

COUNSELOR PACK



<https://www.southwesternleadershipcamp.com/>

AT IDYLLWILD PINES CAMP and CONFERENCE CENTER
www.idyllwildpines.org

Southwestern Leadership Camp

“Summer Camp for AWANA Scholars”

June 22 – June 28, 2025

Dear Counselor Applicant:

We are pleased that you are interested in joining us as a Camp Counselor this year. Please find below some of the items that you will need to keep in mind if you wish to participate as a counselor or counselor-in-training (GIST). If you have concerns and/or questions, feel free to speak with your Camp Director, Eric and Cindy Berry at (619) 334-3824 or swlcamp@gmail.com.

- We welcome applications from adults who have trusted Jesus Christ as their personal Lord and Savior, have the gift of compassion and/or encouragement, are quick to listen and slow to speak, and live above reproach.
- Applicants must be currently attending a home church on a regular basis.
- Young adults under the age of 23 may apply if they have earned a Citation award. Citation achievers under the age of 22 may serve as counselors-in-training through the “Graduates in Service Together” program or “GIST.”
- Other counselors who’ve not earned a Citation award must be at least 23 years of age at the time of service and must be actively serving in their local AWANA Club.
- Applicants must be in good health with no hindrances that would keep you from fulfilling your duties as a counselor.
- References should be given out by you to: your pastor, your commander and a friend. All references should be returned by your contacts to the camp coordinator at your church. Please ensure that your references are aware of the time deadlines! *** We strongly suggest you hand them out immediately! ***
- Approval is based on Live Scan results, the number of male/female counselors needed, experience and the timeliness of sending in your application.
- Each Club should send one Counselor for each five campers (1:5 ratio).
- If your AWANA Club has already chosen enough Camp Counselors, please complete the application anyway. It is always possible that you will be needed (if approved) for an AWANA Club that doesn’t have enough Camp Counselors.
- If approved, your cost will be \$400.00. Of that, a **\$200.00 deposit must be turned in to your camp coordinator by February 26, 2025** and will be refunded if you are not accepted as a counselor. You’ll need to be prepared to submit your \$200.00 balance upon acceptance (**by April 25, 2025**). **Checks should be made out to your Awana church.**
- Prior to mailing your application, please ensure that it includes all signature lines completed on the application and all required copies included. Please verify that your Camp Coordinator has received all three (3) of your completed reference forms. Applications that are missing information or are incorrect will delay the processing of your application.
- **Your camp application will need to be mailed to:**
Southwestern Leadership Camp
1942 Valley View Blvd
El Cajon, CA 92019
and postmarked by **March 5, 2025.**
- All counselors will be expected to follow all dress code requirements as attached.
- **All counselors will be expected to attend the Mandatory training on Saturday June 7th, 2025 at Maranatha. 9am-1pm**
- **To comply with AB506, all counselors will be required to complete a Live Scan at your cost. This is a one-time cost and will cover future camp attendance. We will attempt to provide a low-cost option and you will be notified in March when and where that will be.**

Southwestern Leadership Camp

COUNSELOR APPLICATION

Full Name: _____ Date of Birth: _____ Age: _____

Preferred Name: _____ Male Female

Preferred Position: T&T Counselor Jr High Counselor High School Counselor White Team

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Shirt Size: S M L XL XXL 3XL

How many times per month do you attend a church service? _____ Are you serving in Awana? Yes No In College

Have you earned your Awana Citation? Yes No

Please list any camper you would like to have in your cabin or on your team: _____

Please give a Reference Questionnaire (attached) to each of the three (3) required persons below.

Required Reference Check from each of the following: (1) Pastor (2) AWANA Commander/Director (3) Non-Family Friend

Please tell us to whom you are giving the forms:

Pastor's Name: _____ Church _____

Email: _____ Cell Phone: _____

Awana Commander's Name: _____ Church _____

Email: _____ Cell Phone: _____

Friend's Name: _____ Church _____

Email: _____ Cell Phone: _____

Current AWANA Club Information

Awana Church: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

AWANA Club Experience (in years): Puggles _____ Cubbies _____ Sparks _____ T&T _____ Trek _____ Journey _____

Current Club Position: _____

Home Church Information

Home Church: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

If chosen as camp counselor, I will be available to help in any part of the ministry where I am needed, and I will submit myself to the authority of Southwestern Leadership Camp while adhering to and enforcing all camp rules and dress codes as set forth. I understand that falsification of any information or failure to submit any additional and necessary information may be grounds for my immediate release as a camp counselor. I further understand that this is an application and no guarantee to become a camp counselor is being offered.

