

**Loucon Volunteer Counselor Application  
Voluntary Disclosure Statement**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ T-Shirt Size \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

1. School/College Address: \_\_\_\_\_

School City: \_\_\_\_\_ School State: \_\_\_\_\_ School Zip: \_\_\_\_\_

2. Previous residence (s) for the past 5 years (include college & home residence)

City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

3. Have you ever been convicted of any crime of violence against a minor, including but not limited to those listed below? Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with the intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substance
- Intent to commit any of the above crimes

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)

5. Are you subject to any court order involving sexual or physical abuse of a minor including, but not limited to a domestic order or protection? Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)

I understand that the camp may deny employment to any persons who answers any of the questions numbered 3-6 above in the affirmative &/or in applying for a counseling position the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. And/or the camp may terminate employment or volunteer service of any person:

Found to have a history of complaints of abuse of a minor and/or

Found to have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint (s) of sexual abuse of a minor. This disclosure statement must be updated yearly

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Name: (Please Print): \_\_\_\_\_

## Reference Section

References: Please list three individuals who are not related to you by blood or marriage as references. If possible please list people who have known you for at least three years. One should be from your church. If you are under the age of 18 please include a fourth reference which should be from a parent or guardian.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Length of time you have known the reference: \_\_\_\_\_

Relationship to the reference: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Length of time you have known the reference: \_\_\_\_\_

Relationship to the reference: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Length of time you have known the reference: \_\_\_\_\_

Relationship to the reference: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Length of time you have known the reference: \_\_\_\_\_

Relationship to the reference: \_\_\_\_\_

## Counselor Authorization and Request for Criminal Records Check

I, \_\_\_\_\_, hereby authorize Loucon Training & Retreat Center to request the police department, Sheriff's department, and/or the F.B.I. to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff/F.B.I. from all liability that may result from any such disclosure made in response to this request.

Signature of Counselor.: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Counselor's Full Name (Please Print): \_\_\_\_\_

Print all other names that have been used by the applicant (if any): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_

1. Circle Years in which you have been a counselor at Loucon:            2005   2006   2007
2. Have you had a Criminal Background Check within the past 2 years?      Yes    No
3. If you answered yes to the previous question and have a copy of the check, please attach it.
4. If you have not had a check in the past 2 years, please include a **\$10.00** processing fee.

I, \_\_\_\_\_, hereby certify that the information I have provided on this application for volunteer service is true and correct. I authorize Loucon Training & Retreat Center to verify the information I have provided in the application, voluntary disclosure statement, and/or authorization and request for criminal records check by contacting the references I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references listed in this application to give you whatever information they may have regarding my character and fitness for the volunteer position for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become a volunteer at Loucon Training & Retreat Center, I agree to abide by and be bound by the policies of Loucon and to refrain from inappropriate conduct in the performance of my duties on behalf of Loucon.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(Signature of Parent/Guardian is required if applicant under 18 years of age)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### For Office Use Only:

National Sex Offender Registry		
State Sex Offender Registry		
National Criminal Background Check		
Verification		
Other		

**Loucon Health History/Medical Release Form**

Counselor's Name: \_\_\_\_\_

1. Give a description of any current conditions requiring medication, treatment, or special restrictions or considerations while at camp: \_\_\_\_\_

\_\_\_\_\_

2. Give a record of past treatment: \_\_\_\_\_

\_\_\_\_\_

3. List a record of immunizations including date of last tetanus shot: \_\_\_\_\_

\_\_\_\_\_

4. Provide a record of any allergies that you may have, and list medications you take: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: ALL medications brought to camp are handled by the Camp Health Care Provider.**

Are you generally in good health and able to participate in all normal camp activities? Yes \_\_\_ No \_\_\_

Most Recent Physical examination: \_\_\_/\_\_\_/\_\_\_ Family Physician: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Person to notify in case of accident/emergency: \_\_\_\_\_ home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Please notify the Loucon office if you are exposed to any communicable disease during the three week period immediately prior to your time as a camp counselor.

I, \_\_\_\_\_, hereby certify that the above information is correct and give permission for the release of medical records for insurance purposes in case of illness or accident. I also acknowledge that I am aware that I may be transported for special activities in the camp van. I realize that counselors at camp can become ill and need medical attention. I hereby give permission to the Camp Health Care Provider to give me over the counter medication (such as Tylenol, etc.) as proper treatment as deemed necessary for minor ailments. I realize that counselors at camp can injure themselves without fault on the part of Loucon personnel. I hereby release Loucon from responsibility for injury to my child. I agree to submit any insurance claims to my insurance carrier first and will only use Loucon's insurance plan as a secondary insurance.

In case of medical emergency, I understand that every effort will be made to contact the parent, guardian, or emergency contact person. In the event that they cannot be reached I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for me as named below.

I grant permission for the use of photographs in camp publicity and on Loucon's web page.

Counselor name (please print): \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of Parent or Guardian is required if Counselor is under 18 years of age:

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent or Guardian's signature if required

## Counselor Adventure Activity Participant Acknowledgment of Risks

In consideration of the services of Loucon Training & Retreat Center, their facilities, employees, the Trustees of the Kentucky United Methodist Conference and all other persons or entities associated with Loucon (hereafter referred to as "Loucon"), I agree as follows:

Loucon's High ropes course, Climbing, Rappelling, Zipline, Archery, Hiking, Teambuilding, Low Elements course, Hayrides, Sailing, Canoeing, Paddleboating, Water Skiing, Wakeboarding, and Tubing involve a variety of activities that often include warm-ups, games, group initiative problems, low and high ropes course elements. Although Loucon has taken reasonable steps to provide me with appropriate equipment and skilled facilitators so I can enjoy activities for which I may not be skilled, Loucon has informed me that these activities are not without risks. The same elements/activities that contribute to the unique character of these activities can be causes of loss of damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. Loucon does not want to frighten me or reduce my enthusiasm for the activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks.

I am aware that participation in activities entails risk of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in these activities is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in these activities may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that Loucon staff has been and will be available to more fully explain to me the nature and physical demands of each activity and the inherent risks, hazards, and dangers associated with these activities.

I certify that I am fully capable of participating in these activities. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have clearly read, clearly understood and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative, and estate for all members of my family, including minor children.

Counselor Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

(The signature of a parent/guardian is required for all persons under the age of 18 years old)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

I, \_\_\_\_\_ state that I have read, understood, and agree to abide by the policies listed in the counselor handbook.

Counselor Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_