

CONFIDENTIAL Counselor Application
Primary Screening Form for All Children and Youth Workers
Cedar Springs Camp

This form must be completed and post marked by May 15th.

This application is to be completed by all applicants desiring to work as a camp counselor for any positions involving the supervision or custody of minors at camp. This is not an application for employment, but a screening form used for camp counselors. This form is used to help ensure a safe and secure environment for those children who will be participating in our camping program this summer. To be considered as a camp counselor this form must be completely filled out.

Thank you for your willingness to serve and for taking the time to fill out this form.

All Applicants for counselor positions must be at least 18 years of age.

1. Date _____

2. Applicant's Name: _____

Last

First

Middle

Present Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

3. Driver's License Number _____ State: _____

4. Applicant's History:

Church affiliation for the past five years: (list name, address and period of attendance)

Prior church affiliated youth/children's work: (list name, address and period of service)

Prior non-church affiliated youth/children's work: (list name, address & period of service)

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5. Skills inventory: (gifts, training, education, etc. that have prepared you for work with youth or children)

6. Personal references: (Other than employers or relatives)

Name: _____

Address: _____

Email: _____

Phone: _____

Name: _____

Address: _____

Email: _____

Phone: _____

7. Note: If you prefer, you can discuss your answers to these two questions in confidence with the Camp Director before answering them on this form.

Have you ever been arrested, convicted or pled guilty to a crime?

_____ YES (if yes, please explain)

_____ NO

Have you ever been accused or charged with any act of physical, emotional or sexual abuse or neglect with regard to any child or youth (any individual 18 years of age or under)?

_____ YES (if yes, explain include alleged crimes, dates and disposition of charges)

_____ NO

Have you ever-whether or not you were accused of doing so-engaged in any acts of emotional, physical or sexual abuse or neglect with regard to a child or youth?

_____ YES (if yes, please explain)

_____ NO

Were you a victim of physical, emotional or sexual abuse or neglect while a child or youth?

_____ YES (If yes, briefly describe these incidents)

_____ NO

If yes, have you ever discussed this with a pastor or counselor?

_____ YES

_____ NO

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8. Consent: The information provided is correct to the best of my knowledge. I authorize any references to prior experiences to be verified regarding any character and fitness for work with the youth or children in the consideration. Should my application be accepted, I agree to the discipline and policies of the organization and refrain from unscriptural conduct in the performance of my services for the camp.

I understand and agree to the use of these pages, identified as Confidential, by the camp staff in a screening process and will thereafter be held in the camp director's custody for staff management purposes.

Applicant's Signature: _____ Date: _____

Please send this completed form to your local Wesleyan pastor. He/she is then to complete his/her portion of this form and send to the camp director with the completed registration form attached.

Pastor's Recommendation:

I verify that I am the above named person's pastor and not a relative. Having a basic understanding of the purpose of our district summer camps with my signature I recommend their service to the camping program and verify that they would be an asset to the camp as a counselor.

Please indicate if your church has done a background check on this individual:

Any reservations I may have about this applicant I have listed below:

Pastor's Signature: _____ Date: _____

If above Pastor is staff: Senior Pastor's Signature:

_____ Date: _____

PASTOR: Please send this form with the completed registration form to

Counselors Apps
c/o Cedar Springs Camp
1260 River Rd.
Floyd, IA 50435

An applicant will only be considered if these forms are completed fully. If the completed forms are not postmarked by May 15th, the applicant may be subject to the minimum camp fee.