

# **MONTLURE VOLUNTEER COUNSELOR APPLICATION 2008**

## **INSTRUCTIONS**

The Montlure Camping Council is committed to providing a Christ-centered camp of the highest quality for campers, and their parents and churches. Highly qualified, dedicated counselors are one of the most important resources for creating a quality camp. Thank you for offering your time and energies to serve as a Montlure counselor.

### **Requirements to counsel:**

- **You must be active in a church or church-related community (such as a campus ministry).**
- **You must have a pastor, youth director or camp director recommendation.**
- **You must concur with the basic principles of the Presbyterian Church.**
- **You must be a role model of the Christian faith** (for example, your online profile content).
- **The age requirements for each camp are as follows:**
  - *Juniors, entering your junior year of high school or 16 years of age or older;*
  - *Junior High, entering your senior year of high school or 17 years of age or older;*
  - *Senior High, entering your junior year of college or 20 years of age or older.*

### **Completing an application:**

Please complete pages 2-6 of this application, and ask your pastor/director to complete pages 8-9. The pastor/director recommendation must be submitted before your application will be complete.

### **Submitting an application:**

Electronic submissions are preferred. Please complete and email this form to the Montlure Registrar at [montlurecamp@gmail.com](mailto:montlurecamp@gmail.com). If you are over 18 years of age, no signature is required on this application as signatures will be obtained at camp.

**If you will be younger than 18 years of age on August 1, 2008, your parent or legal guardian must sign the application** on pages 5 and 6. In addition to emailing this completed form please also mail the signed copy to the Montlure Registrar, P.O. Box 122, Greer, AZ 85927.

### **Counselor selection process:**

The Council is committed to creating the best possible staff team for **all** camps; applying for a position does not guarantee that you will be selected as a staff member. During the selection process, members of the Council may interview you, your references and/or your pastor/director. Background checks may also be conducted. The Registrar will notify you of your selection as a staff member. Applications are treated in confidence and will only be seen by members of the Montlure Camping Council, the Registrar and the camp director.

If you have any questions regarding this application or counseling at Montlure, please call the Registrar at 888 514 3230.

Thank you and God Bless,

*The Montlure Camping Council*

## Personal Information and Preferred Camp Sessions

Name:  Male  Female

Date of Birth: Occupation or School you are attending:

Email:

Phone – Home: Grade you will be entering (if in school):

Phone – Work:

Phone – Mobile:

Mailing Address:

### Camp Sessions

*NOTE: You should not be at Montlure for more than one consecutive week as a camper, counselor, and/or director. If applying to counsel more than one camp, please number in order of preference.*

Senior High 1 (9-12) June 1-8 (7 nights)	Junior High 2 (7-8) June 29-July 5 (6 nights)
Junior High 1 (7-8) June 8-14 (6 nights)	Juniors 2 (4-6) July 5-10 (5 nights)
Juniors 1 (4-6) June 14-19 (5 nights)	Senior High 3 (9-12) July 13-20 (7 nights)
Senior High 2 (9-12) June 22-29 (7 nights)	Junior High 3 (6-8) July 20-26(6 nights)

### Questions of Faith

*To ensure strong and consistent Christian leadership at our camps, you are expected to believe in the basic principles of the Presbyterian Church, to be a regular worshipper in a church community, and to be active in ministries at your church. Please answer the following questions about your faith. If you answer "No" to any question, please explain on a separate page.*

1. Do you believe in one God: Father, Son, and Holy Spirit?  
 Yes  No
2. Do you believe Jesus Christ is the only way to salvation/heaven?  
 Yes  No
3. Do you believe the Bible is the unique witness to Jesus Christ, and is God's Word to and for you?  
 Yes  No
4. In the last 6 months, how often have you attended a worship service?  
 At least weekly  Twice a month  Monthly  Less than once a month  Never
5. How frequently have you participated in other relevant church activities such as youth/college group, Bible study / Sunday school, Young Life, or mission trips?  
 At least weekly  Twice a month  Monthly  Less than once a month  Never
6. Describe the activities in which you participate at your church community.

