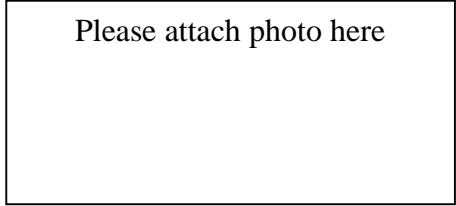


Volunteer Cabin Counselor (VCC) Application

Applicant must be entering 10th grade or higher next fall and be at least 15 years old.

Mail completed forms to:
Camp Crucis VCC
2875 Camp Crucis Ct.
Granbury, TX 76048



(Print or Type)

Name _____ Gender _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ E-mail _____
Birth Date ____/____/____ Age next June 1: _____ School _____ Grade _____
Parent or Guardian _____
Address _____ City _____ State _____ Zip _____
Phone _____ E-mail _____

On a separate piece of paper please type or print your responses to the following:

- Please list and comment on any experiences (employment, volunteer, etc) you have had that will contribute to your success as a Cabin Counselor.
- Describe the qualities of an "excellent" Cabin Counselor?
- As a Cabin Counselor what specific qualities will you bring to share with your campers?
- When we say that Camp Crucis is a "ministry," what does this mean to you?
- Describe your experience as a camper at Camp Crucis (or other summer camp, if any).
- Describe your experience (if any) as a Volunteer Cabin Counselor, including the year(s).
- Write briefly about a person who has had a significant impact on you spiritually and why.
- Complete this sentence: *Camp Crucis is ...*

CHURCH MEMBERSHIP:

Denomination/Diocese _____
Name of Church _____ City _____
Signature of Clergy _____ Date _____

I certify that the information provided on this form is correct. If I am chosen to serve as a Volunteer Cabin Counselor, I will uphold the high standards of personal conduct expected of me. I also pledge my commitment to the program and to the young people I will counsel and lead. I will obey the policies and rules of Camp Crucis. I understand that failure to comply with any of these requirements will automatically result in my dismissal. I agree to contact Camp Crucis if I am unable to serve at my assigned session.

Signature of Applicant _____ Date _____

Please list the camp sessions when you are available to serve:

Parent Permission
(For applicants under 18 only)

If selected, my daughter/son has my permission to participate in the summer camp program at Camp Crucis as a Volunteer Cabin Counselor.

Signature of Parent/guardian _____ Date _____

Volunteer Cabin Counselor Health History

Applicant's name: _____

Name of Physician: _____ Phone: _____

In emergency notify: _____ Phone: _____

If first contact not available, notify: _____ Phone: _____

Please send a copy of both sides of your health insurance card, and (if under 18) complete the immunization record below. State law requires actual date (month, day, year) of immunizations. Applicant will be disqualified without this information.

DTP series: _____

Polio OPV (Sabin) : _____ Last Tetanus: _____

MMR series: _____ HIB: _____

Tuberculin test: _____ Hepatitis B _____

List any allergies or allergic responses and the treatment requirement: _____

Are there any specific limitations or conditions we should know about?

Note: Camp Crucis is not equipped to accommodate special diets.

List applicant's operations or serious injuries and dates: _____

Applicant's chronic or recurring illnesses: _____

Applicant's behavioral disorders and prescribed medications: _____

Additional medications applicant will bring: _____

Unless the camp nurse is instructed otherwise during registration, each swimmer receives alcohol eardrops after each swim to aid in the prevention of swimmer's ear.

Please notify the camp if this applicant is exposed to any communicable disease during the three weeks prior to camp attendance.

This health history and immunization report is true and accurate to the best of my knowledge. In the event of an illness or emergency, Hereby give permission for the staff of Camp Crucis to authorized medical treatment of my child by a licensed health care professional. I understand that there is a degree of risk and possible injury during any camp activity. I authorize the camp nurse to administer over-the-counter drugs to my child as needed. I have read the information regarding insurance and acknowledge the extent of coverage.

