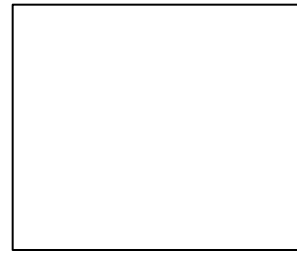


Please include a recent photograph, Thanks!



### Camp Smoky Christian Retreat Summer Camps 2017

Dates Available: June 25 - 29 or July 2 - 6 Children or July 16 - 21 Youth

#### **Volunteer Youth Counselor APPLICATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School \_\_\_\_\_ Present Grade: Freshman Sophomore Junior Senior Other \_\_\_\_\_

Complete Address: \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Church \_\_\_\_\_

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: \_\_\_\_\_

**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:**

| <b>Camper or Staff?</b> | <b>Camp</b> | <b>Dates (Year)</b> |
|-------------------------|-------------|---------------------|
|                         |             |                     |

**Previous Work or Experience: The following information must be completed. Name of Business**

Position

Length of Employment

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

\*\*\*\*\*

1. Check the following categories in which you have special abilities that you could share with campers. List any "other skills" you have on the lines provided below:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Jewelry Making  | <input type="checkbox"/> Woodworking    | <input type="checkbox"/> Cake Decorating  |
| <input type="checkbox"/> Archery         | <input type="checkbox"/> Soap making    | <input type="checkbox"/> Harmonica        |
| <input type="checkbox"/> Scrapbooking    | <input type="checkbox"/> Candle making  | <input type="checkbox"/> Crocheting       |
| <input type="checkbox"/> Outdoor Cooking | <input type="checkbox"/> Sewing         | <input type="checkbox"/> Outdoor Survival |
| <input type="checkbox"/> Automotive      | <input type="checkbox"/> Photography    | <input type="checkbox"/> Foot Praise      |
| <input type="checkbox"/> Sign Language   | <input type="checkbox"/> Indoor Cooking | <input type="checkbox"/> Music            |
| <input type="checkbox"/> Drama           | <input type="checkbox"/> Puppets        | <input type="checkbox"/> Kitchen staff    |
| <input type="checkbox"/> Cleaning staff  | <input type="checkbox"/> Clogging       |   |

Other talents you may have: \_\_\_\_\_

**Please answer questions. Attach additional pages if necessary.**

2. Briefly explain why you want to be a 2017 Camp Smoky Christian Retreat Summer Camp Volunteer:

3. Briefly explain what experiences or qualifications you feel will help you to be a good counselor:

4. What has God been teaching you that will further your ability to be a spiritual leader at Camp Smoky Christian Retreat Summer Camp this summer?

5. What leadership opportunities or personal growth have you experienced over the past year that will enable you to be a better counselor this year? (Church, school or community)

6. Briefly explain your *personal* salvation experience.

7. Briefly explain how to lead someone to Christ.

8. What contributions do you think a well run Christian camp can make in the life of a young person?

9. Briefly describe 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 fully subscribe to it in all points.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

*I am unable to fully subscribe to the above statement. I have listed the reasons why on the reverse of this form.* 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 Responsibility & Code of Conduct document. I have read the application, code of conduct, statement of belief and 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: \_\_\_\_\_

I agree/commit to all camp events, which include the following:

- Application Deadline: April 15<sup>th</sup>.
- Youth Counselor Training: May 5 - 6, 2017 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 1<sup>st</sup>.

APPLICANT SIGNATURE & DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (if under 18): \_\_\_\_\_

**PLEASE RETURN APPLICATION BY April 15<sup>th</sup> to:**

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



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".

