

Camp Mikell

COUNSELOR APPLICATION 2024

Applications due March 1, 2024

**Late applications or emailed applications will not be accepted.
Applications must physically be at Camp Mikell no later than
March 1.**

**Mail all applications to:
Anna Dinwiddie
237 Camp Mikell Court
Toccoa, GA 30577**

Applicants must be rising high school sophomores or older.

Reminder:

- It is expected that you will register for Youth Camp or Work Camp to counsel.
- If you do not register for Youth Camp or Work Camp, there will be a charge of \$450.00 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 \$450.00 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.

If you have any questions, as always, please feel free to contact me:

anna@campmikell.com

2024 Mikell Summer Camp Counselor Application

DUE March 1, 2024

You will need to return this form with everything filled out.

Late applications are not accepted.

MAIL to: Anna Dinwiddie, 237 Camp Mikell Ct., Toccoa, GA 30577

EMAIL ATTACHMENTS WILL NOT BE ACCEPTED!!

Please write legibly or type all answers.

Applicants must be rising high school sophomores or older.

Legal Name: _____ Preferred Name: _____

Age: ____ Date of Birth: _____ **Current** Year in School: _____

Sex at birth: Female ____ Male ____

Gender Identity: _____

Pronouns: _____

Information regarding transgender/non-binary status on this form will be shared only with senior staff and the student's adult cabin leader. Choosing to provide us this information helps us serve our trans and nonbinary students.

Home Address _____

City: _____ State: ____ Zip Code: _____

Cell Phone: _____ Your Email: _____

I will be communicating with you via email so please provide one you check often

Parent/Guardian's Name(s) _____

Parent/Guardian's Cell Phone: _____

Parent/Guardian's 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 ?

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 are 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.

- ___ Performing Arts Camp: June 2-8 (4th-9th graders)
- ___ Intermediate Camp: June 16-21 (8th and 9th graders)
- ___ Junior Camp: June 23-28 (6th and 7th graders)
- ___ Kid Camp: July 7-12 (3rd-5th graders)
- ___ Emmaus House: July 22-26

T-shirt size (adult sizes): _____

Counselor Training: Training will take place May 25 & 26, 2024 at Camp Mikell. Exact times and more information will be sent closer to training.

Write your email again here so I know I can read it: _____

Mail all applications to: Anna Dinwiddie, 237 Camp Mikell Ct., Toccoa, GA 30577. You may email me at anna@campmikell.com 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.
- Counselors will arrive by **12 pm (Lunch)** the day the camp session starts, lunch is provided. It is 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 PA camp which ends around noon.
- Counselors may leave no earlier without approval from the director.
- 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 all medications 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.
- Counselors will abide by all guidelines, be a role model and assist with campers following the guidelines.
- Campers who represent all diversity are a part of Mikell, and you are a part of the leadership that will welcome and care for them.

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 few exceptions. If you agree to the above rules and are up for the job, please sign below, and thank you.

Signature:_____ **Date:**_____

If you are under the age of 18 please have one of your parents or legal guardians sign below.

Signature:_____ **Date:**_____

Voluntary Disclosure Statement
All Camp Staff **FM 16**
Developed and approved by the
american **CAMP** association®

Mail this form to the address below by _____ (date)

Name _____ Birth date _____
Last First Middle

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 arrested and/or charged with a crime? (This includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.) Yes No

3. 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.)

4. 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 an individual with an intellectual disability
- 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.)

5. 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.)

6. 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.)

7. 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 2-7. 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. (A separate release form may be required)
- 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 and immediate notification provided to the camp if any information provided changes.

Signature _____ Date _____

Signature of Minor's Parent or Guardian _____ Date _____