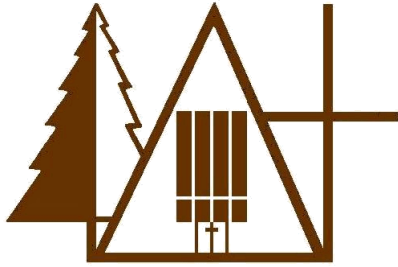


# Camp Camrec



18899 Little Chumstick Creek Rd.  
Leavenworth, WA 98826

Phone: 509-548-7245  
Email: [programdirector@camrec.org](mailto:programdirector@camrec.org)  
Website: [camrec.org](http://camrec.org)  
Facebook: Camp Camrec

## Camrec CIT Application (Counselor-In-Training)

*(Under 18 Only; If 18 or over use standard application – Please send this application to Camp Camrec)*

### Personal Information

Full Name _____	Application Date _____	
Birth Date _____	Gender _____	Cell phone _____
E-mail _____		
Current Address _____		
City / State / Zip _____	Contact at this address until _____	
Permanent Address _____ (if different than above)		
City / State / Zip _____	Home Phone _____	

### Church Information

Home Church _____	Denomination _____
Address _____	Phone _____
City / State / Zip _____	Pastor _____

### Education

High School _____	Grade completed _____	/ Year graduated _____	
College _____	Major _____	Grade completed _____	/ Year graduated _____

### References (Please list two references in addition to your pastor. One should be an employer.)

<b>Reference #1</b>
Name _____ Relationship _____
Phone Number(s) _____ Email _____
<b>Reference #2</b>
Name _____ Relationship _____
Phone Number(s) _____ Email _____
<b>Reference #3</b>
Name _____ Relationship _____
Phone Number(s) _____ Email _____

**Camp Experience** (as camper or staff member)

Camp _____	Camper / Staff position _____	Years participated _____
Camp _____	Camper / Staff position _____	Years participated _____
Camp _____	Camper / Staff position _____	Years participated _____

**Area(s) interested in assisting:**

Music   
  Nature   
  Lifeguarding   
  Bible   
  Crafts   
  Cooking

I am able to serve at Camrec:

Staff Orientation (July 3 - 6) (required for all cabin counselors unless special arrangements are made)   
  Pre-Junior Camp (July 7- July 9)   
  Junior Camp (July 11 - 15)

**Program Skills** (In order to better prepare for camp program activities put a "T" before those activities you can teach or lead, and an "A" before those activities in which you can assist.)

<b>Arts &amp; Crafts</b> <input type="checkbox"/> Painting/Drawing <input type="checkbox"/> Photography <input type="checkbox"/> Nature crafts <input type="checkbox"/> Tie-dying <input type="checkbox"/> Other: _____	<b>Sports</b> <input type="checkbox"/> Volleyball <input type="checkbox"/> Basketball <input type="checkbox"/> Softball <input type="checkbox"/> Soccer <input type="checkbox"/> Archery <input type="checkbox"/> Other: _____
<b>Drama</b> <input type="checkbox"/> Emcee Talent Show <input type="checkbox"/> Skits & stunts <input type="checkbox"/> Campfire programs <input type="checkbox"/> Scenery & props <input type="checkbox"/> Story telling <input type="checkbox"/> Other: _____	<b>Music</b> <input type="checkbox"/> Singing <input type="checkbox"/> Guitar <input type="checkbox"/> Leading worship <input type="checkbox"/> Other: _____
<b>Outdoor Living Skills</b> <input type="checkbox"/> Hiking/Backpacking <input type="checkbox"/> Orienteering <input type="checkbox"/> Outdoor cooking <input type="checkbox"/> Overnights <input type="checkbox"/> Other: _____	<b>Adventure/Challenge</b> <input type="checkbox"/> Group games <input type="checkbox"/> Challenge/ropes course <input type="checkbox"/> Rock Climbing <input type="checkbox"/> Other: _____
<b>Nature</b> <input type="checkbox"/> Birds & Insects <input type="checkbox"/> Flowers & Forestry <input type="checkbox"/> Rocks/minerals <input type="checkbox"/> Other: _____	

**Current Certifications** (current or expired certifications including First Aid, CPR, Lifeguard, etc.)

Training _____	Issued by _____	Expiry Date _____
Training _____	Issued by _____	Expiry Date _____
Training _____	Issued by _____	Expiry Date _____

## Questionnaire

Why do you want to serve at Camp Camrec? On a separate sheet of paper please use these points to guide your thoughts:

1. Talk about your faith journey. Describe your Christian experience and the meaning Christ has in your life today.
2. In what ways are you a witness for Christ to those around you?
3. What experience have you had working in a camp setting or in activities related to children and youth?
4. What skills and gifts do you have which you could apply to the camp setting and bring to summer staff? How has God used these in your life?
5. What are the three most important attributes of a good team player?
6. Serving in a camp setting requires a considerable amount of physical, emotional, and spiritual energy. What do you do to "recharge" yourself when your energy reserves get low?

## Commitment to Camp Camrec

Camp Camrec is owned and operated by Washington Mennonite Fellowship, a separate entity affiliated with Mennonite congregations. As it is deeply concerned with the spiritual growth of each camper, as well as his / her spiritual objectives, staff members must be practicing Christians, and supportive of Mennonite beliefs and practices.

