



A Moravian Camp, Conference and Retreat Center

**2012 SUMMER CAMP VOLUNTEER**  
**COUNSELOR APPLICATION**  
**Middle or Senior High**

I would like to apply to be a counselor at the following camp(s):

\_\_\_ Middle High 1: June 24-30

\_\_\_ Sr High: July 15-21

\_\_\_ Middle High 2: August 5-11

**GENERAL INFORMATION**

Name \_\_\_\_\_ ( ) Female ( ) Male

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Congregation \_\_\_\_\_ Birthdate \_\_\_\_\_ Preferred contact method \_\_\_\_\_

If you are in college, year completed by summer \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Relationship to you \_\_\_\_\_ Cell Phone \_\_\_\_\_ 2<sup>nd</sup> Contact number \_\_\_\_\_

**POTENTIAL INTEREST GROUP TOPICS**

Counselors are **needed to lead or co-lead interest groups** for about an hour in the afternoons during the week at camp. Please indicate in the blanks below possible topics with descriptions that you would be willing to lead during your week. You wouldn't be expected to lead one every day, but as much as you are willing and able. For Middle High Camp, interest groups are required every day for campers. For Sr High Camp they are required the first 2 days. You will be responsible for your supplies unless the camp already provides them. If there is a cost involved we may be able to help. Contact us. Some examples are: indoor games, craft, bible study, dance, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you play a band instrument that you could bring to play? \_\_\_\_\_ Could you lead an impromptu band? \_\_\_\_\_

If asked, are you willing and able to lead group singing? \_\_\_\_\_ Do you play guitar or keyboard? \_\_\_\_\_

**PERSONAL INFORMATION – *The following 2 questions are ONLY for First Time Counselors!!***

Why do you want to be a counselor at Laurel Ridge this summer?

What would you consider your strengths/gifts as a counselor?

**Special needs or requests:**

ALL cabin counselors **must** fill out and return the accompanying authorization for a back ground check. All cabin counselors **must** also take a drug test (the mouth swab type). Gary Stilly, Human Resources Coordinator for the Southern Province handles anything regarding these checks and tests. When and where drug tests will be administered will be given to you upon receipt of your application or soon thereafter. If you can't make any of the dates, you must contact Gary for instructions.

**Gary Stilly, Human Resources Coordinator for the Southern Province. (336) 414-3828 or [gstilly@mcsp.org](mailto:gstilly@mcsp.org)**

***\*I have read and understand my responsibilities as a counselor on the accompanying Responsibilities Sheet, and am willing, to the best of my abilities, to fulfill them with enthusiasm, grace and effort. I also will strive to attend any training opportunities that are offered before camp, as well as be on the mountain the day before camp for all orientation exercises.***

Signature \_\_\_\_\_

### LEGAL AUTHORIZATION AND SIGNATURE

*To ensure the welfare of the children and youth at Laurel Ridge, and to follow the guidelines of the Provincial Elders Conference and our liability insurance carrier, we must seek the following information and authorization. We make no assumptions which would cast doubt on your character and we appreciate your understanding. All information on this form, or obtained from any background check, will be held in strictest confidence.*

Has there ever been a complaint against you, either ecclesiastical, civil, or criminal, in the area of sexual molestation, abuse, harassment, etc?

No  Yes If Yes, what were the circumstances and outcome?

I certify that all information on this application is correct. I give my permission for my references and police record to be checked. I understand that all information on this form or gained from any check of my background, will be held in strictest confidence.

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

### REFERENCES (First time counselors only)

Please list **three** people who would serve as references for you (one of which should be your pastor).

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

***Please return the enclosed authorization for release of information and records by the date below so it can be processed in time for camp. The background check is required because of new human resource regulations and insurance requirements. We apologize for any inconvenience this may cause.***

**\*\*APPLICATION DEADLINE – April 1, 2012, but please – ASAP!**

Please return completed applications to:

Rev. Brad Bennett  
Board of Cooperative Ministries  
500 S. Church St.  
Winston-Salem, NC 27101

E-mail: [bbennett@mcsp.org](mailto:bbennett@mcsp.org)  
Phone: 336-722-8126 Fax: 336-725-1893

**NOTE – Brad will respond to you when he receives your application. If you do not get a response, he did not get your application!**