



# Summer 2014 - Summer Camp Counselor Applications

**Applications due Friday, March 7, 2014.**

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.  
FAXES OR EMAIL ATTACHMENTS WILL NOT BE ACCEPTED.**

**You will need to return this form with everything filled out and signed along with two (2) references. Please write legibly.**

**Send completed application to: The Rev. Ken Struble, 237 Camp Mikell Ct., Toccoa, GA 30577**

Applicants should be active Christians and rising high school sophomores or older:

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

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ **CURRENT** Year in School: \_\_\_\_\_

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

Home Parish: \_\_\_\_\_

During the past year, have you been a regular communicant at church? [ ] Yes [ ] No

In the past two years, what contributions have you made to those in your church, school, and community?

What previous experience have you had at Mikell and/or other camps?

What previous experience have you had working with children other than at Camp Mikell (especially include if you have experience working with inner city children)?

Please list any extra-curricular activities that you are involved in.

I certify that I have answered the questions on this application completely and truthfully. I authorize the Director of Camp Mikell or other Mikell Staff to contact any reference or legal authority, including the National Sex Offender Public Website in regard to this application.

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

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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Please check all sessions you are willing to counsel. You may prioritize. (1, 2, 3, etc.)

**NOTE: Only rising 11<sup>th</sup> graders and older may apply to counsel Intermediate Camp. If you only check one session and older applicants have filled the spots, you're out of luck.**

- Kid Camp 1: May 28-June 2 (3<sup>rd</sup>-5<sup>th</sup> graders)
- Outdoor Junior Camp: May 28- June 2 (6<sup>th</sup> and 7<sup>th</sup> graders)
- Performing Arts Camp: June 15-21 (4<sup>th</sup>-9<sup>th</sup> graders)
- Intermediate Camp: June 24-30 (8<sup>th</sup> and 9<sup>th</sup> graders)
- Junior Camp: July 3-9 (6<sup>th</sup> and 7<sup>th</sup> graders)
- Outdoor Intermediate Camp: June 15-21 (8<sup>th</sup> and 9<sup>th</sup> graders)
- Kid Camp 2: July 12-17 (3<sup>rd</sup>-5<sup>th</sup> graders)

**All counselors must attend a one-day training session during the spring.**

Each day will run from 10:00 AM until 4:00 PM. You must attend one 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 12th at St. Bartholomew's Church (located at 1790 La Vista Rd. NE, Atlanta)
- April 26th at Camp Mikell

**You must turn in a new complete health form with the doctor's portion to be a counselor.**

**Download it off the summer camp page of the website, [www.campmikell.com](http://www.campmikell.com). 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 6:00 PM the day before camp starts**, so transportation to Mikell is your responsibility.

However, you may ride the bus back to the Cathedral of St. Philip on the last day of camp (except PA). Be sure to read, sign and return the counselor regulation sheet.

**Applications are due by March 7, 2014. 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 Ken at [ken@campmikell.com](mailto:ken@campmikell.com) or call him 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. **The campers 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 an entire training day either at Camp Mikell on April 20<sup>th</sup> or the Cathedral on April 13<sup>th</sup>. No exceptions.
- **Counselors will arrive by 6 PM the day before the camp session starts.** It is fine to come a little early 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. 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: \_\_\_\_\_

# 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 attachment it to [ken@campmikell.com](mailto:ken@campmikell.com).

Questions? Email or call 706-886-7515

Applicant's Name: \_\_\_\_\_

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

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 Developed and approved by the American Camp Association

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

Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Other names by which known (e.g., maiden name): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

School or College: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_ Expiration: \_\_\_\_\_

**1. Previous residence(s) for last five years (include college and home residences):**

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_



2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? [ ] Yes [ ] No

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? [ ] 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 involving sexual or physical abuse of children? [ ] Yes [ ] No

If yes, please explain: (Use a separate sheet, if necessary.)

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? [ ] Yes [ ] No

If yes, please explain: (Use a separate sheet, if necessary.)

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? [ ] Yes [ ] No

If yes, please explain: (Use a separate sheet, if necessary.)

**I understand that:**

- The camp may deny employment to any person who answers “yes” to any one of questions 2-6. If hired and the employer later discovers circumstances that would indicate a “yes” answer to any of the above questions, employment may be terminated immediately.
- The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - have a history of complaints of abuse of a minor;
  - have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - have falsified or omitted information in this disclosure statement.
  -
- disclosure statement must be updated yearly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Minor’s Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_