Applicant signature or Parent/Guardian signature (if under 18): _____

Date: _____

10/06

Volunteer Cabin Counselor - Covenant

1. The physical, spiritual, and emotional safety and well-being of my campers is my FIRST priority.
2. I will be with my campers AT ALL TIMES, unless relieved of their care by a Senior Staff member.
3. I will take care of myself so that I can provide a great summer camp experience for my campers.
4. I will be a positive Camp Crucis Team Member in attitude and action.
5. I will strive to set an effective Christian example for my campers and my fellow VCC.
6. I pledge to abide by all policies and rules of Camp Crucis.
7. I will have to pass a background check and will be subject to random drug testing during counseling.

I understand these seven expectations and realize the Sr. Staff, the Camp Director, and the Spiritual Directors will hold me accountable in these six areas. I further understand that failure to comply with this covenant will result in a meeting with the Leadership Team and the Camp Director to determine possible dismissal from my counseling duties.

These are the expectations of you as a Volunteer Cabin Counselor (VCC). Your signature indicates your commitment to abide by this covenant.

Signature of Applicant

Date

Training and Counseling Release

All Volunteer Cabin Counselors will be required to attend the “Safeguarding God’s children” training. This is a training program in sexual abuse awareness for those who work with minors. The State of Texas requires that all volunteers have background checks done. While counseling all employees and volunteers are subject to random drug testing. Your signature is approval for your child to attend this training program and to be subject to the requirements as outlined above.

Signature of Applicant's Parent or Guardian

(For applicants under 18 only)

Date

Volunteer Cabin Counselor - Reference Form (page 1 of 2)

Please make copies of this two-page form and submit them to three individuals, other than family members, who know you well. One form must be completed by the priest or pastor at your home church. The others should be completed by an employer, teacher, neighbor, or other adult who can attest to your character.

(Name of Applicant) _____ has applied for a position as a Volunteer Cabin Counselor for Summer Camp at Camp Crucis. We would appreciate your help by completing this form.

Being a Volunteer Cabin Counselor is a great responsibility, as it involves taking care of God's most precious gift - His children. We would appreciate your most honest and candid evaluation of this applicant as if your own children were to be under his or her care and supervision. This is not a reflection of how much you like this applicant, but of how he or she may perform in this position. Your response will be held in the strictest confidence.

Personal Acquaintance

- How long and under what circumstances have you known the applicant?

- Does the applicant have a genuine interest in children/youth?

- At Camp Crucis, we ask our counselors to abide by a standard of Christian behavior and to be a role model to our children and youth. Is there anything that would make this difficult for the applicant (i.e. the areas of alcohol, tobacco, illegal drugs or inappropriate sexual behavior)?

Personal Qualifications

From your personal knowledge of the applicant, please rate the following by indicating with an "X" in the appropriate space.

	Outstanding	Above Average	Average	Needs Improvement	Poor
Moral Character					
Ability to share/express Christian Faith					
Sensitivity					
Physical condition					
Initiative					
Leadership ability					
Relation to others					
Emotional Stability					
Dependability/punctuality					
Sense of Humor					
Ability to work as a team member					
Responsibility					
Follows through on assigned task					

Please list three strengths this applicant brings to this position: _____

Please list three areas of concern for this applicant (areas to improve in/weaknesses): _____

Volunteer Cabin Counselor - Reference Form (page 2 of 2)

Limitations - Listed below are some tendencies that may reduce the effectiveness of the applicant's work or leadership.

Please circle any that may apply to this applicant. Then comment on any if you can.

impatient	intolerant	domineering	"cocky"	critical of others	sarcastic	easily embarrassed	easily offended
easily discouraged	easily depressed	overly sensitive	frequently irritated	worried	anxious	nervous	tense
prejudiced towards groups, races or nationalities	given to exclusive and absorbing friendships such as "crushes" or "cliques"	lacking in humor, or an inability to take a joke	uses humor as a weapon or insult				

If any of these were noted, please comment, describing the form and intensity of behavior.

Is there anything else that you feel that we should know before continuing in the interview process with the applicant?

Thank you for your time and effort in filling out this form. Please return to Camp Crucis as soon as possible. If you have any questions, they may be directed to the camp director 817-573-3343.

Signature _____

Printed Name _____

Title _____

Phone _____

E-mail _____

***Please return Reference Form to:
Summer Camp Program Director
Camp Crucis Conference and Retreat Center
2875 Camp Crucis Court
Granbury, TX 76048***