**Camp ECCO Counselor and Staff Application Form**

*This form is required for all wishing to volunteer as staff at Camp ECCO*

***Counselor Information:***

Name: Current Age: Gender: Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Church (If Applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have a teen/child attending the week you’re applying to be a counselor for, please indicate their name(s) in the following blank:

***Medical Information:*  (Include a copy of both sides of your insurance card)**

Medical Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any allergies (*insects, food, etc.)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any health restrictions (*heart conditions, asthma, epilepsy, etc.)*:

Current medications/dosages:

***Permission to Receive Medical Care:***

In case of an emergency, I understand that every effort will be made to contact my legal guardian/emergency contact. If this person cannot be reached, I hereby give my permission to the doctor selected by the Camp Director, or his agent, to hospitalize and secure proper treatment, including surgery, for myself/my child. **I have included a current copy of both sides of my insurance card.**

Parent/Guardian Signature (for those under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Signature (for those over 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Camp You Wish to Apply For:***

 Senior Camp (Must be age 21 by July 31st)

 Intermediate Camp (Must be age 17 [or 16 and attended You Lead Camp] by July 31st)

 Junior Camp (Must be age 15 by July 31st)

 Pee Wee Camp (Must be age 15 by July 31st)

***Questions for Insurance Purposes (18 and Over):***

1. Have you ever been convicted of a criminal violation other than minor traffic violations? (Yes/No) If yes, please explain:
2. Are there any felony charges pending against you? (Yes/No)
If yes, please explain:
3. Have you ever been involved (disclaimer: not as a victim) in a case concerning the abuse or neglect of children? (Yes/No) If yes, please explain:

*I certify that I have answered the questions on this application completely and truthfully. I authorize the Camp Director and/or Camp Board to contact any legal authority for the purpose of verifying the above information.*

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

***Questions for Insurance Purposes (Under 18, to be filled out by legal guardian):***

This form is for (youth name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who currently lives at (address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who has applied to counsel at Camp ECCO.

*By signing below and marking the applicable boxes, I verify that the person listed above has, to the best of my knowledge, no criminal conviction (felony or misdemeanor) record of:*

* Violence against another person
* Sexual crimes involving children, youth, or adults
* Use, or distribution, of illicit drugs or controlled substances
* Property crime

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Youth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Counselor and Staff Code of Conduct:***

As a counselor, I agree to set an example in my conduct as an example of Christian character and behavior. In all of my dealings with other staff members and campers, I agree to do all that I can to conduct myself above reproach. This includes but is not limited to:

* Respecting the authority of the camp dean and other staff
* Setting an example for the campers in my relationships with those of the opposite sex
* Appreciating the campers for their uniqueness, being patient and good-humored
* Being a role model for the campers in how I want them to act and behave, including language and behavior
* Ensuring that I am never alone with a camper one-on-one and maintaining appropriate levels of physical contact
* Following the rules of Camp ECCO

*I understand that I am expected to follow this counselor code of conduct.*

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

***Food for Thought…***

 As you may already be aware, Camp ECCO is in a tight spot considering how this ministry may continue in the future. Unfortunately, a large part of that equation is financial. Although we are already exceedly grateful for your participation in this ministry and the gift of your time (you are the heart and soul of this camp), we humbly ask that you might consider supporting ECCO financially as well. If this is something that you have the means and the heart to contribute to, our suggestion would be a starting donation of $50 - *that is the price you would normally pay to cover the food costs of being a camper*. This small gift would mean the world to us and really help us out. You may send your donation with your application form to the address below. Checks can be made out to Camp ECCO. Also, donations will be accepted at any time.

***Please Send this Completed Form to the Following Address:***

First Evangelical Congregational Church
Attn. Jessica Jones
369 East Woodsdale Avenue
Akron, OH 44301

***Thank You!***

You will be notified whether or not you will be accepted as a counselor for the week for which you applied by the appropriate dean, after your application has been screened and verified. *Please indicate somewhere on your application if there is a deadline by which you need to know whether you have been accepted*. We are limited in the number of staff we can accept.

Thank you so much for your interest in being a part of Camp ECCO’s staff this summer! We are so glad that you are willing to set aside time to make such an important investment in the lives of the children and youth of our district. These weeks of camp may very well be some of the most rewarding of your life. We urge you to begin praying for the children or youth that will become your own for the week. We look forward to the possibility of ministering together with you this summer.

***Pastoral Reference:***

Please have your pastor fill out this reference form and send it to the appropriate camp dean. If you are an E.C. church member, this should be your E.C. pastor or youth pastor. If you are not from an E.C. church, please have the pastor at your church fill it out for you.

**Pastors:** Please take time to fill out this form completely and accurately. We depend on the information you provide to select qualified staff for our camps.

Name of Applicant:

Reference Name:

Reference Signature:

Camp Applying For: Senior / Intermediate / Junior / Pee Wee

1. Do you recommend this person to be on staff at the camp listed above?
* Absolutely, yes
* Yes, but with some reservations
* I probably would not recommend this person
* I definitely would not recommend this person
1. How well do you believe this applicant is suited to counsel at the camp they selected?
2. Are you personally aware of this applicant’s relationship with Jesus? Is this applicant’s spiritual life one that is lived out in a positive way among his/her peers?
3. Please let us know anything else you think is important about this applicant, good or bad.

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