



**OUTDOOR MINSTRIES SUMMER CAMPING PROGRAM
CHRISTIAN CHURCH (DISCIPLES OF CHRIST) IN ILLINOIS AND WISCONSIN
1011 N MAIN ST., BLOOMINGTON, IL 61701**

TODAY'S DATE:

Application for: **Counselor** _____ **Director** _____ **CIT** _____
(Minimum age - 22) (Minimum age - 25) (Ages 19-22)

Name _____ Date of Birth (_____ / _____ / _____)

**If you have not had a Background Check for CCIW within the last 2 years,
Connie Henderson at the CCIW Regional Office will contact you for your Social Security Number.**

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.

(Signature of Pastor—REQUIRED)

**Age level/grades of campers with whom I prefer counseling/directing/CIT: (number your preference)
*CAMPS NOT ELIGIBLE FOR CIT PROGRAM**

_____ **Family Camp**
(Adults & Children of all ages)

_____ **JYF Camp**
(Completed grades 3-5)

_____ **CYF Camp***
(Completed grades 9-12)

_____ **Grandparent & Me**
(Completed K-grade 5 + grandparent)

_____ **Chi Rho Camp**
(Completed grades 6-7)

_____ **ADDaM Camp***
(Completed grades 9-12)

_____ **Beginners**
(Completed grades 2-3)

_____ **8th Grade Camp***
(Completed grade 8)

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



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TODAY'S DATE:

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

<p>(1) Name _____</p> <p>Address _____</p> <p>Telephone (_____) _____</p>	<p>Email _____</p> <p>City/State _____ Zip _____</p> <p>Relationship _____</p>
<p>(2) Name _____</p> <p>Address _____</p> <p>Telephone (_____) _____</p>	<p>Email _____</p> <p>City/State _____ Zip _____</p> <p>Relationship _____</p>
<p>(3) Name _____</p> <p>Address _____</p> <p>Telephone (_____) _____</p>	<p>Email _____</p> <p>City/State _____ Zip _____</p> <p>Relationship _____</p>

AUTHORIZATION

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

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.

Applicant Date

____ 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

SIGNATURE _____ **DATE** _____

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

Reviewed and Approved by: _____ Date: _____