

CAMP 56 2012 COUNSELOR APPLICATION

Submit completed application, references, and \$50 fee to Children's Pastor by April 1, 2012.
Fee waived for students.

Full Name _____ Address _____ City, State, Zip _____ Home Phone _____ Cell Phone _____ Email Address _____ T-Shirt Size _____	Date of Birth _____ Age _____ Teen Counselors Must be 15-years-old Male _____ Female _____ Marital Status _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed
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Which paid activity do you prefer? (1st & 2nd Choice) You will be assigned ONE of them.
 _____ Paintball _____ Skeet Shooting _____ Horseback Riding _____ Zipline _____ Art

Are there any activities you despise?

Would you be willing to be a Cheer/Line Dancing Coach? _____ Yes _____ No
IMPORTANT: If yes, there will be a **mandatory** training session before camp.

If your child is attending, do you want to be in the same cabin? _____ Yes _____ No
Child's Name: _____

Which paid activity would you like to enjoy with your child? _____
IMPORTANT: Must be one you chose above (1st/2nd choice) AND your child had to sign up for it!

If your child does not attend, do you prefer _____ 5th _____ 6th

Are you comfortable leading a small group Bible study in your cabin? _____ Yes _____ No

Would you be a bus captain to and from camp? (Instruction provided) _____ Yes _____ No

CAMPING BACKGROUND AND INTERESTS

Have you attended a summer camp? _____ Where? _____

Years attended camps: _____

Have you been on staff at a summer camp? _____ Where? _____

Years attended as staff: _____ Position Held _____

List your hobbies here: _____

Camp activity you most enjoy? _____

**FOR OFFICE
USE ONLY**

_____ Date Received	_____ Listed in Rosters
_____ Current Interview Form	_____ Counselor Application Fee
_____ Current OSBI Form on file	_____ Copies for Committee



PERSONAL EVALUATION

Place an "X" on the line scale where you see yourself in each of the following categories:

LOWEST

HIGHEST

Teachable _____

Promptness _____

Outgoing/Energetic _____

Emotional Balance _____

Fulfills Obligations _____

Sense of Humor _____

Ability to Follow Through _____

Friendly _____

1. What are your greatest character strengths?

2. What are your greatest character weaknesses?

3. How would others around you describe your relationship with God?

4. Describe your strengths working with children?

5. How do you see yourself working on a team?

6. Why do you want to be a part of Crossings Camp 56?

PERSONAL TESTIMONY

Include a one-page written or typed testimony explaining when and how you became a Christian and important decisions and experiences that have impacted your Christian life. (You may use the back page of this application if you wish.)

REFERENCES

Please give a reference form to an adult who knows you well (not a relative) in each of the designated categories. It is best to provide a stamped envelope with the return address for each reference form given out: Crossings Community Church, 14600 N. Portland, OKC, OK 73134, Attn: Cheri Weaver.

Church/Pastor	Name _____	Title _____	Phone _____
Employer	Name _____	Title _____	Phone _____
Personal Reference	Name _____	Title _____	Phone _____

STATEMENT OF FAITH

The purpose of Christ was clear: “*The Son of Man has come to seek and to save that which was lost*” (Luke 19.10). He was constantly working toward this goal. Everything He did was a reflection of this one calling. And, at the end of His earthly life, He was able to pray, “*I have accomplished the work which You (God, the Father) gave Me to do*” (John 17.18).

Crossings Community Church has a purpose that guides everything we do. We want this vision to be front and center at all times, even if it means that we must not do some things that we could do. Our calling is clear and will continue to guide us into the future.

The purpose of Crossings Community Church is to be a CHRIST-CENTERED church, building CHRIST-CENTERED people through WORSHIP, BIBLE STUDY, FRIENDSHIP, and COMPASSION.

THIS WE BELIEVE

A statement of beliefs, or a church’s theology, is always a difficult proposition. Christians, throughout the ages, have held a wide variety of beliefs, and have often differed in their personal theology. Crossings strives to center our beliefs on Jesus Christ and His teachings. To understand our statement of faith, these three pieces are vital:

- We will focus our teaching on the non-debatable principles of Scripture while leaving freedom for personal convictions related to non-essential doctrinal issues.
- Our highest desire is to live in light of biblical principle while remaining culturally relevant to our community.
- We believe that becoming a Christ-centered person requires active participation in the church.

READ CAREFULLY, CHECK, AND SIGN

____ I agree with the Crossings Community Church Statement of Faith and Beliefs.

____ I understand that the information given by me in this application and any accompanying information will be checked. Any false statements or omission of facts with this application may result in no admission into the program.

____ I authorize Crossings Community Church to verify any of this information. I authorize all former employers, persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, school, companies and law enforcement authorities from liability for any damage whatsoever for issuing this information. I also understand that the use of alcohol, tobacco, and illegal drugs is prohibited.

____ I hereby affirm and acknowledge, by signing below that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

Signature of Applicant

Date

PERSONAL SITUATIONS

Have you had an addiction to drug's, alcohol, pornography, or any other addiction; or has anyone ever suggested that your may have a problem with any of the above?

