



534 County Road 876

Englewood, TN 37329

423 - 263 - 5060

camplivingstones@gmail.com

Camp Living Stones

COUNSELOR APPLICATION

Applying For SUMMER 20 _____

Name: _____ Preferred Name: _____ Birthdate: _____ Age: _____

Social Security No.: _____ Driver's License No. & State: _____

School Attending: _____ --- H.S. / _____ College/Uni.

Year completed in school by summer: _____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate

Current Mailing Address: _____

Permanent Mailing Address: _____

Cell Phone: () _____ E-mail: _____

Parent's Names: _____

Mother's Occupation: _____ Work or Cell Phone: _____

Father's Occupation: _____ Work or Cell Phone: _____

ABOUT YOURSELF

- How did you learn about Camp Living Stones? _____

- What is your understanding of the position of a summer counselor at CLS? (responsibilities, challenges, etc.)

- Why do you want to be a counselor here?

- Are you a Christian? _____ Briefly describe what it means to be a Christian: _____

- Describe the role that Jesus Christ plays in your life on a day-to-day basis.

▪ **What, if any, is your involvement in a church body and/or Christian organization?**

▪ **What are some of your hobbies?**

▪ **What do you feel are your personal strengths and weaknesses?**

▪ **Please list any experience you have working with young people. (i.e. Sunday School, RA's or GA's, Boy or Girl Scouts, YMCA, Youth Leagues, etc.)**

- Please discuss any specific skills or experience that you possess that could enhance the camp experience for campers or staff.

- Please check areas of experience or training: ___ Photography ___ Musical Instruments: _____
 ___ Outdoor Activities/Programs: _____ ___ Video Editing ___ Other: _____

- What age do you prefer to work with in a small group/cabin? Circle Preference: 12-13 14-15 16-17 18

Why? Do you have experience with this age?

- Are there matters with which you are occupied this summer that could claim your attention away from camp (family, financial, friendships, etc.)? Discuss briefly.

- Can you arrive on Thursday, May 26 and stay through August 13, 2011? ___ YES ___ NO
(Persons who are able to work the entire summer will be given first priority)

If no: Can you attend staff training May 26 - June 5? ___ YES ___ NO

- Further Response:

IMPORTANT – TO COMPLETE YOUR APPLICATION, WE MUST RECEIVE:

- 1. YOUR APPLICATION***
- 2. YOUR MEDICAL FORM***
- 3. CLS WAIVER***
- 4. SIGNED FAITH STATEMENT***
- 5. COPY OF DRIVER'S LICENSE***
- 6. COPY OF SOCIAL SECURITY CARD***
- 7. THREE REFERENCE FORMS***

I have answered all questions on this application truthfully and to the best of my knowledge. Further, I give Camp Living Stones permission to contact and elicit responses from my reference list that I have provided. I also give Camp Living Stones permission to run a background check on me to protect the safety of CLS and campers.

Signature _____

Date _____

Thanks again for your time and interest in serving the Lord at Camp Living Stones.

MEDICAL INFORMATION

Name _____
Last First

Birthdate _____ Sex _____ Age _____

Parents/Guardian _____

Address _____

Emergency No./Work Phone _____
City State Zip

Physician's Name _____ Phone () _____

Health Insurance Co. & Address _____

Policy No. _____

Health Problems/Special Needs _____

Drug Allergies _____

Polio Vaccine Current Y / N Last Tetanus Shot _____

Regular Medication _____

Activity Restriction _____

PARENTS: Please read, sign, and date the following: Our insurance coverage is a secondary carrier. Our campers' insurance begins where yours terminates. It is only valid when your policy has been extended to its limits. In the event that you have no personal or organizational policy, our policy will provide you with complete coverage within its limits subject to policy provisions. Please provide us with the name of your health insurance carrier and your policy number in the event of a hospital visit.

"IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above."

Signature _____ Date _____

IMPORTANT: Please notify the camp if child has a communicable disease.
If applicable, please photocopy insurance card and submit with this sheet.

Waiver, Release, and Hold Harmless Agreement

I know that participating in Camp Living Stones' adventure programs can be potentially hazardous in nature. I assume all risks associated with participating in the adventure activities, including, but not limited to, broken bones, paralysis, and death, all risks being known and assumed by me. Having read this waiver and release and knowing these facts and in consideration of my participation in the adventure activities, I for myself, and anyone entitled to act on my behalf, waive and release Camp Living Stones, Incorporated, their Board of Directors, Officers, and successors from all claims and liabilities arising out of my participation in the adventure activities. I furthermore agree to hold the foregoing parties harmless from any injury that might result from my participation. I grant my permission to the foregoing parties to use any photographs, motion picture, recordings or any other record of this event for any legitimate purpose.

