

2022 Wakon' Da-Ho Counselor Application

Thanks for volunteering your time to our Disciples youth and children in Kentucky. Volunteer counselors are the strength of our camping program and that support enables the Christian Church in Kentucky to offer Outdoor Ministry programming.

Being a counselor is a great experience for an adult. A counselor has responsibility for caring for the physical, emotional, and spiritual well-being of a group of young people. Our counselors ensure that children, youth, and other adults who volunteer their time are all protected and that our camp is a safe space. To this end, the Christian Church in Kentucky utilizes this Counselor Application as a screening method and protective tool for everyone involved with the Outdoor Ministry program. To serve as a counselor at WKDH, each adult must complete this form which will be kept on file in the Regional Office. We keep a counselor list for camp directors to use when seeking counselors for our many camp experiences. **Completing this form does not mean that you will be asked to be a counselor this summer.** It indicates your desire to volunteer your time to the children and youth in Kentucky and adds your name to the list of adults that our volunteer Directors use to recruit and create a staff.

Please note that due to the COVID 19 pandemic we are requiring that adults who wish to serve as directors or counselors must receive a COVID vaccine if they have been authorized. No adults who have refused to receive a COVID vaccine will be allowed to serve on the camp staff. All counselors must provide documentation of receiving a COVID vaccine or a negative COVID test performed within 3 days of the first day of their camp. Masks will be required at all times except during meals, showering, brushing teeth, ingesting medicine, and when sleeping.

Please review the list of camps carefully and be sure you are volunteering for the appropriate camp. By policy, the region has minimum age restrictions for counselors:

- For CYF and Eighters' camp, counselors must be a minimum of 21 years old and four years out of high school
- For Chi Rho camp, counselors must a minimum of 20 years old and two years out of high school
- For Camp 101, Mini, and Junior camps, counselors must be a minimum of 18 years old and one year out of high school

Please complete the attached form and return it to the regional office:

Christian Church in Kentucky
1125 Red Mile Road
Lexington, KY 40504

For first-time counselors, three references are required. Please list full names and email addresses so that we are able to contact them on your behalf. We must have all paperwork in the regional office two weeks prior to the camp beginning if you are asked to be a counselor.

Thank you for taking the time to complete this form and volunteering your time, talent, and life experience to children and youth here in Kentucky.

1) Name: _____
Phone: _____ Email: _____
Address: _____ City: _____ State: _____
Relationship (check all that apply): ___ Co-worker ___ Supervisor ___ Friend ___ Other

2) Name: _____
Phone: _____ Email: _____
Address: _____ City: _____ State: _____
Relationship (check all that apply): ___ Co-worker ___ Supervisor ___ Friend ___ Other

3) Name: _____
Phone: _____ Email: _____
Address: _____ City: _____ State: _____
Relationship (check all that apply): ___ Co-worker ___ Supervisor ___ Friend ___ Other

After reading the statement below, please initial: _____

"I certify that I have not been accused or convicted of any instance involving sexual misconduct or abuse."

Permission to contact references/references/background /photography:

I hereby authorize the Christian in Kentucky (henceforth referred to as CCK) to contact any of the persons or individuals listed on this application for the purpose of obtaining references regarding my working with children and youth as a camp counselor or director. Permission is hereby given to check my background information and the release of any records pertaining to my employment or service, except for financial records. I understand that all information will be handled in a confidential manner. Further, I agree to participate as fully as possible in the training offered to prepare me for my camping responsibilities. Further, I do hereby give the CCK, the photographer, and parties designated by CCK, including clients, licensees purchasers, agencies, and periodicals, the irrevocable right to use my photographic images for reproduction in any medium, including video and Internet, for purposes of advertising, trade, display exhibition, or editorial use. I have read this release and fully understand its contents.

Release:

I release the camp director, staff, and the Christian Church in Kentucky from responsibility and/or liability for any accidents or illnesses occurring during counselor training and/or summer camp.

Agreement:

I hereby agree to abide by all rules and regulations of Camp Wakon' Da-Ho and the Christian Church in Kentucky. I will treat campers, directors, fellow counselors, on-site staff, and camp managers with respect and will not interfere with camp management and operations.

Signed: _____ Date: _____

COVID-19 SAFETY INFORMATION:

While participating in events held or sponsored by the Christian Church (Disciples of Christ) in Kentucky (CCINKY) “social distancing” must be practiced and face coverings worn at all times to reduce the risks of exposure to COVID-19.

Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, CCINKY has put in place preventative measures to reduce the spread of COVID-19.

However, CCINKY cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in CCINKY events and/or other face to face activities.

By attending a CCINKY event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others.
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR:

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact CCINKY at dave@ccinky.net if he/she experiences symptoms of COVID-19 within 14 days after participating or volunteering with CCINKY.

LIABILITY WAIVER AND RELEASE OF CLAIMS:

I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation and/or voluntarism with CCINKY, and I willingly engage in CCINKY events and/or other fundraising activities (the “Activity”).

RELEASE AND WAIVER.

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST THE Christian Church (Disciples of Christ) in Kentucky (CCINKY) AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

ASSUMPTION OF THE RISK. I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

BY ATTENDING AND/OR PARTICIPATING IN THE ACTIVITY, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.

I acknowledge receipt of the above information and agree to all terms and conditions expressed in this document.

Name _____