**Director/Counselor**

**Application**

**Part I: Information**

**If you have not had a Background Check for CCIW within the last 2 years,**

**the CCIW Regional Office will contact you for your Social Security Number.**

**Name Date of Birth ( / / )**

**Address City State Zip**

**Telephone ( ) Email**

**Name & City of Congregation where you hold membership:**

**Pastor’s Statement: This candidate regularly participates in the life of our congregation and I believe has the leadership skills necessary for serving in the regional camp program. To my knowledge, this person has never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor.**

**(Pastor’s Signature—REQUIRED)**

**Application for: Counselor Director**

**Age level/grades of campers with whom you prefer counseling/directing: (number your preference)**

**Family Weekend**

(Adults & Children of all ages)

**Grandparent & Me**

(Completed K-grade 5 + grandparent)

**Beginners**

(Completed grades K-2)

**JYF Camp**

(Completed grades 3-5)

**Chi Rho Camp**

(Completed grades 6-8)

**Center Stage**

(Completed grade 8-12)

**CYF Camp**

(Completed grades 9-12)

I would like to go to **Camp Walter Scott Pilgrim Park Any**

**Potential Contributions:** skills, gifts, interest which I, as Counselor or Director, could contribute to camping ministries of the Christian Church (Disciples of Christ) in Illinois and Wisconsin:

**I am currently qualified/certified: CPR First Aid Life-Saving Water Safety**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **This Box for Office Use Only (BGC=Background Check)** | | **Scanned** | | | |
| **BGC**  **Date** | **Needs**  **BGC** | **Processed BGC** | **Received BGC** | **Director Notified** | **Applicant Notified** |

**PART II: References**

*Please list 3 persons (other than family) who are familiar with your character as it relates to working with children or youth. One of these references must be your congregational pastor (as indicated on page one).*

**(1) Name Email**

**Address City/State Zip**

**Telephone ( ) Relationship**

**(2) Name Email**

**Address City/State Zip**

**Telephone ( ) Relationship**

**(3) Name Email**

**Address City/State Zip**

**Telephone ( ) Relationship**

**AUTHORIZATION**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Outdoor Ministries of the Christian Church (Disciples of Christ) in Illinois and Wisconsin, to contact any persons or entities of any prior employers; any education institutions I have attended; any sponsor of a child-related of youth-related activity in which I have participated; and a criminal background-check agency for the purpose of evaluating my fitness as a counselor or director.**

**Permission is hereby given for the contact of any such person or entity and for the release of any records pertaining to my employment/service/character/general reputation/personal characteristics and mode of living. This release does not extend to financial records.**

I have not been convicted of a felony. I have been convicted of a felony.

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a

minor? No Yes

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**\*\*FOR REGIONAL OFFICE USE ONLY\*\***

Reviewed and Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_