

2017 PK Retreat counselor application

Please contact ISM at ilsmonline@idcag.org or 217-854-4641 with any questions or concerns.

PK Retreat is designed to encourage the development of the PK physically, socially, emotionally and spiritually. PK Retreat provides pastor's kids a chance to get to know other PK's who are just like them, and also provides a break from routine to encourage a fresh encounter with God.

REQUIREMENTS:

- 1) All staff must fill out an application to participate in any part of the weekend. This includes all administrative staff, counselors, special guests, and support staff.
- 2) All staff must submit a pastoral reference and one other reference to participate in PK Retreat.
- 3) All staff must submit to a national background check to be kept on file.
- 4) All staff must attend the counselor orientation meeting.

REGISTRATION:

PK Retreat counselors & staff must have their completed application mailed/faxed to ISM no later than December 30, 2016. No phone registrations or partial registrations will be accepted.

RETREAT SCHEDULE:

Due to travel time for our counselors and staff, arrangements can be made to arrive on Friday evening. Breakfast will be served in the Dining Hall on Saturday morning at 8:30 am with orientation at 10 am in the Activity Center's upstairs room. Please communicate to ISM your arrival time so that we may adequately prepare.

WHAT TO BRING:

Sleeping bag or twin bed sheets, blanket, pillow, towel, recreational clothes(indoor and outdoor), toiletries, modest swimwear, Bible, spending money for snacks and camp store. Talent show preparation items. Please clearly label all items. PK's are responsible for personal belongings. ISM is not responsible for lost/stolen items. Various clothing items, candy, & trinkets will available to purchase at the store.

PK Retreat, c/o Illinois Student Ministries, PO Box 620, Carlinville, IL 62626 along with your authorization form and supporting documents by December 30, 2016.

ALL staff must complete ALL pages of this application in their entirety before returning to ISM. Incomplete applications will incur a delay in processing and may result in a staff member's inability to serve at PK Retreat. Completing this application does NOT guarantee placement at PK Retreat as either staff or counselor. All staff will be notified of their placement prior to PK Retreat.

step 1: Please complete

The following information is required to run a national background check and must be complete in its entirety.

FIRST NAME															MIDDLE NAME														
LAST NAME																													
FEMALE MAIDEN NAME OR OTHER NAMES USED															D.O.B. (MM, DD, YY)					AGE			SEX						
SOCIAL SECURITY NUMBER										DRIVER'S LICENSE NUMBER										DL STATE									
PRESENT ADDRESS / MAILING ADDRESS																													
CITY															STATE			ZIP CODE					AREA CODE + PHONE NUMBER						
HOW LONG HAVE YOU BEEN AT YOUR PRESENT ADDRESS? _____																													
EMAIL ADDRESS																													
HOW LONG HAD YOU BEEN AT YOUR FORMER ADDRESS? _____																													
FORMER ADDRESS																													
CITY															STATE			ZIP CODE											
EMERGENCY CONTACT NAME															EMERGENCY CONTACT PHONE NO.														
EMERGENCY CONTACT EMAIL ADDRESS																													

step 2: Please complete the background consent - this section MUST be signed.

ISM requires that any adult on grounds during PK Retreat have a national background check on file with our office. If you were a camp counselor in the summer of 2016, you will have a background check on file with ISM.

Please check one of the following:

- I give ISM permission to perform my national background check .
 I have a national background check on file with ISM from camp year 2016

I, _____ hereby authorize Illinois Student Ministries/and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering for counselor/staff at the PK Retreat.

I release Illinois Student Ministries and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The information submitted in step two of this form is my true and legal name and all information is true and correct to the best of my knowledge.

Signature _____ Date ____ / ____ / ____

