp's goals of providing a safe, positive, and respectful Christian community. While counselors will work with campers to handle minor disciplinary problems, the camp does reserve the right to send any camper home whose behavior is consistently inappropriate. Any direct threat or actual physical harm to one's self or others will result in a camper being sent home immediately.

Clothing

As a Christian camp we expect clothing to be modest and to not be offensive or make others feel uncomfortable. Clothing also needs to be safe for wear in our active program.

Items that are inappropriate include:

- Clothing that contains alcohol, tobacco or drug related logos or graphics
- Halter tops, tube tops or shirts with exposed backs
- Clothing that is sheer and can be seen through - Short skirts or mini-skirts
- Exposed midriffs
- Exposed underwear
- No two piece suits for girls (one piece suits only) - Dangling chains from pockets, wallets, etc.
- Spiked bracelets and collars

Medical:

A nurse is on duty 24 hours a day to provide prompt medical treatment for minor injuries. If a physician is needed, the services of the Leconte Medical Center will be used and the parent will be contacted. All medications (over-the-counter and prescriptions) must be in the original bottles!!

Meals:

Campers will be served three balanced meals daily. Two snacks per day are included in the price of each camp.

What to Bring:

Bible
Swim suit or trunks
6-8 pairs of socks
Jacket or sweatshirt
Long Pants
Towels & wash cloths
Pillow & bedding for twin bunk OR sleeping bags Change of clothing for each day of the week (shorts are allowed)
Sweatshirt/Fleece (at least one) Pajamas Underwear
2 pairs of tennis shoes Toothbrush and toothpaste Soap
Shampoo Labeled laundry bag Flip flops for shower

Optional: Pump spray insect repellent Sunscreen Flashlight Stationary envelopes and stamps

What **not** to Bring: Radios Fireworks Cell Phones Matches Sheath Knives Computer equipment
Candy Tobacco Products Snack Food or drinks Handheld Devices (Nintendo DS/ PSP/ I-Pod/ Etc) Money