

Counselor/Program Worker Volunteer Application

(Please type or print clearly.)

I. Personal Data

Full Name _____

Phone (____) _____ Email _____

Address _____

City _____ State _____ Zip _____

Have you moved within the last six months? _____ Occupation _____

Social Security # _____ - _____ - _____ Driver's License # _____ State _____

Birth Date (month, day, and year) _____

Church Name _____ Pastor's Name _____

Church Address _____

(street)

(city)

(state)

(zip)

Which camp(s) are you applying to be a counselor/program worker?

“ Junior Camp “ Young Teen Camp “ The High School Experience

II. Questions To Be Answered Every Year *(These two questions need to be answered every year, even if you have been a counselor/program worker at Sky Lodge in the past.)*

1. Have you ever been formally or informally accused of improper conduct regarding children? Please explain.
2. Fully describe any and all current pending charges and past arrests.
 - a. Convictions of any felonies or other crimes
 - b. Convictions of any sexual misconduct or child abuse
 - c. Convictions of any traffic offenses

III. Questions for New Counselors/Program Workers *(If you were a counselor/program worker at Sky Lodge last year, and filled out this application, you may skip these questions. Please fill them out if your opinions have changed since last year.)* Please answer the following questions on a separate piece of paper. To the extent practical, the information you provide will be verified through independent means. Write NA next to the questions which do not apply to you.

1. How did you hear about Sky Lodge Christian Camp?
2. List current and previous volunteer experiences, especially those where you worked with children.
3. What do you believe the Bible teaches about each of the following areas? Give scriptural support for your answer and indicate what you practice.
 - a. Pre-Marital Sex
 - b. Homosexual involvement
 - c. Use of tobacco, illegal drugs, and alcoholic beverages

4. By submitting this application, you are acknowledging camp's right to check with the National Crime Index and Department of Social Services to verify your statements. In order to proceed with this criminal check, we need the following information: Cities and states of residency during the past ten years:

Please read carefully. A check indicates your agreement.

_____ I testify that I have had a conversion experience; I have received by faith the Lord Jesus Christ, am born again of the Holy Spirit, and am a child of God.

_____ I understand that as a volunteer counselor/program worker, I am neither an agent nor an employee of Sky Lodge Christian Camp and do not have any authority to legally bind or obligate camp. I shall reimburse and hold Sky Lodge Christian Camp harmless from any liability that Sky Lodge Christian Camp may incur as a result of my actions or omissions.

_____ By signing immediately below, I acknowledge that the statements provided by me are true and complete, and that any misrepresentation or omission may be grounds for rejection of my application or for dismissal if I am volunteering.

_____ Date

_____ Signature of Applicant

III. References

Pastor or Christian Worker

Full Name _____ Day Phone (_____) _____

Night Phone (_____) _____

Other (No relatives please)

Full Name _____ Day Phone (_____) _____

Night Phone (_____) _____

Return this application to Sky Lodge Christian Camp by March 31, 2008

Sky Lodge Christian Camp
N4855 County Road Y
Montello, WI 53949

Phone: 608-297-2566

Fax: 608-297-7080

E-mail: skylodge@skylodge.org

www.skylodge.org