**OUTDOOR MINSTRIES SUMMER CAMPING PROGRAM**
**CHRISTIAN CHURCH (DISCIPLES OF CHRIST) IN ILLINOIS AND WISCONSIN**
**401 W JEFFERSON ST., BLOOMINGTON, IL 61701-3826**

TODAY'S DATE:

# Director/Counselor Application

## Part I: Information

**If you have not had a Background Check for CCIW within the last 2 years, the CCIW Regional Office will contact you for your Social Security Number.**

**Name** _____ **Date of Birth (**_____**/**_____**/**_____**)**

**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.**

_____**(Pastor's Signature—REQUIRED)**

**Application for:** **Counselor** _____ **Director** _____

**Age level/grades of campers with whom you prefer counseling/directing: (number your preference)**

_____ **Family Weekend**
(Adults & Children of all ages)

_____ **JYF Camp**
(Completed grades 3-5)

_____ **CYF Camp**
(Completed grades 9-12)

_____ **Grandparent & Me**
(Completed K-grade 5 + grandparent)

_____ **Chi Rho Camp**
(Completed grades 6-8)

_____ **Beginners**
(Completed grades K-2)

_____ **Center Stage**
(Completed grade 8-12)

I would like to go to _____**Camp Walter Scott** _____**Pilgrim Park** _____ **Any**

**Potential Contributions:** skills, gifts, interest which I, as Counselor or Director, could contribute to camping ministries of the Christian Church (Disciples of Christ) in Illinois and Wisconsin:

_____

_____

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

| **This Box for Office Use Only (BGC=Background Check)** | | **Scanned** | | | |
|---|---|---|---|---|---|
| **BGC Date** | **Needs BGC** | **Processed BGC** | **Received BGC** | **Director Notified** | **Applicant Notified** |
| | | | | | |

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## PART II: References

*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 (as indicated on page one).*

**(1) Name** _____ **Email** _____

**Address** _____ **City/State**_____ **Zip**_____

**Telephone (_____)** _____ **Relationship** _____

**(2) Name** _____ **Email** _____

**Address** _____ **City/State**_____ **Zip**_____

**Telephone (_____)** _____ **Relationship** _____

**(3) Name** _____ **Email** _____

**Address** _____ **City/State**_____ **Zip**_____

**Telephone (_____)** _____ **Relationship** _____

# AUTHORIZATION

**I, _____, hereby authorize Outdoor Ministries of the Christian Church (Disciples of Christ) in Illinois and Wisconsin, to contact any persons or entities of any prior employers; any education institutions I have attended; any sponsor of a child-related of youth-related activity in which I have participated; and a criminal background-check agency for the purpose of evaluating my fitness as a counselor or director.**

**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.**

_____I have not been convicted of a felony. _____I have 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

_____ _____

**Print Name** **Date**

_____ _____

**Signature** **Date**

## **FOR REGIONAL OFFICE USE ONLY**

Reviewed and Approved by:_____Date:_____