

**COMMISSION ON CAMPS AND CONFERENCES
CHRISTIAN CHURCH (DISCIPLES OF CHRIST) IN INDIANA
1100 WEST 42ND STREET, SUITE 150
INDIANAPOLIS, INDIANA 46208-3375**

Application for: Counselor _____ Director _____

Name _____ Date of Birth _____

S.S.# _____ (Must include to process background check.)

Address _____ City _____ State _____ Zip _____

Telephone(_____) _____ Email _____

Name/City of Congregation where you hold membership:

Pastor's Statement: This candidate regularly participates in the life of our congregation and I believe has the leadership skills necessary for serving in the regional camp program. To my knowledge, this person has never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor.

→ _____
(Signature of Pastor—REQUIRED)

Age level/grades of campers with whom I prefer counseling: (check as many as apply)

____ New Beginnings
(Completed grades 2-3)

____ Young Disciples
(Completed grades 4-5)

____ Chi Rho Camp
(Completed grades 6-7)

____ Created to be Me
(Completed grade 8)

____ CYF Conference
(Completed grades 9-12)

____ Music, Art & Drama
(Completed grades 7-12)

____ CROSS (recreation)
(Completed grades 7-10)

____ Grandparent & Me Camp
(Completed K-grade 3 + grandparent)

I would like to go to _____ Barbee _____ Bedford _____ Either

If under age 21 as of June 1, following date of application, please state age _____

Potential contributions: skills, gifts, interests which I, as Counselor or Director, could contribute to camping ministries of the Christian Church (Disciples of Christ) in Indiana:

I am currently qualified/certified: _____ CPR _____ First Aid _____ Life-Saving
_____ Water Safety Instruction.

Please list 3 persons (other than family) who are familiar with your character as it relates to working with children or youth. One of these references must be your congregational pastor.

(1) Name _____ Address _____
City _____ Zip _____ Telephone(_____) _____
Email Address _____ Relationship _____

(2) Name _____ Address _____
City _____ Zip _____ Telephone(_____) _____
Email Address _____ Relationship _____

(3) Name _____ Address _____
City _____ Zip _____ Telephone(_____) _____
Email Address _____ Relationship _____

AUTHORIZATION

I, _____, hereby authorize the Commission on Camps and Conferences of the Christian Church (Disciples of Christ) in Indiana, to contact any persons or entities for the purpose of evaluating my fitness as a Camp Counselor or Director: any prior employers; any educational institutions I have attended; any sponsor of a child-related or youth-related activity in which I have participated; and a criminal background-check agency.

Permission is hereby given for the contact of any such person or entity and for the release of any records pertaining to my employment/service/character/general reputation/personal characteristics and mode of living. This release does not extend to financial records.

→ _____
Applicant Date

_____ I have been convicted of a felony. _____ I have not been convicted of a felony.
Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? _____ No _____ Yes

→ SIGNATURE _____ DATE _____

****FOR REGIONAL OFFICE USE ONLY****

Reviewed and Approved by: _____ Date: _____