



Dear Prospective Junior Counselor & Counselor-in-Training (CIT),

The Brethren Retreat is a great place to serve the Lord while being challenged to grow closer in your own relationship with God. I hope that you will prayerfully consider what your role might be on staff for Camp Shipshewana 2016. I am looking forward to seeing how God brings together a team of young men and women who love the Lord and desire to serve Him by sharing their lives with hundreds of children during our 96th summer of ministry. Our Camp Shipshewana 2016 theme is: "Power. Unleashed by Prayer" Our theme verse is "Therefore confess your sins to each other and pray for each other so that you may be healed. The prayer of a righteous person is powerful and effective." James 5:16



Please fill out and return the enclosed staff application ASAP to begin the process. In the past we have accepted applications up to the date of Staff Training, which is June 5-10, 2016, provided there still remains an open position. That has not been the case in past years. So . . . get your application materials submitted promptly. We are expecting an abundance of excellent ministry applicants for Camp Shipshewana 2016! I encourage you to return your application by **April 30th** to allow time to complete the application process.

Also enclosed are three reference forms. Please give these reference forms along with a stamped Brethren Retreat-addressed envelope to adults who know you well, and with whom you have had regular contact in a character developing role (*i.e. a teacher/professor, coach/supervisor, youth/campus pastor, **non-relative** adult who has known you 3+years, etc.*). **One reference form MUST be from your current Pastor/Youth Leader.** Please ask them to complete and return them to the Brethren Retreat within the week that you present the reference to them. I look forward to receiving your application.

I pray that you are able to find ways to unleash the power through prayer and that the Lord will continue to show you things and people who need prayer!

Unleash the Power.
James 5:16

Rick Miller
Executive Director
Fall 2015



BRETHREN RETREAT
at Shipshewana Lake
REFRESH YOUR LIFE

APPLICATION FOR MINISTRY JUNIOR COUNSELOR and CIT STAFF Camp Shipshewana Programs

9095 W CR 275 N * Shipshewana, IN 46565

Phone: 260.768.4519 / Fax: 260.768.4615 / E-mail: brcship@juno.com / www.brethrenretreat.org

BIOGRAPHICAL BACKGROUND

Date: _____ Position Desired: _____

Name: _____ Sex: M F Age: _____

Birth Date: _____ SS#: _____ Education Level: _____

Permanent Address: _____ City/St/Zip: _____

Phone: _____ Good until: _____ E-Mail: _____

What size adult T-shirt do you wear? S M L XL XXL

Driver's License#: _____ Vehicle Year/Model/Color: _____

The BRC needs to have a record of vehicles being parked on the grounds by staff members.

How did you learn about The Brethren Retreat/Camp Shipshewana?

I am a former camper/staff From a former camper/staff Brethren Retreat Website

Other source: _____

List all the members of your immediate family:

	Name	Age	Relation	Occupation/School
1.	_____	N/A	Father	_____
2.	_____	N/A	Mother	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

My parents are Married Separated Divorced (check one)

If parents are separated, divorced, or remarried, provide approx. dates of occurrence. _____

Briefly describe yourself. What are your personality traits, strengths, weaknesses, likes, & dislikes?

SPIRITUAL BACKGROUND

Home Church: _____ Pastor: _____

Address: _____ City/St/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Youth Pastor: _____ E-Mail: _____

Please answer the following questions on a separate sheet of paper (hand written or typed)

- Briefly explain how and why you became a Christian. Also illustrate any growth or struggles you have experienced since.
- What do you believe to be the strengths and weaknesses of your relationship with God?
- Describe the current status of your devotional time, servanthood, witnessing, and prayer life.
- What is your involvement with your youth group?
- Describe your involvement as a leader/participant in Christian ministry outside of your local church.

EDUCATION BACKGROUND

High School: _____ Year of Graduation: _____ GPA: _____

Please list any scholastic honors or school related teams/clubs/organizations you were/are involved in, including leadership positions held.

What are you educational/career goals and why?

EMPLOYMENT BACKGROUND

Please list your most recent employer:

Company	Phone	Tenure	Supervisor's Name
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Describe your responsibilities:

List reason for leaving company:

CAMPING EXPERIENCE/TRAINING

Please list any previous camping experience/training. Include dates as a camper and/or staff member.

Describe any previous experience that you have had working with children between the ages of 6-17.

Indicate skill level for all of the following: "1" Can lead "2" Can assist "3" Interest, no experience "4" No Interest

- | | | | |
|--|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Fire Building | <input type="checkbox"/> Recreational Games | <input type="checkbox"/> Song Leading | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Team Sports | <input type="checkbox"/> Tent Camping | | |

Describe any previous training, certification, or teaching experience below.

