COUNSELOR APPLICATION 2020

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, and you will be registered in our system.

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

We must 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, 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.
2020 Mikell Summer Camp Counselor Application

DUE MARCH 6th, 2020
You will need to return this form with everything filled out and signed along with two (2) references. Write legibly. Late applications are not accepted.

MAIL to: The Rev. Ken Struble, 237 Camp Mikell Ct., Toccoa, GA 30577
NOTE: FAXES OR EMAIL ATTACHMENTS WILL NOT BE ACCEPTED!!

Applicants must be rising high school sophomores or older.

Name: ___________________________ Age: ____ Date of Birth: __________

Current Year in School: ______

Sex: Born Female ___ Male ___: Identify as Female__ Male__ Other________

Home Address_________________________________________________________

City: __________ State: ____ Zip Code: ______ Phone: (___)________

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 regarding this application.

Name: ___________________________ Date: __________

Parent/Guardian: ___________________________ Date: __________
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. 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/Intermediate Camp: June 14-20 (6th-9th graders)
_____Performing Arts Camp: May 31-June 6 (4th-9th graders)
_____Intermediate Camp: June 14-20 (8th and 9th graders)
_____Junior Camp: June 21-27 (6th and 7th graders)
_____Kid Camp: July 6-11 (3rd-5th graders) *(Note: Monday-Saturday)*

_____ My T-shirt size is: ( ) small  ( ) medium  ( ) large  ( ) xlarge  ( ) xxlarge

**Counselor Training May 23-24:**
Due to the popularity of the pre-Youth Camp counselor training, this will be the only counselor training offered this year. Training will start at 7 pm on May 23rd at Mikell and will end before lunch on May 24th. Breakfast on the 24th will be provided for everyone. If you are staying for Youth Camp, lunch will be provided. If not, you are on your own for lunch.

If for some reason (a good one, like you’re on vacation with family) you cannot attend counselor training and you would like to counsel, please contact me through email [ken@campmikell.com](mailto:ken@campmikell.com) and we will schedule another time for you.

*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 **12:00 PM** the day camp starts (usually a Sunday, and lunch is provided). Be sure to read, sign and return the counselor regulation sheet. Applications are due by March 6, 2020. **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](mailto: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. 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 the training session at Mikell on May 23-24 or contact me to make other arrangements. 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: ____________________
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 Ken at 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 #: __________________________

Is there any other information you would like to share?

__________________________________________________________________________

__________________________________________________________________________

Thank you for your time in helping Mikell- and a young person learn about an application process and responsibility.
Voluntary Disclosure Statement
All Camp Staff

FM 16

Developed and approved by the American Camp Association

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

Name _______________________________________________________ Birth date __________________________

Home address ______________________________________________________________________________________

Street Address City State Zip

Social Security # __________________________ Other names by which known (e.g., maiden name) ________________

Home phone __________________________ Business phone (if applicable) ____________________________

Cell phone (optional) ______________________ E-mail address (optional) _____________________________

School or College _____________________________________________________________________________

Address ______________________________________________________________________________________

Street Address City State Zip

Driver’s License # __________________________ State _____ Expiration Date ____________________________

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 ______________________

   (Continue on separate sheet, if necessary.)

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

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

   _____________________________________________________________________________________________

   _____________________________________________________________________________________________

   _____________________________________________________________________________________________

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:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

I understand that:

a) 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.

b) 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.

c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
   1) have a history of complaints of abuse of a minor;
   2) 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
   3) have falsified or omitted information in this disclosure statement.

d) This disclosure statement must be updated yearly.

Signature __________________________________________________________ Date __________

Signature of Minor’s Parent or Guardian __________________________________ Date __________