



Camp Kum-Ba-Ya 2018 Counselor/Director Application

If you completed an application prior to 2016 you will need to complete a new one this year. Even if you filled out a form **after** 2016, we need the Insurance Information page along with your t-shirt size. This information needs to be mailed to the West Area Office before May 1.

Thanks for volunteering your time to our Disciple youth and children in Kentucky. Volunteer Counselors are the strength of our camping program, and the support that enables the Christian Church In Kentucky to offer Outdoor Ministry programming.

Being a counselor is a great experience for an adult. It is accompanied by the responsibility for caring for the physical, emotional, and religious well being of a group of young people. To ensure that youth, children, and the adults who volunteer their time are all protected, the Christian Church In Kentucky utilizes this counselor application as a screening method as well as a protective tool for everyone involved with our Outdoor Ministry program. Each adult must complete this form to serve as a counselor at one of our camp facilities or serve as a counselor for one of our non-traditional camp experiences. We keep a counselor list for camp directors to use when seeking counselors for our many camp experiences. Completing this form does not mean you will be asked to be a counselor this summer. It indicates your desire to volunteer your time to youth and children in Kentucky, and adds your name to the list of adults that our volunteer Directors use to recruit and create a staff.

Please review the list of camps carefully and be sure you are volunteering for the appropriate camp. By policy the Region has minimum age restrictions for counselors. To counsel Chi Rho or CYF age levels you should be 21 years old and four years out of high school. To counsel Young Disciples, Junior or Discovery age levels you should be 18 years old and out of high school. To counsel any event at KBY applicants are to be an **active** member of a mainline protestant church.

Please complete all the forms and return them to the office:

Camp Kum-Ba-Ya
P.O. Box 1332
Madisonville, KY 42431

Attached is a reference letter for you to give to persons who know you. We require three references for each counselor. Please make a copy of this form and be sure your references return the information to the appropriate office. **BE SURE TO WRITE ON THE REFERENCE FORM THE EVENT(S) THAT YOU WANT TO COUNSEL.** We must have all of your paper work completed in our office two weeks prior to camp beginning if you are asked to be a counselor.

Background checks are required and they cost the camp \$15.00 for each applicant. We use **Praesidium** to complete our background checks. This is a company connected to our insurance. Attached is the required form for Praesidium. Please complete and mail to the camp office. Thank you for taking the time to complete this form and for volunteering your time, talent and life's experience to children and youth here in Kentucky.

Keep this page for your Records



2018 Counselor/Director Application and Reference Form
Christian Church In Kentucky Outdoor Ministries

Return the Application and Reference form along with the insurance page by May 1.

Check the position you are applying for. Counselor: []Yes Director: []Yes Last Year Counseled/Directed: _____

The Christian Church In Kentucky is required by policy to obtain an application and references for each counselor who works in our outdoor ministry program. We must have reference letters on file prior to the start of any camp along with a Pastor Reference and Signature. Completing this form does not guarantee that you will be asked to be a counselor at the camp[s] of your choice. If you are a minister at your church, please have the Board Chair or Chair of the Elders complete the church endorsement section. Complete this entire form, and return it to the Kum-Ba-Ya Business office to be considered for a counseling position. Please print neatly. The Church Endorsement needs to be completed. Thanks for volunteering.

First Time Counselor: []Yes []No Returning Counselor: []Yes []No

Name: _____
Last First, Middle Maiden

Address: _____
Street City/State Zip

Date of Birth _____ Male / Female (Circle One)

Home Phone:(_____) Business Phone: (_____)

Cell:(_____) Current Occupation: _____

Email: _____ Are you on Facebook? [] Yes [] No

Indicate the camps you would like to be considered as a counselor.

Kum-Ba-Ya Events - 2018

- [] Young Disciples 3 June 1-3
[] Junior 4-5 June 4-8
[] Discovery 1-2 June 8-10
[] CYF Spirit Sailing 9-12 June 11-15
[] Chi Rho Spirit Sailing 6-8 June 18-22
[] CYF 9-12 June 24-30
[] Chi Rho 6-8 July 2-7

Do you have current certifications in any of these areas:

- CPR Training []Yes []No
Lifeguard Training []Yes []No
Waterfront Safety Training []Yes []No
First Aid Training []Yes []No

Please attach a copy of your certifications.

TALENTS, SKILLS, GIFTS: (Please list any special talents in the space below – Music, drama, arts and crafts - that you possess.)

CHURCH ENDORSEMENT by Minister or Board Chair: I recommend the above counselor as a representative of _____

_____ Church. Signed _____ Date _____

Business Office Section: This application is to be renewed every 5 years. This applicant is serving at the event indicated.

