

Great Escape Junior Counselor Application

Personal Information

Name: _____ Date of Birth: _____

Present Address: _____ City: _____

State/Zip: _____ Phone: _____ Email: _____

School Attending: _____ Year of study: _____

Area of Interest: _____ Plans after graduation: _____

I heard about this position from: _____

Church Background

Where do you attend church (name of church, city, and state)? _____

Who is the pastor? _____ Are you a member? _____

Briefly explain your faith commitment: _____

List any ministry activities you have been involved in at your church: _____

Personal Information

Please explain any experience you have working with children: _____

Describe your gifts and passions: _____

How do you describe yourself? _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I understand that this application will be kept strictly confidential.

Should my application be accepted, I agree to be bound by policies of Neighbors Plus and Harderwyk Christian Reformed Church and refrain from unkind, disrespectful, or sinful conduct as I help at camp.

I understand that relationships are an important part of the ministry of this church. I understand that it is important to be reliable, open to suggestions, helpful, and follow the instructions of the Great Escape staff, the camp plans and support my coworkers, as I am able.

Applicant's signature _____

Date _____

Great Escape Day Camp Junior Counselor Parent Permission Slip

MEDICAL POLICY:

The medical policy of the Great Escape Day Camp and Neighbors Plus is as follows: If a medical emergency arises at any time while your child is in the care of the Great Escape, we will contact you immediately regarding care and treatment of your child. However, if the staff and/or its volunteers deem a situation life threatening to your child, they will seek treatment while trying to reach you concurrently. Please initial here if you understand and accept this policy.

Initial: _____ Date: _____

IN CASE OF EMERGENCY CONTACT:

First

Name: _____ Daytime Phone: _____

Address: _____

If not available

Name: _____ Daytime Phone: _____

Address: _____

Are there any allergies or medical condition that we need to be aware of?

Yes No If Yes, what? _____

PHOTO RELEASE:

I give Neighbors Plus permission to use my child's photograph on newsletters, brochures, advertising, Neighbors Plus website, or other promotional materials for the Great Escape Day Camp or Neighbors Plus.

Initial: _____ Date: _____

GENERAL PERMISSION SLIP:

By participating in the Great Escape Day Camp, my child will be in the care of the Great Escape staff and its volunteers on a day-to-day basis. Because of the chance to participate in this program, the undersigned adult completely releases, on behalf of him or herself, and on behalf of his or her children and wards, Neighbors Plus and persons including but not limited to its board members, staff employees, and volunteers from any and all claims of any nature arising out of or incidental to any activity conducted by or on behalf of the Great Escape Day Camp on Harderwyk CRC property or on any off-site outing. By signing below, I certify that I give my child(ren) permission to participate in Great Escape field trips and special outings. I release Great Escape staff and volunteers from any liability resulting from any activity relating to these outings. My signature below also certifies that I have read and understood this release and that I am surrendering forever any claim and or right to sue described in this release.

Name of Junior Counselor _____

Parent Signature _____ Date: _____

Applications and Permission Slips may be sent to greatescape@harderwyk.com
or mailed to
Great Escape Program Director
1627 W. Lakewood Blvd. Holland, MI 49424

