



DIRECTOR/ COUNSELOR APPLICATION FORM

We are asking Counselors & Directors to contribute to the cost of food, supplies and t-shirt this year.

**Christian Church (Disciples of Christ) in Tennessee
4006 Ashland City, Nashville TN 37218 615/646-3705
regionaloffice@tndisciples.org www.tndisciples.org**

PLEASE INDICATE IF YOU ARE **UNDER** 18 YEARS OF AGE _____

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE # _____ CELL/WORK # _____
 EMAIL _____ DATE OF BIRTH _____
 OCCUPATION _____ SS# _____

Camp T-Shirt, please circle your size, Small, Medium, Large, X Large, 2X Large 3X Large

I am interested in the following camps or retreats – please number them in order of preference. Counselor and Directors requested fees for this Summer-listed below.

____ Discovery (K-2) \$65 ____ Junior (3-5) \$120 ____ Chi Rho (6-7) \$120 ____ CYF (9-12) \$120
 ____ 8ers (8) ____ Spring Retreat ____ Fall Retreat
 --- ---

Have you ever been to Bethany Hills _____ As a camper _____ As a counselor _____

Have you ever counseled or directed at any other camp? _____

If yes, where? (Camp, City, ST) _____

Where is your Participating church membership? _____

What activities do you participate in at church? _____

Why do you want to serve at Bethany Hills _____

~~Do you have any specific skills/interests that might be relevant to serving at camp? (i.e. Bible study, music, sports, crafts, hiking, cooking, etc.)~~

Are you trained in any of these: First Aid _____, CPR _____, Lifeguarding _____ If so please provide copy of your certificate.

Have you ever been disciplined for, charged with, or convicted of an act of sexual misconduct or child sexual abuse? _____ If yes, please explain: _____

Have you ever been convicted of a felony? _____ If so, please explain: _____

REFERENCES: We require you to submit 2 references, one of which must be a minister. **Please ask your references to complete the reference form and submit it directly to the Regional Office, regionaloffice@tndisciples.org. Forms available at www.tndisciples.org/bethany-hills/forms/**

First Reference----Minister’s Reference Information

Name: _____ Phone numbers: _____

Address: _____ Email: _____

Second Reference

Name: _____ Phone numbers: _____

Address: _____ Email: _____

The Christian Church in Tennessee is required to conduct criminal background checks on all volunteers 18 years old and older at its Camp and Conference programs. Your signature indicates your understanding that such a check will be made and gives the Christian Church in Tennessee permission for such action.

Signature, Agreement and Medical release: I desire to serve as a camp director/counselor/volunteer for the Christian Church in Tennessee at Bethany Hills. I covenant to participate in all scheduled activities in accordance with the approved program or my assigned duties. I promise to cooperate with other counselors, directors, volunteers, and staff and to uphold all standards set forth by Christian Church in TN and the Regional Board. With God’s help, I will seek in every way to provide an experience on the highest Christian level for all who attend the camp which I serve. I will participate in all training opportunities planned and at all times will conduct myself as the Christian example I am called to be. I understand that the Camp and Conference Directors will be allowed to review this application for staff planning purposes.

In case of emergency, I hereby give permission to the physician selected by the camp director to hospitalize, order injections, anesthesia or surgery for myself in order to secure necessary, proper medical care. I further release the camp director(s) and staff, Christian Church in Tennessee Region and Regional Board from responsibility and liability for any accidents, illness or Covid-19 occurring during camp or resulting from being on the property of Bethany Hills.

Applicant’s Signature _____ Date _____

Background Screening Consent and Information Form

© 2024 Praesidium, Inc. All rights reserved. **Applicant should complete all relevant information, sign and date the form.**

Applicant’s Full Name (Printed): _____

Date of Birth ____/____/____ Social Security # _____

*NOTE: The above information is required for identification purposes only and is in no manner used as qualifications for employment, internship, or service as a volunteer. The United Church of Christ Insurance Board and Christian Church (Disciples of Christ) in Tennessee abides by all applicable state and federal employment laws.

Present Address _____

City _____ State _____ Zip _____

Former Address if less than 3 yrs at current address _____

City _____ State _____ Zip _____

Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV,WY

I, _____, authorize Christian Church (Disciples of Christ) in TN and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my service with Christian Church in TN/Bethany Hills Camp, Kingston Springs. I release the United Church of Christ Insurance Board, and Christian Church in TN and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used. All information provided is true & correct to the best of my knowledge.

Signature of Applicant _____ Date _____