Signature: _____ Date: _____

Printed Name: _____

Southwestern Leadership Camp

CONSENT AND RELEASE OF LIABILITY FORM

THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Name: _____ Date of Birth: _____

Release of Liability

Prior to participation in Camp activities, I acknowledge that my involvement in the Camp may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware.

By signing this Consent and Release of Liability, I warrant that I am fully capable of safely participating in all Camp activities, and I expressly assume all risks of participation, whether such risks are known or unknown to me at this time. I further generally release Southwestern Leadership Camp and their directors, officers, employees, volunteers, and agents, and other guests at the Camp, from any and all claims that I may have against any of them as a result of property damage or personal injury, illness or death as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of me, and the heirs, family, estate, administrators, executors, personal representatives and assignees of me.

The undersigned further acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that I may be exposed to or infected by COVID-19 by attending Southwestern Leadership Camp sponsored camp and activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Per the Centers for Disease Control and Prevention, COVID-19 is a contagious disease thought to be spread mainly from person-to-person. Although Southwestern Leadership Camp will put in place preventative measures to reduce the spread of COVID-19, it cannot guarantee that Participant will not come in contact with or become infected with COVID-19 or and other infectious diseases. I understand that the risk of becoming exposed to or infected by COVID-19 at Southwestern Leadership Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Southwestern Leadership Camp staff, counselors, and other participants and their families.

Other Releases and Acknowledgements

I understand that, while I am participating in Camp activities, photographs, film, audio recordings and videotape of me may be taken for use in brochures, videos, releases to the press, and various Idyllwild Pines publications and other work product. I do hereby irrevocably grant Southwestern Leadership Camp permission to record, display and/or reproduce my name (first & last,) likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

Signature

Printed Name

Date

Cell Phone

Address, City, State, Zip

E-mail

Emergency Contact

Emergency Contact Phone

ATTENTION POTENTIAL COUNSELOR:

Prior to registering, we would like you to prayerfully and prudently consider the following facts:

- 1) If you are a counselor assigned to a cabin that is hosting campers, it is imperative that ANY and ALL medications you will be taking, while at camp, must be kept at the nurse's station. There are NO exceptions but one, you will be leaving your medicine in a locked vehicle that only you have the keys too. This rule is per the California State law with regards to private camps. The nurses are very willing to accommodate your personal schedule. Please bring and show the nurses of ANY medication you will be taking while at camp.
- 2) We strongly urge you to consider your physical readiness to be a camp counselor. It is a demanding position, and your rest time can be limited. Just as you are preparing yourself spiritually to come to camp, you will also need to prepare your physical body, in other words WALK, exercise before camp!

Lastly, this form must be signed and returned with your application.

By signing it, you are stating that you agree with the contents and are willing to abide by the rules.

Signature: _____ **Date:** _____

Printed Name: _____

Southwestern Leadership Camp

Deference and Anti-Distracted Policy

As a camp of leadership training, we strive to train our campers as leaders who will someday be in a place of submitting to authority and would seek the heart of this code over the letter of the law. We desire this to be guidelines to help alleviate distraction and teach deference to others, not just a list of dos and don'ts.

Everyone is expected to **conduct** themselves in a manner which reflects an atmosphere of the heart of a leader who seeks to submit to a dress code, not because our bodies are shameful, but because it encourages focus on spiritual things while we are at camp.

