



Camp Amplify 2020 Counselor/Volunteer Application

First Name (Please Print)

MI

Last Name

College

Major

Year in College

Age

Birthday (MM-DD-Year)

T-Shirt Size

Home Address:

Phone/Cell #

Email:

School Address:

Instagram Acct. Name:

Twitter Acct Name:

Snapchat Name:

Social Security #:

Driver's License #:

State Issued:

Are you a US Citizen? _____ If not, is it legal for you to work in the U.S.? _____

What summer staff position are you applying for? Feel free to contact with questions and full job descriptions.

Counselor _____ CIT (Counselor in Training) _____ Volunteer/Other Support _____

Employment and Experience Information

Previous Employment	Job Title	Dates of Employment	Reference Contact

Rate the extent of your experience with underserved youth living in at-risk areas.

1 2 3 4 5 6 7 8 9 10 Circle 1 being low and 10 being high

Rate your desire to work with underserved youth living in at-risk areas.

1 2 3 4 5 6 7 8 9 10 Circle 1 being low and 10 being high

Do you have any previous camp experience? If so, list the name of the camp, your supervisor, and describe the position that you held?

Why do you want to work for Camp Amplify?

Describe any experience you have in working with kids:

What have you learned from previous experiences that would help you serve and minister to our campers?

Being a counselor can be a strenuous job that demands physical stamina with both emotional and mental stability. Counselors are on the job 24/7 with very little down time. Do you have any health conditions (physical, mental or emotional) or reservations that could potentially limit your ability to carry out this responsibility?

Certification	Exp. Date	Certification	Exp. Date
Adult and Child CPR		Lifeguard	
First Aid		Water Safety Instruction	
Ropes Course		Other	

Please rate yourself on a scale of 1 to 3 according to your ability in each area.

- (1) I can plan and proficiently teach/lead this activity.
- (2) I can actively assist and have an interest in this activity.
- (3) I have little to no experience in this activity.

Activity	Rating	Activity	Rating
Archery		Karate/Martial Arts	
Arts and Crafts		Leading Worship	
Basketball		Paintball	
Camping/Outdoor Skills		Photography	
Canoeing		Ropes Course	
Drama/Acting		Singing	
Gymnastics/Tumbling		Soccer	
Horseback Riding		Swimming	
Instruments		Woodworking	

Please describe any experiences that you have in relation to the activities listed above:

What skills or talents do you have that could be useful in a camp ministry that have not been mentioned?

Briefly describe how and when you became a follower of Christ:

Explain the plan of salvation as you would to a child:

Describe your church denomination, background and present involvement:

Camp Amplify is non-denominational, therefore, serves kids from many different kinds of ministries. We focus on the basics of the Gospel message and leave issues such as baptism, healings, speaking in tongues, prophecy, and other spiritual gifts to the local ministries.

Are you able to respect this policy? Yes _____ No _____

Are you currently involved with a Christian organization and/or ministry and what is your role?

How would you describe your devotional life/time with God?

Have you ever led a small group or Bible Study? If so, explain:

What is your strongest quality and why?

What is your weakest quality and why?

What do you hope to be doing in five years?

Please choose one word that best describes your personal views on the following and share how you live your life accordingly. (These issues are relevant to our summer youth.)

Drinking:

Do you drink? _____

If yes, how often? _____

Smoking: _____

Do you smoke? _____

If yes, how often? _____

Premarital Sex:

Abortion:

Homosexuality:

Pornography

Have you ever been convicted of an offense involving a minor, or endangering the welfare of a child such as child abuse, child neglect, etc., or any offense against a person, such as assault, etc.? _____

If yes, explain:

If you discovered that a fellow staff member was not obeying or reflecting the mission, vision, and policies of Camp Amplify, what would you do?

Vision: Camp Amplify seeks to transform the lives of impoverished youth through a weeklong overnight camp experience.

Mission: We serve less fortunate children ages 7-12 through week long, overnight summer camps where we love them unconditionally and equip them to make a difference in their communities.

Camp Amplify requires all staff members to attend Staff Training-date and time TBA.

Payment that includes room and board:

Counselor: \$200 per week; \$50 bonus for each additional year with Camp Amplify
Support Staff: Counselor in Training is a learning position and not monetarily compensated.

Do you acknowledge that you are applying for a position of ministry and that you will adhere to the policies set forth at Camp Amplify by actively supporting our mission and vision? Yes No

A complete background check will be performed on all staff offered a summer contract. Please initial that you understand and agree to our policy. _____

Personal References: Please give your pastor (or youth pastor) and two other non-family references a form to fill out. Forms can be printed from the Camp Amplify web site (www.campamplify.org) They will complete the form and mail it to Camp Amplify, Attn: Camp Staff, 1038 Denali Way, Winder Ga. 30680. Below list the names and phone numbers of the people that you will be using as references. Let your references know that we will be contacting them.

1. Name: _____ Phone #: _____
2. Name: _____ Phone #: _____
3. Name: _____ Phone #: _____

MEDICAL INFORMATION

I am allergic to the following:

Medications: _____
Food: _____
Other : _____

Please list any other medical conditions:

Medical and Liability and Image Release

"The undersigned represents to Camp Amplify, a non-profit organization, that he/she is the legal guardian and natural parent or the legal guardian of the above named child; and the undersigned does hereby consent to such minor taking part in the Camp Amplify, with full understanding that insofar as such activity will involve but is not limited to traveling to and from camp in vans or busses, traveling to and from camp during staff breaks, eating food prepared by camp staff or local restaurants, swimming, horseback riding, camp sports, archery, that there is always the risk of injury, illness, loss, death, and possible consequent expenses for the medical, diagnostic, and curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of such minor assume the risk of such expense and does hereby wholly release Camp Amplify and any representative from any responsibility or liability; and waives any claims or causes of action against it or its agents that might rise on account of loss, injury, death, or expense occasioned by any sort of accident or any other circumstances involving such child, and agrees to hold harmless in event any such claim should arise; and the undersigned agrees to abide by the rules and regulations, supervision and discipline set applied by Camp Amplify and its agents, and does hereby authorize Camp Amplify or its representatives or other agents arrange for any needed medical treatment or x-rays, and hold harmless Camp Amplify from any such expenses. The undersigned will reimburse Camp Amplify fully or furnish payment or insurance for any such payment, at his or her own expense. The undersigned also agrees to pay in full for any property damage caused by his/her own child. Permission is also given to the camp medical personnel to administer over the counter medication to the above-named child as needed. The undersigned also gives permission to Camp Amplify to use any image, video or written material that the above-named child is in or wrote. Images and videos will be used for the sole purpose of promoting the camp and not for financial gain.

Name of Insurance Company: _____

Policy Number: _____

Insurance Phone #: _____

Name of Doctor & Phone #: _____

Emergency Contact	Relationship to Applicant	Phone Number

Applicant's Signature of Release:

By signing, I verify that all information given is true to the best of my knowledge.

*Please return this application to: Camp Amplify 1038 Denali Way, Winder, Ga. 30680
Or Email to Chris@campamplify.org*

