



THE VILLAGE CAMP C.I.T. APPLICATION: AUGUST 2 – 6, 2021

at SAXAPAHAW UNITED METHODIST CHURCH

Church Mailing Address: P.O. Box 268, Saxapahaw, NC 27340

Church Physical Address: 5624 Church Road, Graham, NC

Camp Director: Pastor Sue Eldon

seldon@nccumc.org

919-454-5669

YOUTH COUNSELOR PROGRAM

Thank you for your interest in our Youth Counselor Program. This program is available to all high school students, including those entering 9th grade and new graduates. There will be a limited number of positions available, so it is important that each young adult who applies submits a thoughtful and thorough application.

The basic expectations of each CIT are as follows:

- Present themselves as role models for the campers in dress, attitude, and behavior.
- Participate fully in all the programs and activities and be a positive influence on the campers.
- Work cooperatively with the adults to provide the best possible environment for everyone present.
- Arrive on time and be on site and active from 7:45 a.m. to 3:30 p.m. every day, Mon through Fri.
- Participate fully in CIT a training retreat on Saturday, July 31st from 9:00 a.m. to 3:00 p.m.

Each CIT can expect:

- To work closely with a group of 6 campers for the whole week.
- To help the teachers and adult counselors each day so the campers can have a great experience.
- To receive leadership training before camp begins.
- To learn something new about baking bread.
- To have some fun!

Note: This is a high energy, service oriented position. It is essential that you love working with children. You will not be a camper – you will be a counselor with responsibilities and expectations. Your role at the camp will be very important, as many of our adult counselors will only be able to serve for one day. You will be the one who is present all week and gets to know the campers the best.

Please complete the attached application and return it to me by **May 16, 2021**. Please note that this is an application and does not guarantee your acceptance as a CIT. Here are a few helpful tips for completing the application process:

- Please write clearly. If I can't read it, I can't understand it.
- Fill it out yourself. Nothing shows initiative and commitment more than taking on the responsibility to answer these questions yourself.
- Choose someone who knows your leadership skills well to write a recommendation on your behalf.
- Ask a parent/guardian to sign the application. The application is not complete without it.

If you (or your parent/guardian) have questions or concerns, please feel free to contact me. Thank you for your interest in supporting The Village Camp. I look forward to reading your application!

Peace,

Sue Eldon

seldon@nccumc.org

919-454-5669



THE VILLAGE CAMP YOUTH COUNSELOR APPLICATION

at SAXAPAHAW UNITED METHODIST CHURCH

Please print clearly. Return the completed application to Pastor Sue Eldon at Saxapahaw UMC or mail to PO Box 268, Saxapahaw, NC 27340 by May 9, 2021.

GENERAL INFORMATION

FULL NAME			NICK NAME	
BIRTH DATE (MM/DD/YY)	AGE	SCHOOL/GRADE JUST COMPLETED		
STREET NAME & NUMBER		CITY	POSTAL CODE	
EMAIL ADDRESS		PHONE NUMBER		

ADDITIONAL INFORMATION

DOCTOR'S NAME	DOCTOR'S PHONE
DO YOU HAVE ALLERGIES? (IF YES, PLEASE SPECIFY)	
DO YOU HAVE ANY DIETARY RESTRICTIONS? (IF YES, PLEASE SPECIFY)	

PARENT/GUARDIAN INFORMATION

PARENT'S / GUARDIAN'S FULL NAME			
STREET NAME & NUMBER		CITY	POSTAL CODE
MOBILE PHONE	WORK PHONE	EMAIL	

SHORT ANSWER QUESTIONS *Please answer in the space provided:*

1. Why do you want to be a Youth Counselor for The Village Camp this summer?

2. What do you hope to gain from being a Youth Counselor?

3. What skills and passions do you have that make you well suited to serve in this way?

4. Describe any extra-curricular school, church, team or club activities that you lead or volunteer for.

5. Will you be able to participate fully in the CIT training retreat on Saturday July 31, 2021 from 9:00 am to 3:00 pm?

ESSAY Please submit a one page answer (at least 300 – 500 words) to the following questions:

What struggles do kids face today? How can camp help? How can you make a difference?

REFERENCE

Please ask someone who knows your personality and leadership skills to submit a reference letter to Pastor Sue Eldon, PO Box 268, Saxapahaw, NC 27340 or email to seldon@nccumc.org by May 19th.

NOTE: No tuition will be charged for CITs.

By signing below you are agreeing that you have thoughtfully reviewed these expectations and understand that this is a high energy, service oriented position. If accepted you will do your best to meet these expectations.

Signature of Applicant

Date Signed

Signature of Parent/Guardian

Date Signed

Applications are due no later than May 16th. Notification will be on a rolling basis, so I strongly recommend submitting your application as soon as possible.

PERMISSION FORM FOR THE VILLAGE CAMP

Youth Counselor's Name: _____

PERMISSION FOR USE OF PHOTOS <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my child/dependent may be used for public relations and publicity purposes to include but not limited to website and social media. I understand that my child's name will not be disclosed without my specific permission.
PERMISSION FOR EMERGENCY MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to the Village Camp counselors and staff to seek treatment for my child and/or dependent minor by a licensed physician. I know of no reason(s) why my child/dependent may not participate in prescribed activities except as noted in a separate writing provided to the Camp director. If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions, and attach to this form.

EMERGENCY CONTACT INFORMATION		
Name	Telephone (s)	Relationship to Youth
Name	Telephone (s)	Relationship to Youth
Parent Agreement: I have read and understand this annual permission slip. The above named emergency contacts have my permission to pick up my child. I understand that I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the Camp director.		
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Mobile Telephone	Home Telephone	Work Telephone

FOR OFFICE USE ONLY

Date Application Received: _____

Date Recommendation Received: _____