_____ No _____ Yes If yes, please explain _____

Have you ever been arrested, convicted, or pled guilty to a crime?

_____ No _____ Yes If yes, please explain _____

Have you ever been charged with, alleged to have, or have you ever committed any act of neglecting, abusing, molesting, or battering any child or adult? Have you had any kind of a relationship with a minor that brought you sexual gratification?

_____ No _____ Yes If yes, please explain _____

Have you ever been treated for a psychiatric disorder?

_____ No _____ Yes If yes, please explain _____

Is there any circumstance or pattern in your life which would make it inappropriate for you to serve with minors/elderly/disabled or would compromise the integrity of Crossings Community Church?

_____ No _____ Yes If yes, please explain _____

APPLICANTS STATEMENT

I authorize the release of the information in this application, on a confidential, need-to-know basis, to any ministry at Crossings Community Church in which I seek a position (volunteer or compensated). To uphold the confidentiality of the references, I waive any right that I may have to inspect any information provided about me by any person or organization, but I may contact Crossings Community Church to inquire about information provided about me.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

Also, I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure.

Crossings Community Church reserves the right to conduct additional background checks in the future for volunteers involved in long-term service.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding document, which I have read and understand.

Print Applicant's Full Legal Name _____

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(if applicant is a minor)

SKY RANCH AT CAVE SPRINGS, INC.

7750 S. 655 Rd., Quapaw, OK, 74363

918-542-1547/918-540-3618 fax

PARTICIPANT AGREEMENT

Group Name: Crossings Community Church

Participant's Name _____

Parent/Guardian Name (if Participant under age 18): _____

Date(s) of Event: 6/22/12 to 6/25/12

(For purpose of this Agreement, Participant and Parent/Guardian will be referred to collectively as "Participant.")

In consideration of the opportunity to participate in any Sky Ranch activity, Participant acknowledges and agrees to the following:

1. Activity Permission. Participant understands that in addition to traditional camping activities, including, but not limited to, sports, swimming, horseback trail riding, horsemanship, riflery, archery, paintball, crafts, boating, waterfront activities, and traveling to the locations of various activities, Sky Ranch may offer a challenge course (a series of cables and structures of varying heights, on and through which Participant will walk, swing and otherwise travel, relying on staff for support), water slides and other waterfront devices. Participant understands that by participating in these activities, Participant may be exposed to the elements of nature, including temperature extremes, inclement weather, insects, plants, animals and accidents or illness in a rural location without on site medical facilities. I understand that Participant may be participating in strenuous activities that will have inherent and other risks or dangers associated with them. Participant understands that Participant may ask any questions of the Sky Ranch staff to get a full and complete understanding of any such risk or danger associated with any activity, and that Participant may decline to participate in any activity. Participant is given permission to participate in and be transported to all Sky Ranch activities, unless specified in a written notice to Sky Ranch. Participant agrees to follow all rules, guidelines, and equipment requirements for all activities as specified by Sky Ranch staff.

2. Acknowledgment and Assumption of Risks. Participant understands that Sky Ranch's activities range from mild to strenuous and, like all outdoor recreation, they include inherent and other risks and dangers which can cause loss or damage to personal property, physical or psychological damage and injury such as sprains, breaks, cuts, bruises, emotional trauma, illnesses and the remote possibility of serious injury or death. Participant understands the activities and their risks. Participant acknowledges that Participant will be able to ask questions of the Sky Ranch staff regarding risks or dangers associated with Sky Ranch's environment and activities. Participant's participation in any activity is voluntary a Participant may decline to participate in any activity. Participant acknowledges and assumes all risks of participation in a Sky Ranch activity, inherent and otherwise, and whether or not described above or in the materials provided by Sky Ranch.

3. Acknowledgement of Sky Ranches, Inc. Purpose. Participant acknowledges and understands that Sky Ranches, Inc. is organized and operated exclusively for Christian purposes, and that Sky Ranch and its staff seek to demonstrate the love of Jesus Christ in the way Sky Ranch is operated and in all Sky Ranch programs. Accordingly, participant agrees that they will respect Sky Ranch's Doctrinal Statement and Christian purposes and that they will not make statements or engage in conduct while on Sky Ranch property or participating in Sky Ranch activities that would be inconsistent with or detract from Sky Ranch's Doctrinal Statement and Christian purposes.

4. Agreements of Release and Indemnity. Further, in consideration of the right to participate in a Sky Ranch activity, to the maximum extent allowed by law, Participant releases, and agrees not to bring any cause of action against Sky Ranch, its owners, managers, employees, medical personnel, contractors or any related parties (the "Released Parties") for liability or claims of any nature, including loss or damage to property, personal injury or death, suffered by Participant in any way related to Participant's enrollment, participation in, or transportation related to a Sky Ranch activity. In addition, Participant agrees to indemnify the Released Parties (that is defend them, including satisfaction of liabilities, costs and attorney's fees) from claims brought by Participant, members of Participant's family and any other person arising out of Participant's participation in, or transportation related to a Sky Ranch activity. The claims which are the subject of these agreements of release and indemnity include those arising from the negligence, but not the gross negligence or intentionally wrong conduct, of any Released Party. The activities intended to be covered by these agreements of release and indemnity include activities on or off Sky Ranch premises, including transportation to and from Sky Ranch activities and on the Sky Ranch grounds or any premises utilized by Sky Ranch for any of its activities.