1 Corinthians 7:35
And this I say for your own profit, not that I may put a leash on you, but for what is proper and **that you may serve the Lord without distraction.**

Dress Code

- No visible undergarments.
- Shorts must be loose fitting and have a 5-inch inseam or longer. NO bicycle or tight-fitting shorts.
- Skirts and dresses must be modest, (not tight and covering cleavage) and should be no shorter than (3) inches above the knee (approximately the width of a dollar bill above the knee).
- No leggings unless worn under appropriate length shorts or dress
- Clothing should cover the wearer's midriff, and for females, the cleavage; especially when leaning over.
- Tank tops should have a minimum of 2-inch seam on shoulder. No racer back cut tank tops or low-cut sides.
- While swimming:
 - Females: one-piece suit or a tankini suit is allowed as long as it covers cleavage, bust, and midriff areas and no midriff is shown when arms are raised. A tee shirt over a bikini suit will not be allowed, but a rash guard covering the midriff would be.
 - Males: "boxer" style suits with at least five (5) inch inseam and nylon or mesh liner or board shorts with underwear.
- No display of body piercing (other than earrings, in moderation, for females) please.
- No offensive clothing or tattoos which exhibit alcohol, drug, tobacco products, satanic symbols, inappropriate language, or other offensive displays.
- Footwear is required at all times except inside the bath houses, cabins, and while swimming. **Athletic shoes are required for Team Activity Time.**

If in doubt, ask your camp coordinator or leave it home. If you wear clothing not following these guidelines, you will be asked to change. Please do your best to avoid this need by asking beforehand.

Behavioral Standards

- Romantic activities are out of place at camp. Do not spend your days exclusively with one particular member of the opposite gender.
- Once the chapel service has started, do not leave your seat to visit the restroom.
- Once in dining hall or the chapel service remove hats, caps, visors.
- Use quiet voices while outside after dark.
- **Phone calls are not allowed. (All cell phones, tablets, smart watches and other electronic devices will be confiscated. Please bring a basic watch or alarm clock.)**

By signing this code, I acknowledge that I have read and understand this page and promise to adhere to these guidelines.

Signature

Printed Name

Date



Participant Release of Liability Agreement

Name of Participant: (Print clearly) _____ **Date:** _____

Emergency Contact Name: _____ **Phone Number:** _____

In consideration for permitting participation in Idyllwild Pines Camp and Conference Center sponsored courses and activities, I hereby represent, acknowledge and agree as follows:

Acknowledgement and Assumption of Risks:

It is acknowledged that there are certain risks and dangers in participating in activities conducted in either indoor or the outdoor setting, which cannot be eliminated without destroying the unique character of the activities. Exposure to natural elements such as extreme or inclement weather cannot be controlled and may be harmful. Injuries can occur from natural hazards including, wild animals, insects, reptiles, toxic plants, loose or falling rocks, sharp rock edges, wood splinters, falling trees, steep slopes, rugged terrain, flooding, ice and snow.

Individuals who participate in any camp activity or are using the challenge course will climb high rock walls, trees, ropes and wires, while attached to a rope protection system and wearing a helmet. While participating in these activities, the participant may slip or fall, which can lead to minor injuries or in extreme cases, more serious injuries, including permanent disability, trauma or death. The participant could experience vertigo or other mental impairment brought on by exposure to heights or fear of falling.

It is acknowledged that decisions made by the instructors and participants in a wilderness setting, based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgments. Lapses of judgment or the careless conduct of other participants may cause the participant injury.

The undersigned represents that he/she is in good health and in the proper physical condition to participate in the Activities. Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include but are not limited to: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as broken bones, strains, joint or back injury, and concussions; and 3) catastrophic injuries including paralysis and death. The undersigned fully understands that the risks involved may be caused by his/her own actions, those of other participants, the conditions in which the Activities take place, or the negligence of the Releasees named in this Agreement. Further, it is understood that there may be other risks not known to myself or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibilities for losses, costs, and damages incurred as a result of participation in the Activities.

The undersigned further acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that he/she may be exposed to or infected by COVID-19 by attending the Idyllwild Pines Camp and Conference Center sponsored courses and activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Per the Centers for Disease Control and Prevention, COVID-19 is a contagious disease thought to be spread mainly from person-to-person. Although Idyllwild Pines Camp will put in place preventative measures to reduce the spread of COVID-19, it cannot guarantee that Participant will not come in contact with or become infected with COVID-19 or and other infectious diseases. I understand that the risk of becoming exposed to or infected by COVID-19 at Idyllwild Pines Camp and Conference Center may result from the actions, omissions, or negligence of myself, and others, including, but not limited to, Idyllwild Pines Camp and Conference Center employees, volunteers, and other participants and their families.

Release and Indemnity:

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at Idyllwild Pines Camp and Conference Center or participation in the Activities.

