



A Moravian Camp, Conference and Retreat Center

**2009 SUMMER CAMP VOLUNTEER
COUNSELOR & INTEREST GROUP
LEADER APPLICATION**

(for Pre-Junior and Junior Camps)

I would like to apply to be a counselor at the following camp(s):

- Pre-Jr 1: July 5-7 Junior 1: June 14-20
- Pre-Jr 2: August 7-9 Junior 2: July 5-11
- Junior 3: August 9-15

**Junior 1 camp will be an ECO Camp, where the campers will focus on caring for God's good earth. The deans will only be accepting adult counselors over 18, for this new camp. If you have a special interest in counseling at this camp please call or email either:*

*Rev. Rick Sides at (336) 722-8126, or rsides@mcsp.org
Rev. David Guthrie at 725-6413 or dguthrie@mcsp.org.*

Older Camper Dates: Jr High 1: June 21-27 Jr High 2: July 12-18 Senior High July 19-25

GENERAL INFORMATION

Name _____ () Female () Male

Permanent Address _____

City _____ State _____ Zip _____

School Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Congregation _____ Birthdate _____ Social Security # _____

If you are in school or college, grade or year completed by summer _____

Person to contact in case of emergency _____

Relationship to you _____ Home Phone _____ Work Phone _____

SURVEY FOR INTEREST GROUPS

Counselors are needed to lead or co-lead interest groups. Please check one or two of the following areas in which you have the interest and skills, as well as, the desire to lead or co-lead a group. If you have material needs for these interest groups, please contact us.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Photography | <input type="checkbox"/> Hiking | <input type="checkbox"/> Guitar | <input type="checkbox"/> Moravian candle making |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Recorder | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Soccer | <input type="checkbox"/> Storytelling | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Pottery | <input type="checkbox"/> Nature Studies | <input type="checkbox"/> Environmental Issues | <input type="checkbox"/> Choir/Singing |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Group Games | <input type="checkbox"/> Knitting or crochet | <input type="checkbox"/> Frisbee Golf |
| <input type="checkbox"/> Liturgical/Lyrical Dance | <input type="checkbox"/> Ukrainian Eggs | <input type="checkbox"/> Indoor Games | <input type="checkbox"/> Scrapbooking/ card making |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Lap Dulcimer | <input type="checkbox"/> Square/Folk Dancing | <input type="checkbox"/> Pastels/Painting |
| <input type="checkbox"/> Mosaics | <input type="checkbox"/> Bells | <input type="checkbox"/> GIC Course Leadership | <input type="checkbox"/> Beading |
| <input type="checkbox"/> Camping Skills | <input type="checkbox"/> Puppetry | <input type="checkbox"/> Tie Dye/Batik | <input type="checkbox"/> Macrame |
| <input type="checkbox"/> Tin-smithing | | | |
| <input type="checkbox"/> Other _____ | | | |

Could you bring your band instrument? _____ or a guitar? _____ or a recorder? _____

PERSONAL INFORMATION

*****You do not have to answer all of these questions if you have been a counselor before, unless you would like to share any of your responses, which we would welcome!**

Why do you want to be a counselor at Laurel Ridge this summer?

What would you consider your strengths/gifts as a counselor?

What experiences have you had in working with children?

What do you like about children?

What do you find most challenging about children?

Do you have any special needs or requests?

Will you have **any problems** with attending the **mandatory training** the day before camp?

Will you be bringing children (campers) along with you to the training?

****Please know that anything regarding drug tests or background checks is to be handled by Gary Stilley, Human Resources Coordinator for the Southern Province. You will need to speak with him directly about making any arrangements or if you have any questions about time and location. In the case of Raleigh or Charlotte please talk with him. You can contact him at (336) 414-3828 or gstilley@mcsp.org Thank you for going the extra mile/s. It will certainly be helpful to let Gary know which date works for you so he will have enough drug test.***

These are the times and places where the drug tests will be offered? (If you are 18 or older!)

April 18th Winston-Salem 9:00-12:00 ([Fries Memorial Moravian Church Parsonage](#))

May 16th Winston-Salem 9:00-12:00 ([at Cedarhyrst Provincial offices](#))

Raleigh ([please arrange with Gary Stilley](#))

Charlotte ([will be tested at Peace Moravian, unless you need to arrange another time and place with Gary](#))

Wednesdays Gary Stilley will be in his office in Cedarhyrst (the Provincial Offices) in Old Salem, (**Please call him before you come**)

*If you need to arrange a **separate time** with him Gary Stilley will make every effort to work out a time and place with you.

****I have read and understand my responsibilities as a counselor on the accompanying Responsibilities Sheet, and am willing, to the best of my abilities, to fulfill them with enthusiasm, grace and effort.***

Signature _____

LEGAL AUTHORIZATION AND SIGNATURE

To ensure the welfare of the children and youth at Laurel Ridge, and to follow the guidelines of the Provincial Elders Conference and our liability insurance carrier, we must seek the following information and authorization. We make no assumptions which would cast doubt on your character and we appreciate your understanding. All information on this form, or obtained from any background check, will be held in strictest confidence.

Has there ever been a complaint against you, either ecclesiastical, civil, or criminal, in the area of sexual molestation, abuse, harassment, etc?

No Yes If Yes, what were the circumstances and outcome?

I certify that all information on this application is correct. I give my permission for my references and police record to be checked. I understand that all information on this form or gained from any check of my background, will be held in strictest confidence.

Signature _____ Date _____

REFERENCES (First-time counselors and interest group leaders only)

Please list three people who would serve as references for you (one of which should be your pastor or DCE).

Name _____ Relationship to you _____

Address _____

_____ Phone _____

Name _____ Relationship to you _____

Address _____

_____ Phone _____

Name _____ Relationship to you _____

Address _____

_____ Phone _____

Please return the enclosed authorization for release of information and records by the date below so it can be processed in time for camp. The background check and drug test are required because of new human resource regulations and insurance requirements. We apologize for any inconvenience this may cause.

****APPLICATION DEADLINE - April 20, 2009****

Please Return PRE-JR and JUNIOR Applications to:

Rev. Lisa Mullen (Board of Christian Education)

500 S. Church St.

Winston-Salem, NC 27101

*****or you can E-mail your application: lmullen@mcsp.org**

****Any questions about the campers (requests for cabin assignments, or information regarding the camp) can be addressed with the Camp Registrar, Rebecca Post at 888-831-5922, or E-Mail her at laurel_ridge@skybest.com***

