



**Application for Counselor Position  
Ruggles Camp and Retreat Center**

**Form 1A**

**General Information**

Please check the camp(s) you wish to apply for...

Marketplace       Jr. High Camp       Sr. High Camp  
 TRANSITIONS       Family Camp

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (daytime) \_\_\_\_\_

Phone (emergency) \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Years of Experience \_\_\_\_\_

Other jobs held \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex: M F

Church Affiliation \_\_\_\_\_

Years attended \_\_\_\_\_ Pastor \_\_\_\_\_

Involvement in church related activities \_\_\_\_\_

Spouse's name \_\_\_\_\_

Children \_\_\_\_\_

Community involvement \_\_\_\_\_

\*On the reverse side of this application, tell about your Christian experience. (These questions may help frame your thoughts...When/where did you come to know Christ? Where do you see yourself on the Christian journey? What significant events have defined your Christian journey?)

**Emergency Contact Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Relationship \_\_\_\_\_

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**Form 1B  
Medical Information**

Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Please circle and describe ALL that apply

ALLERGIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HIGH BLOOD PRESSURE \_\_\_\_\_

BACK OR LEG PAIN \_\_\_\_\_

HEADACHE (CHRONIC) \_\_\_\_\_  
\_\_\_\_\_

SPECIAL DIET \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEIZURES \_\_\_\_\_

ATHLETE'S FOOT \_\_\_\_\_

When was your last physical \_\_\_\_\_

When was your last illness \_\_\_\_\_ What illness \_\_\_\_\_

Are your immunizations current? Y N If NO, why \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Please list the prescribed medications that you are currently taking and list dosage and ingestion information on the reverse side.

Name of Medication	Dosage Information

All information is held in confidence and only shared with professional medical personnel

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**Form IC  
Experience/Reference**

Name \_\_\_\_\_

What drew you to work with children/youth in the camping ministry?

\_\_\_\_\_  
\_\_\_\_\_

What past experiences have you had with children/youth and or camping ministry (please be specific)?

\_\_\_\_\_  
\_\_\_\_\_

What other experiences have you had that you could bring to camp or the camping ministries?

\_\_\_\_\_  
\_\_\_\_\_

What drew you to apply for a position at Ruggles Camp and Retreat Center?

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES\***

Please list 3 references

Name	Address	Phone	Relationship
			PASTOR
			CO-WORKER
			OTHER

\*We will contact references to verify any or all information disclosed.

**Please Return to...  
Rev. Benjamin R. Bowman  
419 Arcadia Park  
Lexington, KY 40503**

**THANK YOU**