I hereby release, hold harmless and agree not to sue Idyllwild Pines, its respective directors, officers, employees, representatives, affiliates, volunteers, agents, contractors, and, if applicable, owners or lessors of premises on which the Activities take place ("Releasees"). With respect to any and all claims of injury, disability, death or other liabilities and loss of damage to person or property, asserted by or on behalf of participant or by parents or guardians, resulting directly or indirectly, from participating in Activities or the use of its equipment or facilities.

This release includes injury, loss or damage caused or claimed to be caused in whole or in part by the negligence of Idyllwild Pines and its agents. It is understood that in signing this document, rights are surrendered to make any claim or file a lawsuit against Idyllwild Pines and/or agents for personal injury, property damage, wrongful death, breach of warranty or contract, or under any other legal theory, except in cases in intentional wrongs or the gross negligence of Idyllwild Pines and/or its agents. I understand and agree that

this release includes any claims based on the actions, omissions, or negligence of Idyllwild Pines and/or its agents, whether a COVID-19 infection occurs before, during, or after participation in the Activities.

Medical Waiver: In the event of injury or illness while I am engaged in any Activities, the undersigned hereby authorizes Idyllwild Pines Camp and Conference Center to consent to medical treatment on behalf of myself as deemed necessary. The undersigned hereby authorizes Idyllwild Pines Camp and Conference Center and its officers, employees and agents, into whose care I have been entrusted, to consent to the advice of trained emergency personnel.

The undersigned understands and agrees that he/she is advised to obtain health insurance coverage prior to participation in any Activity and that he/she will be responsible for any medical expenses arising out of any injury or claim arising out of Activity participation.

This release shall be binding to the fullest extent permitted by law. If any provision of this agreement is found to be unenforceable, the remaining terms shall be enforceable. This agreement will be interpreted and construed according to the laws of the State of California, and in the event of any legal action relating to this agreement or any of the subject matter covered by it, such legal action will be initiated, maintained and decided only in Riverside County, California.

The participant has read this document, had the opportunity to ask questions, and understand and voluntarily agree to it terms, which shall be binding upon them, their heirs, estate, executors and administrators. The parent or guardian confirms that they have the authority to make this commitment. The undersigned fully understands that with this assumption of risk, release and waiver of liability and indemnity agreement, that the undersigned is giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital. The undersigned acknowledge that he/she is signing this agreement freely and voluntarily.

Signature: _____ **Date:** _____

Printed Name: _____

Medical Release

In the event of an emergency, if family physician cannot be reached, I hereby authorize myself to be treated by Certified Emergency Personnel.

Signature: _____ **Date:** _____

Printed Name: _____

Photo and Video Release

I give Idyllwild Pines Camp permission for any photos or videos taken of myself for the duration of the stay to be used at Idyllwild Pines camp's discretion in any of their promotional venues.

Signature: _____ **Date:** _____

Printed Name: _____



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Southwestern Leadership Camp

COUNSELOR MEDICAL RELEASE FORM

Name: _____ Date of Birth: _____ Male Female
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Cell Phone: _____

COUNSELOR AUTHORIZATION

In case of emergency, if family physician cannot be reached, I hereby authorize myself to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

Family Physician: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Insurance Co: _____ Policy No: _____ Group ID#: _____

In case of emergency contact:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Please check if you take NO medications

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Allergies: _____

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Signature: _____ Date: _____

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Southwestern Leadership Camp

REFERENCE QUESTIONNAIRE FORM - Please give to your PASTOR Due in 7 days!

Complete and return to (Camp Coordinator): _____ at _____
(Coordinator address)

Applicant's Full Name: _____

Email Address: _____ Cell Phone: _____

1. What is your relationship with the applicant? Pastor
2. How long have you known the applicant? Less than One Year One to Five Years More than Five Years
3. How familiar are you with the applicant? Distant Acquaintance Acquaintance Close Friend
4. How does the applicant relate to others? Frequent Problems Occasional Problems Rarely a Problem Very Well
5. Would you consider the applicant a team player? Yes No
6. Have you observed the applicant interacting with children? Yes No
7. Does the applicant get along with children? Yes No Please Explain: _____

