Camp Ivydale 2024 Teen Camp Counselor Application (July 6-13)



We appreciate your desire to be a counselor at Teen Camp this year. To be considered, this application, pages 2-5, *must be 100% completed and received by* June 1, 2023. Your application will be reviewed by the directors, and you will be notified as soon as possible. *Please be aware not everyone who wants to serve may be chosen as a counselor. Some may not be chosen or asked to serve as "support staff"* in other areas. Your responses and the information you provide on this form are vital to the Camp Board and directors as we consider your application. *A mandatory background check will also be performed on each applicant selected.* Thank you for your desire to serve at Camp lvydale 2023. Directors: Max Miller, Kara Davison, and Clint Davison

Camp Ivydale Statement Of Belief:

As defined by the New Testament, a "Christian" is one who has heard and acted upon the Good News of Jesus Christ. They believe that Jesus is the resurrected Son of God who sacrificed His life on the cross as a payment for our sins. They acknowledge they are sinners and repent of, or turn away from, their sin. They have confessed Jesus as Lord of their lives. Their sins have been washed away by immersion (baptism) in water. They are now a Christian, saved by the grace of God, living guided by God's Word, set apart from the world, as living sacrifices to Him daily! (Acts 2:38-39; Galatians 3:26-27; Romans 6:3-4; 12:1-2)

Camp Ivydale Statement Concerning Marriage and Sexuality:

The marriage relationship established by God is between a man and a woman. We believe that homosexual, or same-sex, relations are forbidden by God in His Word, and that any other unauthorized sexual union, such as premarital sex, is also a sinful act in God's eyes which cannot be glorified or condoned. (Genesis 1:27, 2:18-25; Matthew 19:4-6; Romans 1:24-32, 13:12-14; 1 Corinthians 6:9-11,18; 2 Corinthians 12:21)

Due to society's widespread acceptance of homosexuality, Camp lvydale makes the following affirmation:

- Based on the verses listed above, while we at Camp Ivydale love and respect all people and, like our Lord, desire all people to come to the knowledge of the truth and be saved (1 Tim 2:4), we believe and teach homosexuality is a lifestyle not approved by God, and cannot be condoned by His people.
- Therefore, as the directors of Camp Ivydale, we seek mature Christians to serve in this highly influential role who understand, uphold, and proclaim God's laws as the only authority of truth in these matters.

PLEASE WRITE LEGIBLY ALL INFORMATION IS REQUIRED

First Name:_		Last N	ame:		
Age:	_Gender:	Birth date:	T-Shirt Size		
Address:					
Email:		Phone N	umber:		
Congregation	n you regularly	attend:			
Elder/Ministe	der/Minister's name: Phone Number:				
study, church	n attendance, a	nd lifestyle. (Heb 10:23	te into consideration your prayer life, Bib -25, 1 Tim 4:7-8, 12-13; 2 Tim 3:16-17) or leadership in your congregation?	ble	

2) Please describe any experience you have in counseling or serving teenagers, and why you wish to serve as a counselor on the Camp Ivydale staff. What do you expect your campers to get out of this week and how do you hope to help them?

3) Our campers tend to ask our counselors spiritual questions during Teen Camp. What counsel would you give your camper on these questions using God's Word as your guide? (Please provide Scripture references.)

1. How do I become a Christian? How do I get "in Christ"?

2. What are your suggestions to help me grow spiritually?

4) Please circle your answer: I believe the Bible is the final authority on what is right or wrong regardless of what society says, what the government approves, or the courts determine. YES NO

Please give this page to one of your elders or your minister for him to describe your church attendance and involvement, plus any recommendations or comments he may wish the directors to consider. (<u>Required</u>)						
<u>-</u>						
Signature (Minister/Elder)	Title	Phone or Email				
Name of congregation	City / State					

I have read and agree to uphold the Counselor expectations, and I agree to abide by the authority and guidance of the Camp Directors.

Please Note:

You will be contacted soon after the directors have reviewed and accepted your
application to be a counselor. You can mail your application to:Camp IvydaleORCamp Ivydale3920 S. Mitchell St.17589 Mountain Springs Ave
Nampa, ID 83687

Or you can scan and email them to:

Max Miller: hammern81@gmail.com, and Kara Davison: karadavison4@gmail.com, and Clint Davison: LClintDavison@gmail.com

Emergency Contact and Medical Information

		М	F						
Staff's Name	Date of Birth	Sex							
Emergency Contact									
Primary Emergency Contact									
Home Phone	Work Phone								
Address									
Medical Information									
Hospital/Clinic Preference									
Physician's Name	Phone Number								
Insurance Company	Policy Number								
Height:	Weight:								
List any physical conditions that may affect or limit full participation in any activity									
Describe any special medical conditions: (e.g. food or other allergies, ADHD, asthma, cancer, leukemia, diabetes, heart conditions, etc.)									
List any medications (prescribed by a physician) that should be administered to the participant while attending Camp lvydale:*									
List equipment needed: (e.g. wheelchair, braces, glasses, contact lenses, etc.)									
I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and/or Camp medical staff for myself and waive my right to informed consent of treatment, in the event that I am unable to consent by myself. This waiver applies only in the event that your emergency contact can not be reached in the case of an emergency.									

Staff Signature

Date

* Non-prescription medications and treatments will be administered at the sole discretion of the lvydale medical staff while campers are under camp supervision. Any prescription medications must be in the original pharmacy container with clear dates and dosages on the label. ALL MEDICATIONS WILL BE LEFT WITH THE CAMP NURSE OR LOCKED IN YOUR VEHICLE – NOTHING WILL BE KEPT IN THE CABINS!