



# Beachmont Christian Ministries

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

Paul T. Twining, Director

6433 Mt. Vista Road  
Kingsville, MD 21087  
[www.beachmont.org](http://www.beachmont.org)

Dear 2012 Junior Counselor Applicant,

Thank you for your desire to become a Junior Counselor at Beachmont Christian Camp for the summer of 2012!

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](http://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*

Paul T. Twining  
Camp Director

PTT/jkk  
Enclosures



# Beachmont Christian Day Camp

6433 Mt. Vista Road • Kingsville, MD 21087 www.beachmont.org  
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## 2012 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 \_\_\_\_\_  
 Male  Female  
 I am called by my middle name  
 I go by another name \_\_\_\_\_ (will be used on name tag)  
 Father's Name \_\_\_\_\_  father has sole custody of me or I live only with my father  
 Mother's Name \_\_\_\_\_  mother has sole custody of me or I live only with my mother

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_  
 MY Cell phone number (Junior Counselor's cell) \_\_\_\_\_  
 E-mail  This is my e-mail  This is my parent's e-mail

Name of school you attended this year (2011-2012): \_\_\_\_\_  
 Grade (2011-2012): \_\_\_\_\_  
 Name and denomination of the church you attend:  
 Name \_\_\_\_\_  
 Denomination \_\_\_\_\_  
 How often do you attend church?  
 Regularly  Occasionally  Hardly ever

**2012 Day Camp Session Information:**  
*Please check the session(s) you could serve if accepted:*  
 Mini Session June 25 – June 29 (one week)  
 Session 1 July 2 – July 13 (no camp July 4)  
 Session 2 July 16 – July 27  
 Session 3 July 30 – August 10  
 Session 4 August 13 – August 24  
If you checked more than one session:  
 How many of the sessions you checked would you be able to serve if accepted? \_\_\_\_\_  
*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?

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2. When did you become a Christian?

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

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

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

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

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

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**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 2012

- 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)**

**SUNSCREEN:**  My child will need sunscreen applied during camp. A Sunscreen Authorization Form must be obtained from Beachmont (available online) and submitted prior to camp.

### 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 \_\_\_\_\_