8. Please rate the emotional maturity of the applicant? Mature Immature
Please Explain: _____

9. Have you ever witnessed the applicant losing his/her temper? Yes No
10. Can the applicant handle change/are they flexible? Yes No
11. Does the applicant frequently follow through on his/her commitments? Yes No
12. To your knowledge, has the applicant ever had problems with drugs or alcohol? Yes No
13. To your knowledge, has the applicant ever been accused or charged with child sexual abuse or child abuse? Yes No
14. Would you recommend the applicant for work with children without any reservation? Yes No
15. Would you entrust your own children to this person? Yes No
16. Do you know of any circumstance that would make it inappropriate for the applicant to work with children? Yes No
17. Do you know of any circumstance about the applicant that would compromise this ministry? Yes No
18. Is there anything else that you would like to say to help in this decision about the applicant? Yes No

Please Explain: _____

Signature Printed Name

Date Cell Phone

Address, City, State, Zip Email

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Southwestern Leadership Camp

REFERENCE QUESTIONNAIRE FORM - Please give to your COMMANDER/DIRECTOR Due in 7 days!

Complete and return to (Camp Coordinator): _____ at _____
(Coordinator address)

Applicant's Full Name: _____

Email Address: _____ Cell Phone: _____

1. What is your relationship with the applicant? Commander Director
2. How long have you known the applicant? Less than One Year One to Five Years More than Five Years
3. How familiar are you with the applicant? Distant Acquaintance Acquaintance Close Friend
4. How does the applicant relate to others? Frequent Problems Occasional Problems Rarely a Problem Very Well
5. Would you consider the applicant a team player? Yes No
6. Have you observed the applicant interacting with children? Yes No
7. Does the applicant get along with children? Yes No Please Explain: _____

8. Please rate the emotional maturity of the applicant? Mature Immature
Please Explain: _____

9. Have you ever witnessed the applicant losing his/her temper? Yes No
10. Can the applicant handle change/are they flexible? Yes No
11. Does the applicant frequently follow through on his/her commitments? Yes No
12. To your knowledge, has the applicant ever had problems with drugs or alcohol? Yes No
13. To your knowledge, has the applicant ever been accused or charged with child sexual abuse or child abuse? Yes No
14. Would you recommend the applicant for work with children without any reservation? Yes No
15. Would you entrust your own children to this person? Yes No
16. Do you know of any circumstance that would make it inappropriate for the applicant to work with children? Yes No
17. Do you know of any circumstance about the applicant that would compromise this ministry? Yes No
18. Is there anything else that you would like to say to help in this decision about the applicant? Yes No

Please Explain: _____

Signature Printed Name

Date Cell Phone

Address, City, State, Zip Email

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Southwestern Leadership Camp

REFERENCE QUESTIONNAIRE FORM - Please give to your FRIEND Due in 7 days!

Complete and return to (Camp Coordinator): _____ at _____
(Coordinator address)

Applicant's Full Name: _____

Email Address: _____ Cell Phone: _____

1. What is your relationship with the applicant? Friend
2. How long have you known the applicant? Less than One Year One to Five Years More than Five Years
3. How familiar are you with the applicant? Distant Acquaintance Acquaintance Close Friend
4. How does the applicant relate to others? Frequent Problems Occasional Problems Rarely a Problem Very Well
5. Would you consider the applicant a team player? Yes No
6. Have you observed the applicant interacting with children? Yes No
7. Does the applicant get along with children? Yes No Please Explain: _____

8. Please rate the emotional maturity of the applicant? Mature Immature
Please Explain: _____
9. Have you ever witnessed the applicant losing his/her temper? Yes No
10. Can the applicant handle change/are they flexible? Yes No
11. Does the applicant frequently follow through on his/her commitments? Yes No
12. To your knowledge, has the applicant ever had problems with drugs or alcohol? Yes No
13. To your knowledge, has the applicant ever been accused or charged with child sexual abuse or child abuse? Yes No
14. Would you recommend the applicant for work with children without any reservation? Yes No
15. Would you entrust your own children to this person? Yes No
16. Do you know of any circumstance that would make it inappropriate for the applicant to work with children? Yes No
17. Do you know of any circumstance about the applicant that would compromise this ministry? Yes No
18. Is there anything else that you would like to say to help in this decision about the applicant? Yes No

Please Explain: _____

Signature Printed Name

Date Cell Phone

Address, City, State, Zip Email