List any musical instruments that you play well enough to participate in worship: _____

Training, Certification, Teaching Experience: _____

Are you certified in any of the following areas? Date		(circle one)	Exp.
First Aid/CPR:	YES	NO	_____
AED Defib:	YES	NO	_____
Lifeguard:	YES	NO	_____
Archery:	YES	NO	_____

GENERAL INFORMATION

Do you have any physical, medical, or mental health conditions or any special limitations (diet, exercise, stamina, addictions, prescription medications) YES NO (circle one)

If yes, please explain: _____

Physician: _____ Phone: _____

Have you ever been arrested for any violation that resulted in a conviction, a plea of guilty or no contest, probation, community service, summary report, or some other form of adjudication (other than minor traffic violations)? Also, do you have any pending charges or are you under any type of investigation? If yes, explain fully on a separate piece of paper. (circle) YES NO

Have you ever been accused of physical or sexual abusive behavior? If yes, explain fully on a separate piece of paper. (circle) YES NO

Why do you desire to serve as a volunteer at the Brethren Retreat?

Complete this sentence: " I think others would describe me as . . ."

What experience have you had in working as a team? What are your strengths and weaknesses as a "team player"

PERSONAL REFERENCES

Please list two adult references who have known you for 3+ years, excluding family.

Name: _____ Relationship: _____

Address: _____ City: _____

State/Zip: _____ Phone/e-mail: _____

Name: _____ Relationship: _____

Address: _____ City: _____

State/Zip: _____ Phone/e-mail: _____

APPLICANT AGREEMENT AND RELEASE

I understand that the existence of a record of criminal activity or child abuse may, depending on the circumstances, disqualify me from consideration as an applicant to the Brethren Retreat Staff Team. I further understand Criminal and Child Abuse background checks may be conducted if I am accepted as a member of the Brethren Retreat Staff Team. Failure to fully disclose one's record will typically result in immediate dismissal. To the extent of my knowledge, the information on this application is truthful and accurate. By means of this release, I authorize the Brethren Retreat to make inquires about me with the people listed in this application.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(If applicant is under age 18, parent's signature is required before Brethren Retreat can process application.)

Return completed application to:

The Brethren Retreat *at Shipshewana Lake*

Rick Miller, Executive Director

9095 W 275 N

Shipshewana, IN 46565



Ministry of the Brethren Retreat
Statement of Faith

We believe in the Holy Scriptures as originally given by God, divinely inspired, infallible, entirely trustworthy, and the supreme authority in all matters of faith and conduct;

We believe in the triune God -- Father, Son and Holy Spirit;

We believe in the deity of the Lord Jesus Christ, His substitutionary atonement of sin, His bodily resurrection, and His personal, visible return to earth to reign in righteousness and glory;

We believe in the Person of the Holy Spirit and His work of conviction, regeneration, and sanctification, Who indwells every believer, equipping them with gifts of service and witness;

We believe in the necessity of the new birth, in salvation by faith in Jesus Christ alone, and the importance of a life fully committed to the will of God in Christ, and the church as the one universal body of Christ Who is the head, called God's redeemed people.

_____ Date: _____
 Applicant's Signature

NOTE: If applicant is under 18 years of age, a parent or guardian must sign below. Your signature indicates this applicant has discussed this Statement of Faith with you and signed per your approval.

_____ Date: _____
 Parent/Guardian's Signature

This Statement of Faith is in alliance with Christian Camps and Conference Association - United States of America www.ccca.org The Ministry of the Brethren Retreat has maintained membership with CCCAI/USA since 1973.

Following is a copy of the Reference Form. **You will need 3 of these Reference Forms in order for your application to be considered complete.** Please give these reference forms along with a stamped Brethren Retreat - addressed envelop to adults who know you well, and with whom you have had regular contact in a character developing role (*i.e. a teacher/professor, coach/supervisor, youth/campus pastor, **non-relative** adult who has known you 3+years, etc.*). **One reference form MUST be from your current Pastor/Youth Leader.** Please ask them to complete and return them to the Brethren Retreat within the week that you present the reference to them.

NEW!!! Here is a link you can email to your references for them to fill out and submit the reference form online. Just have them copy and paste it into their web browser. The link is also on the Brethren Retreat website.

Jr. Counselor / CIT Online Reference Link:

<https://docs.google.com/spreadsheets/embeddedform?formkey=dGF0cDVSU GIUS0xaMXJ4Z3RseXdSSVE6MQ>



CONFIDENTIAL REFERENCE FORM CONFIDENTIAL
The Brethren Retreat * 9095 W 275 N * Shipshewana, IN 46565
260.768.4519 * brcship@juno.com * www.brethrenretreat.org

_____ has applied to serve at the Brethren Retreat as a

Junior Counselor

Counselor-in-Training

Please give careful consideration to the evaluations below.