Date

Camp Dates

Phone Number

Participant with: (Church/Organization attending)

Home Address

Participant's Name (Print)

Participant's signature

Parent/Guardian signature (In addition to child's signature.)

PLEASE FILL OUT COMPLETELY.

Camp Living Stones Faith Statement

There are a number of characteristics that we find essential to our Christian faith. First, we believe that the Bible is God's Word, given by divine inspiration. God's Word reveals his love and plan for humanity. God's Word is all truth, without error, and applies to all people. II Timothy 3:16 reads, "All scripture is inspired by God and is useful for teaching the truth, rebuking error, correcting false, and giving instruction for right living..." Second, we believe in the Trinity; God the Father, God the Son, and God the Holy Spirit. I Peter 1:2 explains, "You were chosen according to the purpose of God the Father and were made holy people by his Spirit, to obey Jesus Christ and be purified by his blood." Next, we believe that Jesus Christ is the Son of God. God's Son became man, and was fully man and fully God. Jesus provides salvation to all people through his atoning death and bodily resurrection. Jesus died and conquered sin for all people. Salvation is received when one admits he is a sinner, repents of his sin, and places his faith in the death, resurrection, and life of Jesus Christ. Romans 6:23 states, "For the wages of sin is death, but the gift of God is eternal life in Christ Jesus our Lord." Jesus intercedes for all believers and lives in all believers as our Lord. To continue, we believe that all have the opportunity to have a growing relationship with Jesus Christ. Such a relationship is strengthened through a daily commitment of spending time in prayer and the reading of God's Word.

Through the reading of God's Word and the presence of the Holy Spirit, we can better understand the life of Christ and how to live that life. We also believe that as Christians, we have the responsibility to share and explain our personal relationship with Jesus Christ with those we encounter through our daily lives. Our testimony is simply an overflow of the joy we receive through our relationship with Jesus and the hope we have in Christ's return.

We believe that Jesus Christ is the head of the Church. All who believe in Jesus Christ are members of the Church. Ephesians 1:22-23 reads, "And God placed all things under his feet and appointed him (Jesus) to be head over everything for the church, which is his body, the fullness of him who fills everything in every way." We believe that it is necessary for all Christians to be a member of a local church; this provides believers with the opportunity to grow spiritually, hold one another accountable, worship corporately, and to carry the Gospel into the community.

Christianity is a relationship, not a religion. The relationship is with God through Jesus Christ. This relationship is a gift from God which cannot be earned by one and cannot be forced on another. This gift can simply be received by one, and as Christians, it is our responsibility to share with others the forgiving, loving, exciting relationship that we have with our Lord and Savior, Jesus Christ.

I, _____, have read and agree with the Camp Living Stones Faith Statement.

REFERENCES

Excluding relatives, please list at least three references (one Christian leader, one teacher or employer, and one friend). You may choose to include an additional reference if you desire. Address and telephone numbers are required. Please supply to those on your reference list the enclosed forms. This application will not be complete until the reference forms are returned to our office.

CHRISTIAN LEADER:

Name _____ Phone _____

Address _____

Relationship to applicant _____

TEACHER OR EMPLOYER:

Name _____ Phone _____

Address _____

Relationship to applicant _____

FRIEND:

Name _____ Phone _____

Address _____

Relationship to applicant _____

▪ Your **home County** Police Department #: (_____) _____

▪ Have you ever been convicted of a felony or misdemeanor other than a traffic violation? **Yes** ___ **No** ___

▪ If yes, please explain: _____

▪ Have you ever been the subject of an investigation for a sexual offense or child abuse of any kind? **Yes** ___ **No** ___

▪ If yes, please explain: _____

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534 County Road 876
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Phone: 423-263-5060
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CAMP LIVING STONES REFERENCE LETTER

Applicant's Name: _____ Date: _____

Dear Friend,

The applicant listed above has applied to be a counselor or counselor in training at Camp Living Stones. Our camp counselors meet the physical, social, mental, and spiritual needs of many youth this Summer. Because of the importance of the ministry of Camp Living Stones, we make every effort to involve the right people for the job. This form is completely confidential, and we ask that you please be candid as you thoughtfully complete this form. Your input will serve as a valued and important determinant in the evaluation of this applicant. Please return the form as soon as possible, as we are now processing applications. We will only consider this applicant upon our receiving this completed reference form. Thank you for your time and concern.

JON SMELTZER

In what capacity and for how long have you known this applicant? _____

What would you see as the applicant's strengths?

What would you see as the applicant's weaknesses?

How would you describe the applicant's spiritual and emotional maturity?

Do you have any knowledge or information as to why we should **not** seek this applicant as a counselor?

Thank you again for your time. Please use the reverse side for additional comments.

Your Name (Please Print): _____ Phone: _____

Signature: _____

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