



Beachmont Christian Ministries

Phone (410)592-3648
Fax (410)592-3616
E-Mail office@beachmont.org




Paul T. Twining, Director

6433 Mt. Vista Road
Kingsville, MD 21087
www.beachmont.org

Dear 2010 Junior Counselor Applicant,

Thank you for your desire to become a Junior Counselor at Beachmont Christian Camp for the summer of 2010!

Please do the following:

-  Complete in full and return the enclosed application to our office as soon as possible. Please check our website www.beachmont.org to see if there are openings in the session you prefer. We have a limited number of Junior Counselor positions available and we accept applicants on a first-come-first-served basis. If there is no position available for you, you will be contacted and placed on a waiting list. First time Junior Counselors may work for one session.
-  Please have a parent fill out the enclosed medical information sheet and return it along with your application.
-  Have the two reference forms that are enclosed sent in as soon as possible. Your references should be sent in to us by the person filling out each reference.

Your application will not be processed until both your application and your medical information are sent in!

Very important:

Please give prayerful consideration to your participation in this ministry. It requires a serious commitment as well as providing a wonderful opportunity to give of yourself while gaining experience in working with children.

We will respond to your application as soon as possible so that you can plan your summer.

In Christ's Name,

Paul T. Twining
Camp Director

PTT/jkk
Enclosures



Beachmont Christian Day Camp

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2010 Application for Junior Counselor – Long Form for New Applicants

Please complete BOTH sides of this application. Applicant must be at least 14 years of age during camp time and no older than 17 years of age. Please do NOT apply to be a Junior Counselor if you are also going to be a camper this summer. PARENTS MAY NOT FILL IN THIS APPLICATION FOR THEIR CHILD, but it must be signed by a parent.

Last Name	First Name	Middle Name
Birthdate	Age at camp time	(will be used on name tag)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> I am called by my middle name <input type="checkbox"/> I go by another name
Father's Name	Mother's Name	

Address
City
State
Zip
Telephone
E-mail

Name of school you attended this year (2009-2010):			
Grade (2009-2010):			
Name and denomination of the church you attend:			
Name			
Denomination			
How often do you attend church?	Regularly <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Hardly ever <input type="checkbox"/>

2010 Day Camp Session Information:
Please check the session(s) you could serve if accepted:

Mini Session June 21 – June 25 (one week)
 Session 1 June 28 – July 9
 Session 2 July 12 – July 23
 Session 3 July 26 – August 6
 Session 4 August 9 – August 20

First-Time Junior Counselors can work for one session.

You are to serve from 9:00 a.m. – 4:30 p.m. daily, except on the opening day of the session. On opening day, please arrive at 8:30 a.m. for training and instructions.

Due to the number of applicants, we cannot guarantee that you will be placed with a particular age group if accepted. However, we would like for you to indicate your first, second third and fourth choice below with the numbers 1, 2, 3 & 4.

Groups 1-2 _____ 3-5 _____ 6-8 _____ 9-10 _____
 (ages 4-5) (ages 6-7) (ages 8-10) (ages 11-13)

Please DO NOT request to be grouped with another Junior Counselor applicant or a camper.

REFERENCES: (Please give the enclosed reference forms to two of your leaders and ask them to fill out and return them to Beachmont as soon as possible. Your application will not be processed until all forms are received.)

Suggestions: Pastor, Youth Leader, Sunday School Teacher, Scout Leader, Coach, someone you babysit for, etc. **Cannot be a relative or peer.**

1. _____
 Name
 (_____) - _____
 Telephone Title/Relation to you

2. _____
 Name
 (_____) - _____
 Telephone Title/Relation to you

List extracurricular school and church activities in which you have participated:
Why would you like to be a volunteer Junior Counselor?

Please complete the following.

1. How does a person become a Christian?

2. When did you become a Christian?

3. Write a brief summary of your relationship to God:

4. Do you read the Bible on a daily basis? _____

5. Write a brief paragraph describing your relationship to your parents: _____

6. How do you seek to please God in your relationship with those in authority over you? (other than parents) _____

7. How do you seek to please God in your relationship with the opposite sex? _____

COMMITMENT: I understand that being a Junior Counselor at Beachmont Christian Camp means being part of a ministry. If accepted as a Junior Counselor, I commit myself to be accountable to camp leadership in the following areas: my attitudes, actions and my interpersonal relationships while at camp. I understand that in violating this trust, I may forfeit the privilege of being part of this ministry.

Signature of applicant

Date

PARENTS: I give my consent for my son/daughter to serve as a Junior Counselor at Beachmont Christian Camp. I understand that he/she will be working under the leadership of a Senior Counselor as assigned.

