

# **MONTLURE ASSISTANT PROGRAM COORDINATOR APPLICATION 2010**

## **INSTRUCTIONS**

The Montlure Camping Council is committed to providing a Christ-centered camp of the highest quality for campers, 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 Assistant Program Coordinator

### **Requirements:**

- **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).
- **Be 22 years of age or older**

### **Completing the application:**

ALL Assistant Program Coordinators must complete pages 2 & 3 of this application. If you served as a volunteer for Montlure in 2008 – you do not need to complete the remaining pages. ALL other applicants must complete pages 2 – 6.

### **Submitting an application:**

Electronic submissions are preferred. Please complete and email this form to the Montlure Registrar at [camp@montlure.org](mailto:camp@montlure.org)

### **Assistant Program Coordinator 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. Completing the training requirements for the assistant program coordinator position is **mandatory**. During the selection process, you may be interviewed and/or have your references checked. 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 administrative staff members.

If you have any questions regarding this application or volunteering at Montlure, please call the Registrar at  
Phoenix area: 623.444.2612,  
Tucson area: 520-232-2026 or  
Toll free: 877-285-1083

Thank you for offering to volunteer your time and God Bless,

*The Montlure Camping Council*

# ASSISTANT PROGRAM COORDINATOR APPLICATION 2010

## Personal Information (please type or print)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## Camps Applying For:

*NOTE: You should not be at Montlure for more than one consecutive week as a counselor (or as a camper to counselor or vice versa). If you are applying to counsel at more than one camp over the summer, please number them in order of preference.*

<b>Senior High 1</b> (grades 9-12) June 5-12	<b>Junior High 2</b> (7-8) July 3-9
<b>Junior High 1</b> (grades 6-8) June 12-18	<b>Juniors 2</b> (4-6) July 9-14
<b>Juniors 1</b> (grades 4-6) June 18-23	<b>Senior High 3</b> (9-12) July 17-24
<b>Senior High 2</b> (grades 9-12) June 26-July 3	<b>Junior High 3</b> (6-8) July 24-30

I certify that the information in this application is accurate. If selected, I promise to show love to all campers and staff, 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.

## Electronic Signature of Applicant and Date (formal release signatures will be obtained at camp)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 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 which 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:

We are entrusted by parents, and their churches, with the care and safe keeping of their children during their 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 YES or NO to the following questions.

Do you use illegal drugs?

Have you ever been convicted of a criminal offense involving children?

Has your driver's license ever been suspended or revoked?

Other than the above, is there any act or circumstance involving you or your background that would call into question your being involved with the supervision, Christian guidance, and care of young people?

If you answered Yes to any of the above four questions, please explain:

**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.**

Electronic Signature of Applicant - formal release signatures will be obtained at camp. (Parent signature if under 18.)

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

If parent or guardian signing, please also provide the following information:

Printed Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Please fill out the next 3 pages if you did NOT volunteer for Montlure in 2008:

**Work Experience:**

Provide a full record of past employment and explain any gaps of employment. Use a separate sheet, if necessary.

Dates	Employer/Supervisor	Address & Phone	Nature of Work	Reason for Leaving

Indicate any employer you do not wish us to contact and the reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Camp Experience:**

Provide a record of all structured camp experiences you have had, including those with Montlure. Use a separate sheet, if necessary.

Dates	Camp / Volunteer Activity	Contact Address & Phone	Nature of Work

**Do you hold any special training, certification, or experience in any of the following areas:**

Food handling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arts & Crafts	<input type="checkbox"/> Yes <input type="checkbox"/> No
CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Archery	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**References:**

Please provide the names, email address and phone numbers of at least two persons (not relatives) having knowledge of your character, experience, and work habits.

Name	Email	Phone

## Pre-Camp Interview Questions

### **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; and 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 an assistant coordinator and how can you contribute to the experiences our campers will have at camp?

Electronic Signature of Applicant and Date *(formal release signatures will be obtained at camp)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

If you will be less than 18 years of age on August 1, 2010 - please print this form, have your parent or guardian sign below, and return the full, completed form to the Montlure Registrar:

Printed Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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