

# 2017 Volunteer Horsemanship Counselor (VHC) Application

(Must and be at least 15 years old)

Mail completed forms to:  
Camp Crucis VHC  
2875 Camp Crucis Ct.  
Granbury, TX 76048  
Attn: Janet Craig

Please attach your photo here

(Please Print or Type)

Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on June 1st \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**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 role as a Horsemanship Counselor.
- Describe the qualities of an "excellent" Horsemanship Counselor.
- What specific qualities as a Horsemanship Counselor 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).
- Describe your experience (if any) as a Volunteer Horsemanship 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 \_\_\_\_\_

Name of Church \_\_\_\_\_ City \_\_\_\_\_

Signature of Clergy/ Pastor \_\_\_\_\_ Date \_\_\_\_\_

I certify that the information provided on this form is correct. If I am chosen to serve as a Volunteer Horsemanship Counselor, I will uphold the highest 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 session(s) you are available to serve.**

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**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 Horsemanship Counselor.

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



# Volunteer Horsemanship Counselor - Reference Form (page 1 of 2)

Please initiate three reference request forms, completed by three people, other than family members, that know you well.

- **\*\* (Required) Priest or minister from home church**
- **Employer, Teacher, or Person of your choice**

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

Being a Volunteer Horsemanship 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 their care and supervision. This is not a reflection of how much you like this applicant, but of how they may perform in this position. Your response will be held in the strictest confidence.

**Personal Acquaintanceship**

- 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 as compared to their peers 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 Horsemanship Counselor - Reference Form (page 2 of 2)

**Limitations** - Listed below are some tendencies that may reduce the effectiveness of the applicants 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	not able to follow directions	immature	other, please list:	other, please list:

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 Equestrian Director 817-253-0001.**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Phone # \_\_\_\_\_

**Please return Reference Form to:  
Equestrian Director  
2875 Camp Crucis Ct.  
Camp Crucis  
Granbury, TX 76048**

## Volunteer Horsemanship Counselor - Covenant

1. The physical, spiritual, and emotional safety and well-being of my campers is my FIRST priority.
2. I will remain with my campers AT ALL TIMES, unless relieved of their care by a 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 VHC.
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 Summer Camp Director, the Executive Camp Director, Equestrian Director, and the Spiritual Directors will hold me accountable in these seven 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 duties.**

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

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Signature of Applicant

Date

### Training and Counseling Release

**All Volunteer Horsemanship Counselors will be required to complete the “Ministry Safe” training. This is an online training program in sexual abuse awareness, for those who work with minors. The State of Texas also requires that we conduct a background check on all volunteers. 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.**

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Signature of Applicant's Parent or Legal Guardian

(For applicants under 18 only)

Date

# HEALTH HISTORY FORM

Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_ SS# \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail address \_\_\_\_\_

If Not Available, in Emergency Notify \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Ins. Address & Phone \_\_\_\_\_

**\*\*Please attach a copy of both sides of your insurance card.**

Date of last exam by Physician: \_\_\_\_\_ Name: \_\_\_\_\_

Address/City/Phone# \_\_\_\_\_

Allergies: \_\_\_\_\_

List any allergic responses to the above (e.g. requires Epinephrine) \_\_\_\_\_

Operations or Serious Injuries / Dates: \_\_\_\_\_

Chronic or Recurring Illnesses: \_\_\_\_\_

BEHAVIORAL DISORDERS and Prescribed medication \_\_\_\_\_

**\*\*\*Prescribed medications must be in an original pharmacy container with the correct name, date, instructions and physician's name on the label. A physician's signed note is needed to accompany any over-the-counter or sample medication.**

**MEDICATIONS** being sent with counselor: \_\_\_\_\_

Are there any over-the-counter oral, topical, or instilled medications that the counselor cannot or should not receive should any minor symptoms develop? \_\_\_\_\_

Each swimmer receives alcohol eardrops after each swim, to aid in the prevention of swimmers ear, **UNLESS INSTRUCTED OTHERWISE** during registration.

**NOTE: We will do our best to accommodate dietary restrictions.**

**HOWEVER, CAMP CRUCIS IS NOT EQUIPPED TO ACCOMMODATE ALL SPECIAL DIETS.**

**\*\*STATE LAW REQUIRES ACTUAL DATE (month, day, year) OF IMMUNIZATIONS  
OR A Notarized Medical/Religious Exemption Letter.  
CHILD WILL NOT BE ADMITTED WITHOUT DATES!!**

DTP Series: \_\_\_\_\_ Booster: \_\_\_\_\_ Booster: \_\_\_\_\_

Polio OPV (Sabin): \_\_\_\_\_ Booster: \_\_\_\_\_ Tetanus Booster: \_\_\_\_\_

MMR Series: \_\_\_\_\_ Booster: \_\_\_\_\_ HIB: \_\_\_\_\_

Tuberculin Test: \_\_\_\_\_ Hep B: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PLEASE NOTIFY THE CAMP IF THIS COUNSELOR 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, I hereby give permission for the staff of Camp Crucis to authorize medical treatment of my child by a licensed healthcare professional.**

**I understand that there is a certain degree of risk and possible injury by reason of the camp and its activities. I authorize the camp to administer over-the-counter drugs to my child as needed. I have read the information regarding insurance and acknowledge the extent of coverage.**

\_\_\_\_\_ Date \_\_\_\_\_

Applicant age 18 + or Parent/Legal Guardian Signature

