

# Sky Lodge Counselor/Program Worker Volunteer Application

## Instructions

Please fill out this form, via email (skylodgecamp@gmail.com) or mail (N4855 County Rd Y, Montello WI 53949)

## I. General Information

<b>Full Name:</b>	<b>Email</b>	
<b>(Area Code) Home Phone:</b>	<b>(Area Code) Cell Phone:</b>	
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Occupation</b>		
<b>Church Name</b>	<b>Pastor's Name</b>	
<b>Church Address</b>		
<b>Church City</b>	<b>Church State</b>	<b>Church Zip</b>

**Which camp(s) are you applying to be a counselor/program worker? (mark with an X)**

**Traditional Camps - All counselors must attend counselor training.**

Young Teen Camp-June 13-18 (counselor training June 12-13)

Junior Camp-June 20-25 (counselor training June 19-20)

**Specialty Camps (counselor must attend counselor training either June 12-13 or June 19-20)**

Equestrian Camp 1 (June 6-11)

Equestrian Camp 2 (June 26-July 1)

Equestrian Camp 3 (July 17-22)

Equestrian Camp 4 (July 31-August 5)

Cowgirl Camp 1 (July 3-8)

Cowgirl Camp 2 (August 7-12)

Guy Stuff Camp (June 26-July 1)

Adventure Camp (July 3-8)

**If your child (or niece, nephew, grandchild) is attending camp, would you like to be in the same cabin as your child?**

Yes                      Name of Camper: \_\_\_\_\_

No

## II. Questions for New Counselors/Program Workers

(If you were a counselor/program worker at Sky Lodge Christian Camp 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 thoroughly. To the extent practical, the information you provide will be verified through independent means. Write NA next to the questions that 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

## III. Questions to be Answered Every Year

*(Even if you have been a counselor/program worker at Sky Lodge in the past)*

Mark an X for yes or no.

1. Have you ever been removed from a position of leadership because of misconduct involving children?

Yes

No

If Yes please explain:

2. Have you been convicted of any moving traffic violation in the past?

Yes

No

If Yes please explain:

3. Have you ever been convicted of a crime or municipal ordinance violation in any federal, state or municipal court?

Yes

No

If Yes please describe:

**4. Have you ever pled guilty, been found guilty, entered a plea of no contest or Alford plea of guilty for ANY offense?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes please explain:
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**5. Have you ever pled guilty, been found guilty, entered a plea of no contest or Alford plea of guilty to any offense involving a minor (child)?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes please explain:
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**6. Have you ever been placed on probation, received a Suspended Execution of Sentence or Suspended Imposition of Sentence?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes please explain:
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**7. Have you ever been placed on probation, received a Suspended Execution of Sentence or Suspended Imposition of Sentence involving a minor (child)?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes please explain:
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**8. Are you, or have you ever been, placed on any local, state, or federal registry for sex offenders?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes please explain:
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**9. Have you ever been sued in a civil court of law where the allegations in the suit involved illegal, inappropriate, or sexual conduct or contact with a minor (child)?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes please explain:
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## IV. References

### Pastor or Christian Worker

Full Name	Day Phone
Email	Night Phone

### Personal Friend

Full Name	Day Phone
Email	Night Phone

### Family Member

Full Name	Day Phone
Email	Night Phone

## V. Agreement

Please read carefully. Mark X to indicate 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.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of acceptance or immediate termination of position regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee acceptance. I further understand that, should Sky Lodge extend an offer and approve of my volunteer position, such acceptance is at will, for a specific duration but may be terminated by either Sky Lodge or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Sky Lodge or its representatives used during the application process is deemed a contract of acceptance, real or implied. If accepted, I agree to conform to the rules, regulations, policies, and procedures of Sky Lodge at all times and understand that such obedience is a condition

I understand that, if seriously considered for a position with Sky Lodge I will be required to submit to a background check as a condition of acceptance. I understand that an unsatisfactory result from, refusal to cooperate with or attempt to affect the results of these background checks will result in withdrawal of any position offered, or dismissal if already accepted.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Sky Lodge and or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I consent that any dispute between me and Sky Lodge will be governed by the substantive laws of the State of Wisconsin and any mediation or suit that might occur shall be filed in the Marquette County court system.

If any part of this agreement is found by a court or any other appropriate authority to be invalid, the remainder of the agreement nevertheless will be in full force and affect.

Signature of Applicant

Date:

## VI. Authorization and Request for Criminal Records Verification and Fingerprint Information

I hereby authorize Sky Lodge Christian Camp to obtain and/or request information about my criminal history and fingerprints from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same.

<b>Signature of Applicant</b>	<b>Date:</b>
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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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<b>Current Address</b>
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<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Home Phone</b>	<b>Cell Phone</b>
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<b>Email Address</b>
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<b>Other names used by applicant, including maiden name (if any)</b>
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<b>Date of Birth</b>	<b>Place of Birth</b>
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<b>Social Security Number</b>
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<b>Drivers License Number</b>	<b>Issuing State</b>	<b>Exp. Date</b>
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**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.**

<b>Address</b>
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<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Address</b>
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<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Address</b>
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<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Address</b>
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<b>City</b>	<b>State</b>	<b>Zip</b>
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*Please list more if necessary*

***Sky Lodge Christian Camp***

N4855 County Rd Y, Montello WI 53949

skylodgecamp@gmail.com

608-297-2566