This applicant has given your name as a reference that has knowledge of his/her life experiences, spiritual maturity and personality characteristics. The applicant may be working with children in a prolonged setting under physically and emotionally stressful conditions.

In checking items listed below, please remember that it would be truly an exceptional person who ranks high in all categories.

OBJECTIVE RATING:

Under each general heading, check the phrase that most accurately describes the applicant's HABITUAL behavior with regard to that specific trait.

1. How well is the applicant able to direct and influence others along definite lines of action?
 - Exceptional leader; inspires others along desirable lines of action
 - Very successful in leading others
 - Normally successful in directing others and controlling them
 - Usually follows leads of others
 - Poor leader; incapable of directing others
2. How does the applicant work with peers and adults for the good of the group?
 - Cooperates willingly and actively regardless of self-benefit; makes things go smoothly
 - Cooperates with others toward accomplishing same goals
 - Gives limited cooperation; neglects common good for own interests
 - Cooperates grudgingly; makes trouble - obstructionist
3. How does this applicant react to suggestions or criticism by others?
 - Asks for criticism and suggestions
 - Follows suggestions willingly
 - Listens to suggestions but may not act without considering them
 - Resists suggestions
 - Takes criticism as a personal insult
4. How responsible is the applicant? Able to completely get things done on their own?
 - Exceptionally able to accomplish work without supervision
 - Carries out routine activity on own responsibility
 - Needs detailed instructions with regular checks for accomplishment
 - With constant supervision will do satisfactory work
 - Irresponsible even under supervision
5. How well does applicant put his/her principles and convictions into action?
 - Carries out principles and convictions constantly and boldly even in face of obstacles
 - Acts according to convictions under normal circumstances
 - Fails to carry out convictions under adverse circumstances
6. How well does this person apply energy and persistence in following through with a task?
 - Unusual perseverance; does more than expected
 - Industrious, energetic, dependable at all times
 - Completes assigned tasks of own accord
 - Rather indifferent; does not finish tasks assigned
 - Needs much prodding and supervision
7. How well does applicant control emotions?
 - Unusual balance between responsiveness and control (*extremely mature emotionally*)
 - Well balanced (*good control*)

- Usually well balanced (*attempts good control*)
- Tends to be unresponsive (*rather numb to events*)
- Unresponsive; apathetic (*appears to be uncaring*)
- Tends to be over emotional (*seems to feed off others emotions*)
- Easily depressed, irritated or elated (*emotional roller coaster*)

NARRATIVE REPORT

Please state briefly instances in which you have observed the applicant's behavior as it applies to any of these items. If you have no knowledge, please indicate that rather than leaving item blank.

A. Would you be willing to have your children under the applicant's supervision for a period of 24 hours or more in a camp setting? If not - why? _____

B. Maturity of judgment: How well does the applicant react in situations of stress, i.e. making decisions?

C. YES NO Dependability - Can this applicant be relied upon?
YES NO Does the applicant weaken in absence of authority?

D. How long have you known the applicant? _____
In what capacity have you observed this applicant? _____

E. To what extent have you seen the applicant in a leadership role? _____

F. YES NO To your knowledge, does the applicant use drugs or alcohol?
YES NO Is the applicant prone to child or sexual abuse?

G. To your knowledge, has the applicant accepted Jesus Christ as their savior and lived a life that emulates that commitment? Please explain. _____

H. YES NO Would you, without reservation, recommend this applicant to serve in a Christian camping program with responsibilities that involves serving as a role model who emulates Jesus Christ?

I have reviewed this reference form to the best of my knowledge; it is an accurate reflection of the applicant as observed by my interaction in his/her life.

Signature: _____ Date: _____

Name: _____ Relationship to Applicant: _____

Daytime Telephone Number: _____ Email: _____

Please return this form to:
Executive Director/Confidential
The Brethren Retreat
9095 W 275N
Shipshewana, IN 46565

Summer Staff 2016
Medical Form and Health Record

Name _____

E-mail Address _____ Age as of September 1, 2016 _____ Birthdate _____

Permanent Address _____

City/State/Zip _____ Home Phone _____

Parent/Guardian _____ Work Phone _____

If Parent/Guardian is not available in an emergency, notify:

Name/Relationship _____ Phone _____

Health History (Check if applies, explain below if necessary):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Ivy Poisoning |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Bladder Control | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Special Diet |

Date of last Tetanus Booster _____ Immunizations Complete (circle): Yes No

Operations in last 12 months _____

Medications/Restrictions _____

Insurance Carrier _____ Policy # _____

Authorization:

This health history is correct so far as I know. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the Physician selected by the Brethren Retreat to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery.

Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____