

Counselor/Support Staff Camp KidzQuest Application

Transformed: Change is Here!

Camp Dates Circle One or Both: July 18 – 25 (must be 21 or older) or July 25 – 30 (must be 16 or older)

Name _____

Phone # () _____ E-mail Address _____

T-Shirt Size S M L XL XXL XXXL (circle your size)

Address _____

Street

City

State

Zip-code

Occupation _____ School _____

Marital Status Married Single Age: ____ Birth Date _____

I attend church regularly or am a member at _____

Church name and phone number _____

Are you in good physical health? Yes No If not, please explain _____

Are there any activities that you can not participate in? (Please explain) _____

Are you Red Cross Certified as Lifeguard CPR/First Aid Training

Do you or have you ever used illegal drugs? Yes No

Have you ever been arrested, or convicted for any sexually related crimes? Yes No

If you answered yes to any of the two questions above please explain: _____

Please describe any previous experience serving as a camp counselor or with children _____

Check all that apply:

Experienced in... Crafts Music Missions Recreation

Would enjoy... Crafts Music Missions Recreation

Please describe how you came to know Jesus Christ as your Lord and Saviour: (Please attach an extra sheet if necessary) _____

Please describe how you have grown in your relationship with Jesus Christ over the past year:

By signing below I am indicating that all statements reflected in my application are true and I understand if any statements are found to be false or misleading it may be grounds that my applications be rejected.

X _____ Date
Signature of applicant

I also understand that if I am selected as a Counselor for Camp KidzQuest, that I must attend counselor training on Saturday June 19th from 9 A. M. to 1 P.M. The location is TBD and you will be informed as to where the training will be held.

Your application must be received by the camp registrar no later than June 13th, 2008. Please give your references a stamped envelope with the address below so they may mail your references directly to the registrar. Please indicate below your references and contact information.

References:

General Reference Name Address: Pastor / Youth Leader Name and Address:

Phone: Phone:

Please send your completed application to:

Camp KidzQuest Secretary
Jessica Monson
121 SW 21st St.
Oak Grove, MO 64075

Please give a stamped, addressed envelope to each reference

BACKGROUND INVESTIGATION CONSENT

I, _____(applicant complete name), hereby authorize Camp KidzQuest and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering with Camp KidzQuest.

I release Camp KidzQuest and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Full name (printed)

Maiden name or other names used

Present street address

How long?

City/State

Zip

Former street address

How long?

City/State

Zip

Date of birth

Social security #

Driver's license #

State of license

Signature

Date

Camp KidzQuest
Medical Information/Release for co-counselors
under 18 years of age

(Please return with application by June 13, 2010)

Counselor's Name _____ Age _____ Birth Date _____

Date of last tetanus shot _____

Any allergies (including food) _____

Daily medications and any other health problems _____

Emergency Telephone Numbers

Father's Name _____ Home # () _____ Work # () _____

Mother's Name: _____ Home # () _____ Work # () _____

Medical Insurance Company _____

Policy# _____

Please attach a copy of the front and back of your medical insurance card

I, the undersigned parent/guardian of _____, HEREBY AUTHORIZE AND GIVE PERMISSION TO Camp KidzQuest, its agents and staff to transport my child to such physician and/or hospital as they may select, AND TO AUTHORIZE & SECURE such hospitalization, treatment, surgery and/or medications for my child as they or health care professionals involved may deem necessary for my child's well being, AND TO HOLD HARMLESS Camp KidzQuest, its agents and staff with respect thereto.

Furthermore, you acknowledge the existence of certain risks associated with this program and assume responsibility for your child participating in any of Camp KidzQuest's program areas and forever indemnify, release and discharge Camp KidzQuest and its directors, agents and staff from liability arising from your child's participation in camp activities. You further authorize us to use photographs and/or video and sound recordings of your child made during the camp for promotional and other camp purposes.

Signature of Parent(s)/Guardians(s) (mandatory)

(Please sign above)

Camp KidzQuest Counselor General Letter of Reference

Counselor Applicant's name: _____

Address: _____

Street

City

State

Zip

Reference Name and Relationship to Applicant: _____

Address: _____

Phone No. (____) _____ E-mail address _____

_____ has applied to serve at Camp KidzQuest which is a camping ministry of the Evangelical Free Churches of Greater Kansas City. Would you please take a few moments to give us your evaluation of his/her spiritual fitness and ability to work with children entering grades 4th through 7th, for 5 days at camp? In What capacity do you know this applicant and how long? _____

What do you consider his/her strongest points? _____

Circle any of the following traits that may characterize this applicant:

- | | | | |
|--------------------------|--------------------------|-------------------------|----------------------|
| Patient | Impatient | Tolerant | Intolerant |
| Argumentative | Domineering | Joyful | Sullen |
| Sensitive | Cocky | Easily Embarrassed | Easily discouraged |
| Positive | Prone towards depression | Irritable | Frequently worried |
| Nervous | Relaxed | Tense a lot of the time | Sense of Eagerness |
| Prejudice towards others | Easy to get along with | Humorous | Works well in a team |

How would you rate his/her:

	Very Good	Average	Poor
Ability to work with kids			
Ability to work in a team			
Confidentiality			
Overall maturity			

Why do you think this applicant would do well as a camp counselor? _____

Please mail this directly to:
Camp KidzQuest Secretary
Jessica Monson
121 SW 21st St.
Oak Grove, MO 64075
(816) 204 - 1156

X _____
Signature and Date

For Pastor / Youth Leader

Camp KidzQuest Counselor Pastor/Youth Leader Letter of Reference

Counselor Applicant's name: _____

Address: _____
Street City State Zip

Reference Name and Relationship to Applicant: _____

Address: _____

Phone No. (____) _____ E-mail address _____

_____ has applied to serve at Camp KidzQuest which is a camping ministry of the Evangelical Free Churches of Greater Kansas City. Would you please take a few moments to give us your evaluation of his/her spiritual fitness and ability to work with children entering grades 4th through 7th, for 5 days at camp?

In what capacity do you know this applicant and how long? _____

How would you rate his/her:

	Very Good	Average	Poor
Ability to work with kids			
Ability to work under authority			
Confidentiality			
Ability to work in a team			
Honesty			
Spiritual Life			
Ability to teach a Bible Study			

Why do you think this applicant would do well as a camp counselor? _____

Please mail this directly to:

Camp KidzQuest Secretary

Jessica Monson

121 SW 21st St.

Oak Grove, MO 64075

(816) 204-1156

X _____

Signature and Date