Will you, with your words and actions, support Camp Camrec in this commitment? Yes  No

## Personal Statement

Have you ever been arrested, charged and/or convicted of any charge of Child Abuse or neglect, Unlawful Sexual Offense, any Misdemeanor relating to conduct with other persons, or any Felony? Yes  No

Have you ever been required to register as a sex offender? Yes  No

If yes to either question above, please explain:

***I, the applicant, understand the questions contained in the Personal Statement and hereby give permission to Camp Camrec to complete a criminal background check and to maintain this information in its files.***

***I hereby authorize Camp Camrec to contact all listed employers and references to verify and obtain information pertaining to my past work and character. I release all employers and references from any liability for information provided in good faith.***

***I understand that the information provided in this application is true and complete to the best of my knowledge and that any incorrect, incomplete or false statement of information furnished by me may be grounds for rejection or dismissal from service. I understand the position responsibilities, the terms of the nominal stipend package, and that the position is in "volunteer staff". If I am selected, I am willing to provide services under the terms stated.***

***I understand that, if selected, my service at Camp Camrec will not be considered "employment" for purposes of Washington unemployment compensation law and I may not be eligible to receive unemployment benefits based on services performed for Camp Camrec.***

**Acknowledgments continued next page**

**The undersigned custodial parent or guardian joins in all the foregoing acknowledgments, permissions, and commitments on behalf of himself or herself, the applicant, and every other parent or guardian of the applicant.**

**If selected and if the applicant turns 18 before or during the designated period of service, the applicant and the parent or guardian understand that the applicant will be required to re-sign this acknowledgment as a condition to further participation in Camp Camrec service opportunities.**

_____ / _____	
Printed name of Applicant	Printed name of Parent or Guardian
_____	
Social Security Number of Applicant	
_____	
Signature of Applicant	Date
_____	
Signature of Parent or Guardian	Date
_____	

**Parent / Guardian Contact Information (Please circle either Parent or Guardian)**

Name _____	Home Phone _____
Address _____	Work Phone _____
City / State / Zip _____	Email _____

**Emergency Contact Information (In case parent/guardian cannot be reached in an emergency.)**

Name _____	Home Phone _____
Address _____	Work Phone _____
City / State / Zip _____	Email _____

**Medical Information**

Physician _____	Physician Phone _____	
Health Insurance Name _____	Member # _____	
	Group # _____	
Medical Information		
Health History:	Allergies:	Current Medications:
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Medications _____	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Insect stings	
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Foods _____	
<input type="checkbox"/> Heart defect/disease	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Bleeding disorder		
<input type="checkbox"/> Recent Surgery		
<input type="checkbox"/> Other _____	Last Tetanus Shot _____	
List any conditions or problems that would restrict participation in hiking, swimming, competitive, or strenuous activities while at camp:		

Applicant name: \_\_\_\_\_

**ASSUMPTION OF RISK AND LIABILITY RELEASE:** *I am the custodial parent or guardian of the applicant and I assume for myself, the applicant, and every other parent or guardian the risks, including the risk of illness, injury, death and damage to property, inherent in the activities associated with camping including, but not limited to, tobogganing, tubing, sledding, and other snow sports; swimming, floating, and other water sports; climbing, hiking, and other mountain sports; and other exposure to the conditions of nature in a rural, mountain environment. I agree, for all such persons, to the full extent permitted by Washington law, to release and hold harmless Washington Mennonite Fellowship/Camp Camrec and its caretakers, staff, officers, directors, and/or agents from any damages, claims, liabilities, and injuries relating the applicant's participation in any Camp Camrec activities and the applicant's use of camp dining, lodging, and other facilities made available to him or her.*

**MEDICAL RELEASE:** *The health history provided above is correct so far as I know. To the full extent permitted by Washington law, I agree for myself, the applicant, and every other parent or guardian to release and hold harmless Washington Mennonite Fellowship/Camp Camrec and its caretakers, staff, officers, directors, and/or agents from any damages, claims, liabilities, or injury suffered by the applicant at or involved with Camp Camrec, including but not limited to those arising from the rendering of first aid or medical treatment. I hereby give permission, on behalf of all such persons, to the appropriate licensed health care provider(s) selected by camp staff or their designees to order X-rays, routine tests, and treatment for the health of the applicant named above and, in the event I cannot be reached in an emergency, I hereby give permission, on behalf of all such persons, to such provider(s) to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for this applicant. I hereby give permission, on behalf of all such persons, to the camp program director, camp medical staff, and/or their designees to dispense to the applicant the prescription and over-the-counter medications that I provide to such staff upon the applicant's arrival, so long as all such medications are in their original containers and all prescription medications are labeled with the applicant's name and health care provider's ordered dose on the bottle, and to dispense other over-the-counter medications to the applicant if indicated by minor injuries, pain, or discomfort. This form may be photocopied for use outside of camp.*

**PUBLICITY:** *I grant for myself, the applicant, and every other parent or guardian to Washington Mennonite Fellowship/Camp Camrec and to its agents the right to photograph or film the applicant's participation in Camp Camrec activities and use the photos and/or other reproduction of the applicant's images for publication purposes, whether electronic, print, digital, or publishing via the Internet without compensation or approval rights.*

*If the applicant is selected and if he or she turns 18 before or during the designated period of service, I understand, on behalf of myself, the applicant, and any other parent or guardian, that the applicant will be required to sign an assumption and release similar to the foregoing as a condition to further participation in Camp Camrec service opportunities.*

\_\_\_\_\_  
Printed name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date