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

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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 1<sup>st</sup> to:**

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

## 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 reviewed 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.

**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?**

|                           |          |          |          |            |
|---------------------------|----------|----------|----------|------------|
| Top 1 %                   | Top 10 % | Top 25 % | Top 50 % | Lower 50 % |
| Example or Comments _____ |          |          |          |            |

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

|                           |          |          |          |            |
|---------------------------|----------|----------|----------|------------|
| Top 1 %                   | Top 10 % | Top 25 % | Top 50 % | Lower 50 % |
| Example or Comments _____ |          |          |          |            |

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

|                           |          |          |          |            |
|---------------------------|----------|----------|----------|------------|
| Top 1 %                   | Top 10 % | Top 25 % | Top 50 % | Lower 50 % |
| Example or Comments _____ |          |          |          |            |

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

|                           |          |          |          |            |
|---------------------------|----------|----------|----------|------------|
| Top 1 %                   | Top 10 % | Top 25 % | Top 50 % | Lower 50 % |
| Example or Comments _____ |          |          |          |            |

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

|                           |          |          |          |            |
|---------------------------|----------|----------|----------|------------|
| Top 1 %                   | Top 10 % | Top 25 % | Top 50 % | Lower 50 % |
| Example or Comments _____ |          |          |          |            |

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

|                           |          |          |          |            |
|---------------------------|----------|----------|----------|------------|
| Top 1 %                   | Top 10 % | Top 25 % | Top 50 % | Lower 50 % |
| Example or Comments _____ |          |          |          |            |

**Narrative Report**

**Why would you be willing to have your children under this individual's leadership during one of camp's week long residential settings?** \_\_\_\_\_  
\_\_\_\_\_

**What would you rate 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".

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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 1<sup>st</sup> to:**

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



### 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** \_\_\_\_\_

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 reviewed 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.

**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?**

|                           |          |          |          |            |
|---------------------------|----------|----------|----------|------------|
| Top 1 %                   | Top 10 % | Top 25 % | Top 50 % | Lower 50 % |
| Example or Comments _____ |          |          |          |            |

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

|                           |          |          |          |            |
|---------------------------|----------|----------|----------|------------|
| Top 1 %                   | Top 10 % | Top 25 % | Top 50 % | Lower 50 % |
| Example or Comments _____ |          |          |          |            |

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

|                           |          |          |          |            |
|---------------------------|----------|----------|----------|------------|
| Top 1 %                   | Top 10 % | Top 25 % | Top 50 % | Lower 50 % |
| Example or Comments _____ |          |          |          |            |

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

|                           |          |          |          |            |
|---------------------------|----------|----------|----------|------------|
| Top 1 %                   | Top 10 % | Top 25 % | Top 50 % | Lower 50 % |
| Example or Comments _____ |          |          |          |            |

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

|                           |          |          |          |            |
|---------------------------|----------|----------|----------|------------|
| Top 1 %                   | Top 10 % | Top 25 % | Top 50 % | Lower 50 % |
| Example or Comments _____ |          |          |          |            |

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

|                           |          |          |          |            |
|---------------------------|----------|----------|----------|------------|
| Top 1 %                   | Top 10 % | Top 25 % | Top 50 % | Lower 50 % |
| Example or Comments _____ |          |          |          |            |

**Narrative Report**

**Why would you be willing to have your children under this individual's leadership during one of camp's week long residential settings?** \_\_\_\_\_

**What would you rate 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 1<sup>st</sup> 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, 2017**

Circle all the dates of camp that apply: June 25 - 29 or July 2 - 6 (children) or July 16 - 21 (youth)

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 Average Excitable Aggressive Other
- Adjusts to contemporaries: Very Easily Easily With Difficulty
- Participates in group activities: Easily With Encouragement Only When Encouraged

Known Fears or Weakness: \_\_\_\_\_

Eating, Sleeping Habits: \_\_\_\_\_

Any Activity restrictions: \_\_\_\_\_

Special dietary concerns: \_\_\_\_\_

## 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

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**

X Radios X Fireworks X Cell Phones  
X Matches X Sheath Knives X Computer equipment  
X Candy X Tobacco Products X Snack Food or drinks  
X Handheld Media Devices (Nintendo DS/ PSP/ I-Pod/ Etc....)  
X MONEY