

Counselor Application Form 2010

Tall Timber Ranch

www.talltimber.org

For office use only:

Received: _____

WSP Ck: _____

WSP Response: _____

Name(as written on Driver's License): _____ Age: _____ Grade: _____

Street Address: _____ City: _____ State: _____

Postal Code: _____ Phone: (____) _____ Date of Birth: _____

E-mail: _____

Parent/guardian (if you are a minor): _____

Home church: _____ Pastor: _____

PERSONAL REFERENCES:

Persons who could respond to your qualifications as a camp counselor and leader of young people. Please indicate their name, address, and telephone number.

Minister: _____ Phone: _____

Christian worker: _____ Phone: _____

Other: _____ Phone: _____

Please check the camp(s) you would like to be a counselor for.

<u>CAMP</u>	<u>DATES</u>	<u>GRADE ENTERING</u>
<input type="checkbox"/> Adventure	July 5-July 10	7-9
<input type="checkbox"/> Junior 1	July 11- July 16	4-6
<input type="checkbox"/> Junior 2	July 25-July 30	4-6
<input type="checkbox"/> Primary	July 18-July 21	2-4
<input type="checkbox"/> Junior High	August 1-August 7	6-8
<input type="checkbox"/> Senior High	August 8-August 14	9-12

Have you attended Tall Timber Ranch before? Y N

Please indicate year: Staff: _____ Counselor : _____ Camper: _____

Activities, Skills, and Interests: On the following list, put a number 1 before those areas that you can lead or organize, and number 2 before those that you can help with.

COUNSELING

- _____ Bible Study
- _____ Group speaking
- _____ Worship
- _____ Camper discipline
- _____ Small groups
- _____ Seminars
- _____ One on one counseling

CAMPING

- _____ Swimming
- _____ Outdoor skills
- _____ Guitar
- _____ Song leading
- _____ Crafts
- _____ Games
- _____ First aid

List any information about these skills below:

1. IN THE SPACE BELOW, LIST CHURCH ACTIVITIES YOU HAVE BEEN INVOLVED IN AND ANY LEADERSHIP POSITIONS YOU HAVE HELD.

2. PLEASE DESCRIBE ANY ACTIVITIES OR LEADERSHIP POSITIONS YOU HAVE HAD WHICH ARE RELATED TO YOUTH WORK AND/OR CAMP COUNSELING.

3. WRITE A BRIEF STATEMENT ABOUT WHY YOU WOULD LIKE TO BE A COUNSELOR AT TALL TIMBER.

4. PLEASE SHARE ABOUT YOUR CHRISTIAN EXPERIENCE. HOW YOU GOT TO KNOW CHRIST AND HOW YOU ARE DIFFERENT TODAY BECAUSE OF THAT COMMITMENT.

5. HAVE YOU BEEN CONVICTED OF ANY OFFENCE OTHER THAN A MINOR TRAFFIC VIOLATION? Y N IF YES DESCRIBE IN FULL. (EACH COUNSELOR WILL BE ASKED TO SIGN A CHILD ABUSE DISCLOSURE FORM AND WILL RECEIVE A CRIMINAL BACKGROUND CHECK WITH THE WASHINGTON HIGHWAY PATROL.)

DESCRIBE ANY PHYSICAL INJURIES, LIMITATIONS, MEDICATIONS, ALLERGIES, ETC. WHICH COULD AFFECT OR LIMIT YOUR WORK.

DATE OF LAST TETANUS SHOT: _____ REGULAR MEDICATION: _____

ALLERGIES: _____

FOR MINORS ONLY

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event that I cannot be reached through reasonable efforts, I hereby give my permission to the physician selected by the Camp Director to secure proper treatment or to hospitalize, to order injections, transfusion, anesthesia, or surgery for my child. I further agree that I will not hold Tall Timber Ranch or the Presbytery of Central Washington or North Puget Sound, their agents or employees, responsible for any accident or injury arising out of my child's participation during the time period described in this application form.

ONE OF THE FOLLOWING MAY BE ADMINISTERED TO MY CHILD AS NEEDED.

TYLENOL IBUPROFEN

Parent Signature and Date: _____ Date: _____

Signature: _____ Date: _____

Send Application to: Tall Timber Ranch; 27875 White River Rd.; Leavenworth, WA 98826
 (509)763-3127 Fax: (509) 763-1227

Child Abuse Applicant Disclosure Form

Tall Timber Ranch

27875 White River Road; Leavenworth, WA 98826

www.talltimber.org

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date and the court(s) involved.

1. Have you ever been convicted of a crime against children or other persons?

ANSWER IF YES, EXPLAIN BELOW.

2. Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?

ANSWER IF YES, EXPLAIN BELOW.

3. Have you ever been convicted of crimes related to drugs as defined in RCW 43.43.830?

ANSWER IF YES, EXPLAIN BELOW.

4. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER IF YES, EXPLAIN BELOW.

5. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER IF YES, EXPLAIN BELOW.

6. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

ANSWER IF YES, EXPLAIN BELOW.

7. Have you ever been found by a court in a protection under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

ANSWER IF YES, EXPLAIN BELOW.

Pursuant to RCW 43.43.830, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I have disclosed all crimes against children or other persons, all crimes related to drugs, and all crimes related to financial exploitation.

Applicant Signature _____

Date and Place _____

Washington State Patrol

Identification and Criminal History Section
PO Box 42633, Olympia, WA 98504-2633

Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.845

Requesting Agency/Address

Tall Timber Ranch
27875 White River Road
Leavenworth, WA 98826

Personnel Coordinator

Purpose

_____ Non-Profit Business

Applicant of Inquiry

Applicant's Name _____
(Print please) Last First Middle

Alias/Maiden Name _____

Date of Birth _____ Sex _____ Race _____

Social Security Number _____

Driver's Lic Number/State _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050

Applicant's Signature _____

Applicant's Address _____

City

State

Zip