SKY RANCH AT CAVE SPRINGS, INC.

7750 S. 655 Rd., Quapaw, OK, 74363

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5.NO TOBACCO PRODUCTS OR USE OF ALCOHOL OR ILLEGAL DRUGS. The use of tobacco products (smoking cigars, cigarettes, pipes, or smokeless tobacco) and using or having illegal drugs or alcohol is strictly prohibited on camp and/or in camp facilities at all times.

6.Injury/Illness. Should Participant become ill or injured while participating at Sky Ranch, it is the Group Sponsors responsibility to notify the parent or guardian of such illness or injury. It is the responsibility of the Group Sponsor to have Parent/Guardian contact information and policies regarding emergency contact notification in the event of an injury or illness.

7.Medical Costs. Participant understands that Participant and/ or Sponsor is financially responsible for any required medical services that might be incurred while becoming injured or ill at Sky Ranch. Participant is also responsible for the cost of any emergency transportation by ambulance or air flight.

8.Medical Release. Participant understands that Sky Ranch is not obligated to provide on site medical care or facilities. It is the responsibility of the Group Sponsor to provide adequately trained medical personnel, adequate supplies as well as permission to treat Participants. In the event of an emergency, Participant gives permission to the medical personnel selected by Sky Ranch to provide emergency healthcare, to administer medications, both over the counter and prescriptions, to order x-rays and routine tests, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for Participant if Group Sponsor can not be located in the event of an emergency. Participant authorizes Sky Ranch or its designees to provide or arrange necessary related emergency transportation for Participant.

9.Use of Personal Information/Images. Participant gives Sky Ranch permission to make visual images (photographs, movies, videos) and audio recordings of Participant and to use such visual images and audio recordings on the Sky Ranch website, in printed or electronic marketing materials, or in other audio or visual communications, and Participant releases Sky Ranch from any and all liability related thereto. Sky Ranch will keep any and all personal information regarding Participant confidential and will not disclose or utilize it for any purposes other than Sky Ranch's internal records and marketing purposes.

10.Applicable Law. Any dispute of any nature arising out of this Agreement or as a result of Participant's participation in a Sky Ranch activity shall be brought in the courts of Ottawa County, Oklahoma and Oklahoma laws will control any such dispute between Participant and Sky Ranch or any related or Released Party. I have read the above policies, consents, permissions, assumptions of risk and agreements of release and indemnity and agree to abide by them to the fullest extent allowed by law.

Date: _____

(Printed Name of Participant)

(Signature of Participant)

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)

MINOR CAMP 56 VOLUNTEER
(If over 18, go to bottom of page)

PHOTO RELEASE

Your signature below authorizes Crossings Community Church to photograph and/or record any/all events throughout the year for marketing, display or advertising purposes. By signing this form, you agree to allow CCC to utilize any/all images of your child for marketing, display or advertising purposes related to CCC. If you do not wish to provide this authorization, please mark below.

_____ I do not wish Crossings Community Church to utilize images of my child.

Parent or Guardian Signature: _____ Date: _____

PERMISSION SLIP & HOLD HARMLESS AGREEMENT

I, parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby grant said minor my express permission to participate in all Camp 56 activities on June 22-25, 2012 except as noted below:

I hereby release Crossings Community Church and its staff, director, employees, and/or volunteers from all claims, actions, damages, and liabilities arising out of or related to any treatment of illness or accident incurred during this trip. I further release CCC and its staff, director, employees, and/or volunteers from liability for any injury or illness that the above listed child might sustain during this trip. In the event of an emergency, I hereby authorize an adult leader of this event to act as an agent for me, to consent to an x-ray supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, whether at a doctor's office or any hospital. I also acknowledge that all financial debts incurred are my responsibility and not that of CCC, their staff or volunteers.

In case of disciplinary action, the above named child will be sent home at my expense and CCC staff will be released from any obligations.

Insurance Co. _____ Policy # _____

Emergency Contact _____ Phone # _____

I grant Crossings Community Church volunteer staff permission to administer the following drugs as may be warranted:
Advil Calamine Lotion Immodium Pepto Bismol Benadryl All of the Listed Drugs

Parent or Guardian Signature _____ Date _____

ADULT CAMP 56 VOLUNTEER (Over 18)

I, _____, hereby release Crossings Community Church and its staff, director, employees, and/or volunteers from all claims, actions, damages, and liabilities arising out of or related to any treatment of illness or accident incurred during this trip. I further release CCC and its staff, director, employees, and/or volunteers from liability for any injury or illness that I might sustain during this trip. In the event of an emergency, I hereby authorize an adult leader of this event to act as an agent for me, to consent to an x-ray supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, whether at a doctor's office or any hospital. I also acknowledge that all financial debts incurred are my responsibility and not that of CCC, their staff or volunteers.

Insurance Co. _____ Policy # _____

Emergency Contact _____ Phone # _____