



2021 Summer Counselor/CIT/Volunteer Application

*Our Mission: We share Faith, Hope and Love with under served youth ages 8 – 12 through weeklong, overnight summer camps.*

\_\_\_\_\_   
 First Name, MI, Last Name (Please print)

School Attending/or Graduated: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

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

Phone/Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Instagram Name: \_\_\_\_\_ Twitter Name: \_\_\_\_\_

SnapChat Name: \_\_\_\_\_ Tik Tok Name: \_\_\_\_\_

Other Social Media Accounts: \_\_\_\_\_

Are you a US Citizen? \_\_\_\_\_ If not, is it legal for you to work in the US? \_\_\_\_\_

What summer staff position are you applying for?

Counselor \_\_\_\_\_ CIT (Counselor in Training) \_\_\_\_\_ Volunteer/Other Support \_\_\_\_\_

What church do you attend & what is your present involvement? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe how & when you became a follower of Christ: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Camp Amplify requires all staff members to attend staff training, date & time TBA**

Your compensation includes room and board:

Counselor: \$200/week (\$50 bonus for each additional year, up to \$300 maximum)

Counselor in Training (CIT): Learning position, not monetarily compensated.

Volunteer/Missionary: Not monetarily compensated

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

Describe and experience you have in working with children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Being a counselor can be a strenuous job that demands physical stamina with both emotional & mental stability. Counselors & CIT's 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? \_\_\_\_\_  
\_\_\_\_\_

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

Camp Amplify is non-denominational; therefore, serves kids from many different kinds of ministries. We focus on the basics of the Gospel message & leave issues such as Baptism, Healings, Speaking in Tongues, Prophecy, and Predestination to the local ministries. Are you able to respect this policy? \_\_\_\_\_

Other than church, are you currently involved with a Christian organization/ministry? What is your role?

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

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Have you ever led a small group or Bible study? If so, explain: \_\_\_\_\_

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What is your strongest quality and why? \_\_\_\_\_

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What is your weakest quality and why? \_\_\_\_\_

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Please share how you live your life according to the below. (These issues are relevant to our summer youth).

Drinking: Do you drink? \_\_\_\_\_ If so, how often? \_\_\_\_\_

Smoking: Do you smoke? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Vaping: Do you vape? \_\_\_\_\_ If yes, how often & what substance? \_\_\_\_\_

Cannabis, THC, Marijuana: Do you smoke, ingest, vape, etc.? \_\_\_\_\_ If so, in what manner & how often? \_\_\_\_\_

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Drugs: Do you use illegal or non-prescribed drugs? \_\_\_\_\_ If so, what & how often?

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What are your views on?

Premarital Sex: \_\_\_\_\_

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Abortion: \_\_\_\_\_

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Homosexuality: \_\_\_\_\_

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Pornography: \_\_\_\_\_

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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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**A complete background check** will be performed on all staff. 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 below. We will contact these references as part of your potential employment:

- 1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Information**

I am allergic to the following:  
Medications: \_\_\_\_\_  
Food(s): \_\_\_\_\_  
Other: \_\_\_\_\_  
Do you have an epi-pen? \_\_\_\_\_

Please list any other medication conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_  
Name of Doctor & Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_

## 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.

Applicant’s Signature of Release:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Signature (if under 18 years): \_\_\_\_\_

***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