Trail Guide OR Dorm Counselor Application
2010 FLY Boot Camp – ARC, Osceola WI on July 5-9

This form serves as BOTH your Registration and your Application. All Fields are required.
Return by May 28, 2010. Late applications may be accepted with $50 late fee.

Your Checklist:

____ *Placement Information (Page 1)*
____ *Background Check (Page 2)*
____ *Personal Experience (A Separate Page)*
____ *Pastor's Recommendation Form (Page 3)*

Registration = $0

Please note that dorm counselors and trail guide roles are included in this registration amount.
If an adult is unable to fill one or both roles, then the adult will pay a registration at the $199 rate.

Responsibilities: *By applying, I affirm that I am committed to the following:*

- ♉ I am bold enough to enforce rules in a loving, firm manner with 12-18 year-old students.
- ♉ I will lay aside personal preference to invest sacrificially in the lives of students in my care.
- ♉ I will cheerfully comply with all FLY Boot Camp regulations, setting a positive example for students.
- ♉ I will respect and teach the distinctives of Biblical Lutheranism.
- ♉ I will pray for students before, during, and for one week after FLY Boot Camp.

If TRAIL GUIDE, I will meet in a small group setting in the designated times and use the materials provided to foster discussion and understanding with the goal of deeper learning and application for the teens.
IF DORM COUNSELOR, I will be responsible for one room containing up to 10 students for the week.

Placement Information *Please* PRINT for *all fields*

Please Circle One Where Appropriate: Students from own church OR Students from another congregation

Mr *Mrs* *Miss*
*NAME (First Middle Last)*_____

_____ M / F _____/_____/_____
Other Names Used [alias; maiden; nickname] *Gender* *Date of Birth (Day/Mon/Yr)*

Current Mailing Address:

_____
Street | PO Box *City* *State* *Zip Code* *Country* *Dates*

_____
Email Address

Previous Mailing Address:

_____
Street | PO Box *City* *State* *Zip Code* *Country* *Dates*

Primary Phone #: _____ Secondary Phone # _____

Emergency Contact: _____ Relationship: _____Phone: _____

Congregation Attending With: _____Located in: _____

Pastor of Congregation: _____ Phone: _____

References *(Please list two character references other than your pastor, including city, state, and phone number)*

1. _____

2. _____

Background Check

Social Security #: _____

Driver's License #: _____ State of Issuance: _____

Permission to Obtain Background Check

(*This form authorizes the church/organization to obtain background information and must be completed by the applicant. The church or organization must keep this completed form on file for at least two years after requesting a background check.*)

I, the undersigned applicant (also known as "consumer"), authorize AFLC Youth Ministries through an independent contractor, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records. I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to AFLC Youth Ministries regarding (FLY Boot Camp) if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date:_____

Medical Release

I, _____, who resides at _____
city of _____, state of _____ born _____ herein authorize the adult sponsors of the Free Lutheran Youth Boot Camp / AFLC Youth Ministries to consent to any x-ray examination, medical or surgical diagnosis or treatment, and hospital care, to be rendered to myself, when the need for such treatment is immediate and when I am unable to make the decision for myself. This includes the administration of Benadryl, Tylenol or ibuprofen if need is perceived by the Health Group Organizer.
Do you have health insurance? ☐ Yes ☐ No
If so, please submit a copy of the front and back of your health insurance card. ☐ Copy Included

_____ _____
Signature Insurance Company Plan / Policy #

Family Physician Phone Number_____

Allergies (medical & environmental): _____

Health Problems: _____

Medications: _____

Personal Experience

(Please BRIEFLY answer the following Qs on another sheet of paper)

1. Please share your personal testimony of faith in Christ.
2. Please describe your personal devotional/quiet time life.
3. Please relate your experience with Christian discipleship.
4. Are you willing to be responsible during FLY Boot Camp, both for your own actions and those of your campers?
   Translation: Are you willing to be the adult in your room or in the small group?
5. Please explain anything that may show up on a background check.
6. Describe how you would facilitate a small group discussion being mindful of "talkative Tim" and "quiet Kristi".
7. The FLY Boot Camp Team does not expect every dorm counselor to handle every situation on their own. In which of these situations would you defer to an on staff pastor? This is a big part of being a great counselor.
   A. Substance use/abuse
   B. Crisis Pregnancy/Abortion
   C. Suicide, self-harm (cutting, etc)
   D. Sexual immorality (including homosexual behavior/temptation)
   E. Victim of physical or sexual abuse
   F. Eating disorders

Pastor's Recommendation Form | 2010 FLY Boot Camp
Association Retreat Center, Osceola WI, July 5-9, 2010

Dear Pastor,

And he gave the apostles, the prophets, the evangelists, the pastors and teachers, to equip the saints for the work of ministry, for building up the body of Christ… - Ephesians 4:11-12

Thank you for your willingness to "equip the saints" by assisting us in forming a rock-solid corps of Trail Guides (Small Group Leaders) and Dorm Counselors for 2010 FLY Boot Camp. A committed group of leaders is among the highest necessities for a good conference. While this need not take more than **five minutes** of your time, please give your frank, prayerful recommendation. This contact is our primary means of evaluating the worthiness of staff, and your purposeful participation will help us make the most of our ministry opportunity at the FLY Boot Camp.

Please follow the steps in completing this form:
1. Fill out Recommendation Form.
2. Place form in envelope and seal.
3. Sign your name over the envelope seal.
4. Give back to Trail Guide/Dorm Counselor applicant.

IF THE APPLICANT FOR TRAIL GUIDE OR DORM COUNSELOR IS A PASTOR,
THEN A PASTOR'S RECOMMENDATION FORM IS **NOT** REQUIRED.

Applicant: _____

Please indicate how (and how long) you have known the applicant:

How has the applicant indicated an interest/aptitude for engaging with teenagers?

Please evaluate the applicant's ability to give effective Biblical counsel, to facilitate discussion in a small group, or to refer a student to a more qualified staff member.

Please indicate if there is any reason to question the integrity or moral character of this applicant.

Finally, do you recommend this applicant to be a Trail Guide/Dorm Counselor at FLY Boot Camp? Why/why not?

Signed: _____

Print Name: _____

Thank you for taking the time to fill out this form!