

# RETURNING COUNSELOR APPLICATION

## 2024 Schedule:

- June 3-7/ Counselor Training (10am – 4pm)
- June 17-22 / Adventure Camp I (7<sup>th</sup> – 8<sup>th</sup> grades)
- June 17-22 / Summit Camp I (9<sup>th</sup> – 12<sup>th</sup> grades)
- July 08-13 / Adventure Camp II (7<sup>th</sup> – 8<sup>th</sup> grades)
- July 08-13 / Summit Camp II (9<sup>th</sup> – 12<sup>th</sup> grades)
- June 10-15 / Explorer Camp I (4<sup>th</sup> – 6<sup>th</sup> grades)
- June 24-29 / Explorer Camp II (4<sup>th</sup> – 6<sup>th</sup> grades)
- June 30-July 02 / Base Camp (1<sup>st</sup> – 3<sup>rd</sup> grades) \*3pm Sunday – 11am Tuesday



There will be a staff meeting in the dining hall on the first day of camp at 12pm.  
Lunch will be provided.

## Qualifications:

Senior counselors are to have completed the senior year of high school. If you have not served as a senior counselor you will need to complete the Application Form and submit recommendations from two adults – pastor, church leader, teacher, professor, etc.

If you are a returning senior counselor please complete the returning application.

## Specialty:

To live out “camp is for the camper” every minute with campers in order to lead them to Christ and/or to help them take another step spiritually.

## Accountability:

Summer Program Director and Executive Director

## Qualifications:

1. An understanding of the aims and philosophy of Wabash Park Camp.
2. A love for campers.
3. An ability to get along with others
4. Spiritual and emotional maturity.
5. A willingness to perform tasks other than those assigned.
6. A radiant Christian personality.
7. A basic knowledge of age group characteristics and corresponding needs.
8. A loyalty to Christ and the program of the camp.
9. An appreciation for Creation and the out-of-doors.
10. Physical stamina.
11. Personal health and cleanliness.

## Responsibilities:

1. To maintain daily personal devotions.
2. To care for the needs of the cabin group.
3. To cooperate with other counselors and staff.
4. To broaden the camper’s interests.
5. To watch for and encourage spiritual life.

6. To involve campers in recreation and games.
7. To see that the cabin is clean, neat and orderly.
8. To enforce camp rules for conduct.
9. To conduct cabin devotions daily as scheduled.
10. To watch the health of campers and report any irregularities to the Nurse and Summer Program Director.
11. To help group acquire cohesion and a sense of belonging.
12. To seek a one-on-one interview with each of your campers.
  13. To do necessary counseling for salvation or other spiritual needs of the camper.
  14. To sit with campers in chapels and meetings.
  15. To attend Monday lunch meetings.
  16. To be responsible for their campers 24 hours a day. You will have at least one hour off per day as assigned.
  17. To be responsible in dress. All staff is asked to dress appropriately/decently/modestly in a way that does not distract from the light of Christ in their lives. Consider 1Corinthians 10:32-33 "Do not cause anyone to stumble, whether Jews, Greeks or the church of God— even as I try to please everybody in every way. For I am not seeking my own good but the good of many, so that they may be saved."
  18. To make any reports required promptly and accurately.

**Authority:**

1. Shall carry out the Behavior Management Policy of camp.
2. Shall see to it that his/her campers respect others and the guidelines of the camp.
3. Shall see the assistance of the Summer Program Director when campers are not responding to appropriate guidelines.

**Policies/Expectations:**

1. Your example is very important, so your attitude about food and serving others is important. "The food is always good" should be your general attitude. If there is a food you do not particularly care for, just say, "No, thank you" without comment. Each cabin will share in kitchen/ dining room clean up according to a rotation schedule. Your servant/willing heart will set the tone for your campers.
2. All campers are to be treated with respect. No staff member is to torment, pull pranks or practical jokes on any camper or staff for any reason. At the same time, you are to accept the tricks or jokes that campers play on you unless it is destructive or distracting to the program.
3. If you are in a dating relationship while serving at camp; conduct yourself in such a way that the campers have to "guess" about whether you are dating.

## GENERAL INFORMATION

Please mark the camps you can serve:

- June 3-7/ Counselor Training (10am – 4pm)
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Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

College Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last year completed in school as of Summer 2024: 12 13 14 15 16

Served as Sr. Counselor in '18 '19 '20 '21 '22 '23

1. What was your greatest challenge this year?

2. How have you grown spiritually this year?

3. Have you been arrested or received any citations? \_\_\_\_\_ If so, explain.

4. What do you hope happens this year at Camp Wildwood?

You may return the completed form to:

WPC&RC

Attention: Deana Hayes

Scott Lefler

304 E. CR 650 S

Clay City, IN 47841

Telephone: 317-409-4718

Email: [DeanaHayes2017@aol.com](mailto:DeanaHayes2017@aol.com)



# Heath Form ~ 2024

Please print



Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Age \_\_\_\_\_ Gender: M\_\_\_ F\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Family Physician \_\_\_\_\_ Physicians Phone ( ) \_\_\_\_\_

Do you currently take prescription or non-prescription medication on a regular basis? \_\_\_\_ yes \_\_\_\_ no  
If yes, please bring medication in its **original container** with clearly marked instructions to administer at camp.  
Will you have medication that requires refrigeration? \_\_\_\_\_  
“I give my permission to the camp nurse to administer the following medication to me for the following complaints.”

**Headache, muscle ache, or sports injury:**

Aspirin \_\_\_\_\_yes \_\_\_\_\_no  
Acetaminophen \_\_\_\_\_yes \_\_\_\_\_no  
Ibuprofen \_\_\_\_\_yes \_\_\_\_\_no

**Upset stomach**

Antacid (Maalox) \_\_\_\_\_yes \_\_\_\_\_no

**Severe allergic reaction (swelling, itching, hives)**

Diphenhydramine (Benadryl) \_\_\_\_\_yes \_\_\_\_\_no  
Contact Lenses \_\_\_\_\_yes \_\_\_\_\_no

Do you have: Allergies? _____yes _____no Please specify: _____ _____ _____ Asthma? _____yes _____no Diabetes? _____yes _____no Other? _____
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Tetanus Immunization Date: \_\_\_\_\_

Other information that would be helpful to the camp nurse while you are at camp?  
\_\_\_\_\_  
\_\_\_\_\_

Our family insurance coverage is \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

\*Please attach a photo static copy of your health insurance card.

**AUTHORIZATION** I herewith authorize any representative of Wabash Park Camp & Re- treat Center to request and consent in writing or otherwise as requested by Union Hospital, Inc. (Terre Haute, IN.), or any other licensed hospital, to any and all examinations, medical treatment and/or procedures to or for the above named minor, either on or off the premises of Union Hospital, as may be deemed advisable or appropriate by any physician or surgeon licensed to practice medicine in the state of Indiana. This authorization constitutes a Power of Attorney appointing the above named staff as Attorney - In-Fact to sign said requests and consents as fully as though I myself did so. This consent is effective from 6/1/24 - 7/31/24. I hereby release the Wabash Conference of the Free Methodist Church, Camp Wildwood as well as WPC&RC and/or its personnel from responsibility in case of sickness and/or accident while he/she attends camp. I hereby grant my permission for my child to be transported by bus or vehicle to nearby facilities that are included in camp programming. I acknowledge that I understand the potential risk and the activities involved in youth camping.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: This document must be signed and dated to be accepted)