7. Tell us how you live out your Christian faith.

**Leadership Experience**

8. Have you counseled or directed at a youth camp before?  Yes  No  
 If yes, how many times and what camps?

9. Describe your experience in the following areas: leading youth activities; teaching lessons, especially Bible lessons or Sunday school; leading groups; being a team member; leading group recreational activities; leading or participating in worship services; organizing or leading group craft activities.

**Training and Skills**

10. Do you have any medical training?  Yes  No  
 If yes, list the training and any certifications you have.

11. Do you play a musical instrument?  Yes  No  
 If yes, what instrument and at what level?

12. Do you have experience with drama, signing or other performing arts?  Yes  No  
 If yes, please describe.

13. On a scale of 1-5, with 5 being the most comfortable, please rate your comfort and ability to lead the following areas:

Arts and crafts activities		Large group games		Bible studies and lessons		Small group discussions	
Prayers in large or small groups		Worship services or litanies		Singing		Camp skits or dramas	

## Expectations and Insights

14. Why do you want to be a counselor and how can you contribute to the experiences our campers will have at camp?

## Additional Information

*We are entrusted by parents, and their churches, with the care and safe keeping of their children during the Montlure camping experience. Therefore, the Council will uphold the highest standards of behavior for volunteer staff. Background checks along with random drug testing may also be conducted. Please answer the following questions. If you answer "Yes" to any question, you must explain on a separate, attached sheet.*

15. In the last 12 months, have you used any illegal drug or any prescription drug that you did not receive from a health care provider?  
 Yes       No
16. Have you ever committed a criminal offense involving children?  
 Yes       No
17. Other than the above, have you been involved in any activity that would call into question your being suited for the supervision, Christian guidance, and care of young people?  
 Yes       No

## References

*Please list two (2) people, other than the person completing the pastor/director recommendation or a family member, who are familiar with your character and experience as it relates to leading a camp.*

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Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

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Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

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## Counselor Agreement

I certify that the information in this application is accurate. If selected, I promise to show love to all campers and my fellow counselors, even the most unlovable ones. I will put the campers' needs above my own needs or desires. I will treat every individual at the camp – campers, counselors, camp managers and other staff – with respect. I will abide by the camp rules and guidelines set by the Montlure Camping Council. I will seek to serve God as a counselor at Montlure to the best of my ability using the gifts and talents God has given me. I will communicate my faith in Jesus Christ as Lord and Savior through my words and actions while at Montlure.

Signature and Date (electronic signature ok unless under 18; parent signature is required if under 18):

## MEDICAL HISTORY

This form must be completed in full. All information will be kept confidential.

Name:

Circle or otherwise indicate your current state of health: **Excellent** **Good** **Fair** **Poor**

All known allergies:

Activities you **cannot** participate in:

Special dietary needs (e.g. vegetarian, vegan, dairy):

Have you had a Tetanus shot within the past 5 years? YES or NO.

Your physician and phone #:

Date of most recent physical/visit to the doctor:

Medical insurance provider, policy # and policyholder:

Over-the-counter medications may be distributed during the camp for everyday aches and pains. Please circle or otherwise indicate those that you may take:

All over-the-counter medications, Acetaminophen, Ibuprofen, Aspirin, Pepto-Bismol, Tums, Dramamine, Calamine

Medicine Routinely Taken: (Name, Number, Frequency, Reason)

Please circle or otherwise indicate if you have ever been diagnosed with:

ADHD, Learning disabilities, Depression, Mental Illness, Bi-polar Disease, Eating Disorders, Asthma, Epilepsy, Diabetes, and/or Any Operations or Serious Illness or Injury. *If so, please explain:*

Emergency Contact:

Name:

Relationship:

Phone:

Alternate Phone:

Address:

**I authorize the release of medical records in case of illness or accident. In case of any medical emergencies, I understand that every effort will be made to contact my identified emergency contact. In the event the emergency contact cannot be reached, I hereby give permission to the physician selected by the camp manager to hospitalize, to secure proper treatment for, and to administer anesthesia or surgery.**