2018 _____ 2019 _____ 2020 _____ 2021 _____ 2022 New Form Required



Insurance Information

Please complete and return to the KBY Business Office by May 1.

Name: _____
Last First, Middle Maiden

We need to have an emergency contact name and number, along with a copy of your current insurance information. This will only be used if you are taken for medical treatment.

In case of emergency contact:

Name: _____

Phone: _____ email: _____

Address: _____

City/Zip: _____

Relationship _____

Any diet restrictions No Yes
Vegetarian No Yes

Gluten-Free No Yes
Other No Yes

Please describe any allergies or medical conditions you may have that we should be aware of:

Medical and Health Information Include a copy of your medical insurance card (front and back).

Social Security # _____ (S.S. # is for medical purposes only)

Insurance Carrier _____

Policy# _____ **Group#** _____

Billing Address _____

Physician's Name: _____ Phone _____

Indicate event you are applying for:

CYF Sailing Chi Rho Sailing CYF Chi Rho Junior Discovery Young Disciples

Adult T-Shirt Size Small Medium Large X-L 2XX 3X 4X 5X

REFERENCES: Please list three persons who are familiar with your character.

(1) Name: _____
Phone: _____ Email: _____
Address: _____
City/Zip: _____

Relationship (check all that apply) ___ Co-Worker ___ Supervisor ___ Friend ___ Other

(2) Name: _____
Phone: _____ Email: _____
Address: _____
City/Zip: _____

Relationship (check all that apply) ___ Co-Worker ___ Supervisor ___ Friend ___ Other

(3) Name: _____
Phone: _____ Email: _____
Address: _____
City/Zip: _____

Relationship (check all that apply) ___ Co-Worker ___ Supervisor ___ Friend ___ Other

AFTER READING THIS STATEMENT, PLEASE INITIAL: _____

I certify that I have not been accused or convicted of any instance involving sexual misconduct or abuse.

PERMISSION TO CONTACT REFERENCES / RELEASE / BACKGROUND CHECK / PHOTOGRAPH

I hereby authorize the Christian Church In Kentucky (or CCK-West Area) to contact any of the persons or organizations listed on this application for the purpose of obtaining letters of reference regarding my working with children and youth as a camp counselor or director. Permission hereby is given to check my background information and the release of any records pertaining to my employment or service, except for financial records. I understand that all information will be handled in a confidential manner. Further, I agree to participate as fully as possible in the training offered to prepare me for my camping responsibilities. Further, I do hereby give the Christian Church In Kentucky (henceforth referred to as CCK), the photographer, and parties designated by CCK, including clients, licensees purchasers, agencies, and periodicals, the irrevocable right to use my photographic images for reproduction in any medium, including video and Internet, for purposes of advertising, trade, display exhibition, or editorial use. I have read this release and fully understand its contents. **NOTE: Complete the attached form from Praesidium, Inc – the company that does the background checks.**

RELEASE: I release the camp director, staff, and the Christian Church In Kentucky, Christian Church In Kentucky West Area and Camp Kum-Ba-Ya from responsibility and/or liability for any accidents or illnesses occurring during counselor training and/or summer camp.

AGREEMENT: I hereby agree to abide by all rules and regulations of Camp Kum-Ba-Ya. I will treat campers, directors, fellow counselors, on-site staff and camp managers with respect and will not interfere with camp management and operations.

Signed _____ Date _____



Hello,

You are a reference for _____

They have applied to Counsel at **Camp Kum-Ba-Ya** (Event) _____

Please take a few moments to complete this form. Church camp counselors work with youth and children from varied religious, ethnic, and economic backgrounds. We believe it is important to have reference information for each counselor. Your responses are strictly confidential and will not be shared with the person who asked you to be her or his reference.

Please complete this one page form and return it to the Camp Business office.

Camp Kum-Ba-Ya, P.O. Box 1332, Madisonville, KY 42431

Please circle a number, 1 to 5 [1=poor, 3= average, 5=excellent]

Works well with youth & children _____ 1 2 3 4 5

Works well in team environment _____ 1 2 3 4 5

Can work without supervision _____ 1 2 3 4 5

Good organization skills _____ 1 2 3 4 5

Positive attitude _____ 1 2 3 4 5

Exhibits christian behavior _____ 1 2 3 4 5

Please check one of the following:

- To my knowledge, this person has NEVER been accused or convicted of sexual misconduct or harassment.
- I know of at least one incident where this person has been accused of or convicted of sexual misconduct or harassment. [If you check this box, we will contact you by phone for specific information to further protect confidentiality.]

Use this space or the back of the page for other information you believe is important for the Christian Church In Kentucky to know about this person. If you would rather have someone contact you, please list a phone number or email address. _____

Signed _____ Date _____