Signature of parent/legal guardian

Date

Parent: Please complete the enclosed medical form for your child.

JUNIOR COUNSELOR MEDICAL INFORMATION 2010

- this form is to be completed by applicant's parent/legal guardian -

Applicant's Last Name _____ First Name _____ Middle Name _____

Age (at camp) _____ Birthdate ____/____/____ male female
Father's Name _____ Mother's Name _____

Home Phone _____ Phone numbers during camp time: Father Cell _____ Mother Cell _____
Father Work _____ Mother Work _____

Person to be called if parents cannot be reached: Name _____ Phone _____ Relation to applicant _____

****Note on Non-Prescription and Prescription Medications** – Beachmont cannot administer any medication to an applicant unless at least one dose of that medication has been administered to him/her prior to camp. By checking or listing any medication to be taken at camp, parent verifies that applicant has received at least one dose prior to camp. Only one dose daily may be administered unless specified in writing by a Physician.

HEALTH HISTORY:

(check) Diabetes Hyperactivity Asthma (If inhaler is used, see "Prescription Medications")
 Other _____

include physical, psychiatric & behavior issues – use back of paper if additional room is needed

ALLERGIES:

Is he/she allergic to bee stings? Yes No Never Been Stung

**see Note regarding medications (above)

For bee-sting patients, Beachmont administers a topical (sterile) sting-kill. Please also administer: Benadryl Benadryl only if reaction

Other Allergies _____

NON-PRESCRIPTION MEDICATIONS:

I give my permission for Beachmont Christian Camp to give my child the following medications should the need arise:

Acetaminophen Ibuprofen **see Note regarding medications (above)

PRESCRIPTION MEDICATIONS:

Prescription drugs to be administered at camp: _____

A Physician's Medication Order Form must be obtained from our office (available online or by phone) and completed by a parent and the Physician prescribing the medication. Prescription medications include Ritalin®, Epi-Pen®, asthma inhalers & nebulizers, etc. Diabetics must complete this form. **see Note regarding medications (above)

RESTRICTIONS:

Dietary _____ Activity _____

For severe or life-threatening FOOD ALLERGIES, a Food Allergy Action Plan must be obtained from our office (available online or by phone) and completed by a parent and the applicant's doctor.

HEALTH CARE PROVIDER:

Child's Doctor or Med. Center: _____ Phone: _____

IMMUNIZATION RECORDS:

Religious objection or medical contraindication to immunizations (if this box is checked, we will send you a separate form to complete).

Please check ① or ②: If your child is home schooled or is enrolled in an out-of-state school, please check option ②

① My child is enrolled in a public or private Maryland school. I do not need to send in immunization records. **PARENT:** You must still list Tetanus shot or DTP (below).

② My child is not enrolled in a public or private Maryland school. I must check one of the following:

Please use the immunization records Beachmont has on file for my child. If update is needed, Beachmont will inform parent.

I have enclosed a copy of my child's immunization records.

My child's immunization records will be sent via mail or fax (410)592-3616 within 10 business days.

Date of last Tetanus shot: ____/____/____ (PLEASE DO NOT LEAVE BLANK) If no separate Tetanus Shot, please list last DTP from immunization records.

PARENTAL AUTHORIZATION

In the event that a parent/legal guardian cannot be reached in an emergency, I hereby give permission to the physician selected by the Director of Beachmont Christian Camp to hospitalize, secure appropriate treatment for, and to order injection, anesthesia or surgery for my child. I AGREE TO ASSUME OBLIGATION FOR ANY NECESSARY EXPENSES NOT COVERED BY THE CAMP'S INSURANCE POLICY ON THE CAMPER. I give permission to Beachmont Christian Camp to obtain any necessary medical records on my child from his/her physician.

Signature of Parent or Legal Guardian: _____ Date: _____



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The applicant stated below has applied to work in a volunteer position at Beachmont Christian Camp this summer working in our Day Camp for children ages 4-13. Your name was given as a reference. Please complete the following evaluation and return it to us right away at the above address or fax. Applications will not be processed until all reference forms are received.

JUNIOR COUNSELOR REFERENCE FORM

Name of applicant: _____

Your name: _____

Relation to applicant: Pastor Teacher Other (explain) _____
(may not be a relative)

Please check the following regarding the applicant:

	Excellent	Good	Fair	Poor
1. Personal habits and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Judgement and common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Emotional balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cooperation with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Submission to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ability to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ability to teach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tactfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ability to work with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Responsibility and initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Discretion with opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Signature _____

Date _____



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Comments: _____

Signature _____

Date _____