Signature and Date (electronic signature ok unless under 18; parent signature is required if under 18)

## PASTOR/DIRECTOR RECOMMENDATION FOR MONTLURE VOLUNTEER COUNSELOR

### INSTRUCTIONS

The Montlure Camping Council is committed to providing a Christ-centered camp of the highest quality for campers and their parents. We are blessed with wonderful facilities in a stunning location in the White Mountains. The Montlure Council realizes the leadership provided by our volunteer directors and counselors is essential to making every camp a great one. The quality of the camp leadership is, by far, the most important element affecting a camper's Montlure experience. Counseling at Montlure is both a highly rewarding and highly demanding opportunity to serve Jesus Christ. The duties are vast and varied. Counselors are required to lead small groups in theological and religious discussions; teach the selected camp curriculum; lead worship, recreation, and arts and crafts activities; ensure appropriate camper behavior, hygiene, safety and rest; and encourage and promote acceptance of all campers.

The most common cause of difficulties at past Montlure camps is counselors who were not prepared to lead campers, often because of faith or personal immaturity, or unresolved personal problems. Montlure is not a place for counselors to work out personal, emotional or faith issues. With this in mind, we respectfully ask that you respond to the questions below completely and honestly. Your recommendation is confidential and will only be seen by members of the Montlure Camp Council, Registrar, and the camp director. **If you do not know this applicant well enough to make a recommendation, please return this form to the applicant.**

#### **Completing a recommendation:**

Please complete pages 8-9 of this application. The application may be completed electronically and emailed. This recommendation may be completed by a pastor, youth director, or Christian education director at the applicant's church community, or a prior camp director. This recommendation must be received before an application will be complete.

#### **Submitting a recommendation:**

Electronic submissions are preferred. Please complete this form and email to the Montlure Registrar at [montlurecamp@gmail.com](mailto:montlurecamp@gmail.com). If you do not have email, you may mail the completed form to Montlure Registrar, P.O. Box 122, Greer, AZ 85927.

If you have any questions regarding the duties required of a camp counselor or this application please call the Registrar at 888 514 3230.

Thank you and God Bless.  
*The Montlure Camping Council*

**PASTOR/DIRECTOR RECOMMENDATION FOR MONTLURE COUNSELOR**

*Applicant to complete this section.*

Name of Applicant:

Camp(s) applying for:

Age of campers:

Your Name:

Position:

Church:

Email:

Phone:

1. How long have you known the applicant?
2. Do you recommend this applicant to be a counselor at Montlure taking into account all the responsibilities of the position?
  - Yes, I do enthusiastically
  - Yes, I do
  - Yes, but with some reservations
  - No, I do not recommend this person

3. Why?

4. On a scale of 1-5, with 5 being the highest, please rate this applicant in the following areas:

Living his/her Christian faith		Communicating his/her Christian faith	
Knowledge of Reformed Faith		Connecting with children/youth	
Large group participation		Small group participation	
Following through on assignments		Decision making/judgment	
Working as part of a team		Ability to work with peers	
Enthusiasm		Maturity to be a counselor at camp	

5. In the last 6 months, how often have you observed the applicant at worship service?  
 Weekly  Twice a month  Monthly  Less than once a month  Never
6. How frequently does the applicant participate in other relevant church activities such as youth/college group, Bible study/Sunday school, Young Life, or mission trips?  
 Weekly  Twice a month  Monthly  Less than once a month  Never
7. Does the applicant interact well with peers?  Yes  No
8. Does the applicant interact well with young people of the age of the camp applied for?  
 Yes  No
9. Does the applicant respect authority?  Yes  No
10. Relate your experiences with this applicant performing in a leadership position.

11. What qualities does this applicant possess that would help him/her as a camp counselor?

12. Please add any comments regarding this applicant that the Council should consider.

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Signature (*electronic signature ok*)

Date