

BEAVER CREEK YOUTH CAMP  
COUNSELOR APPLICATION

Name: \_\_\_\_\_ Male or Female: \_\_\_\_\_

SS#: \_\_\_\_\_ Age: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

College Phone: \_\_\_\_\_ College Email: \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_

Relationship of this person to you: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, unlawful sexual abuse, other crimes of violence, theft, or motor vehicle violations)? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical or mental disability which would interfere with your ability to perform the job for which you are applying? \_\_\_\_\_  
\_\_\_\_\_

**REQUIREMENTS:** All counselors must be at least 3 years older than the camp with which they are working. Any counselor working 2 or more weeks during Youth Camps must attend a one day training session which will include First Aid and CPR training in addition to basic counselor training. Any counselor under 18 years of age working as a counselor for 2 or more weeks and staying at the camp over the weekend will be required to get permission from their parent(s)/guardian(s) and cleared by the Camp Manager to leave the camp grounds for any reason.

Please check the camps you are available to help:

3<sup>rd</sup> & 4<sup>th</sup> Grade Camp (6/27 – 7/2)

5<sup>th</sup> & 6<sup>th</sup> Grade Camp (7/11 – 7/17)

Jr. High Camp (7/18 – 7/23)

Sr. High Camp (7/25 – 7/30)

Little Critters (7/30 – 7/31)

1<sup>st</sup> & 2<sup>nd</sup> Grade Camp (8/1 – 8/3)

Briefly provide us with your testimony: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to work as a counselor at BCYC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can you help campers and staff begin and/or strengthen their relationship with Jesus? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

School	Name and Location of School	# of years completed	Did you graduate?	Degree or Major
High School				
College				
Other (Vocational, Technical, etc.)				

**CAMP EXPERIENCE (list any and all prior camp experience):**

Dates	Camp & Director	Location	Staff, Camper, Volunteer?

**SPECIAL TRAINING, EXPERIENCE, SKILLS, CERTIFICATIONS**

Please place a "C" next to the areas in which you hold current certifications (please attach a copy of your certification to this form); place an "X" next to the areas in which you have experience and skills; place a "T" next to the areas in which you can teach/lead (organize, instruct campers, etc.); and place an "A" beside the areas in which you can assist other staff in leading. Leave all other areas blank.

- Acoustic Guitar
- Bass Guitar
- Bible Studies
- Canoeing
- Community CPR
- Community First Aid
- Computer – Software
- Computer – Technical

- Crafts
- Devotional(s)
- Drums
- Electric Guitar
- Group game leading
- Hiking
- Lifeguarding
- Low Ropes Course

- Nursing
- Piano/keyboards
- Pre-Ropes Initiatives
- Rock Climbing/rappelling
- Singing
- Small Groups
- Team Building

**REFERENCES**

	Name:	Address:	Phone / email:
The minister who knows you best:			
The professor or instructor who knows you best:			
The employer or supervisor who knows you best:			
The adult co-worker/adult friend who knows you best:			

**WAIVER AND CONSENT:**

I, \_\_\_\_\_, hereby certify that the information I have provided on this application for employment is true and correct. I authorize Beaver Creek Youth Camp (BCYC) to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become employed by Beaver Creek Youth Camp, I agree to abide by and be bound by the policies of BCYC and to refrain from inappropriate conduct in the performance of my duties on behalf of BCYC.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN  
FOR APPLICANTS UNDER 18 YEARS OF AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please fill out the Staff Application completely and return to: Beaver Creek Youth Camp, Attn: Camp Manager, P.O. Box 186, South Fork, CO 81154. (719) 873-5311.