

RETURNING COUNSELOR APPLICATION

2026 Schedule:

- ☐ June 8-12/ Counselor Training (10am – 4pm)
- ☐ June 15-20 / Adventure Camp I (7th – 8th grades)
- ☐ June 15-20 / Summit Camp I (9th – 12th grades)
- ☐ July 13-18 / Adventure Camp II (7th – 8th grades)
- ☐ July 13-18 / Summit Camp II (9th – 12th grades)
- ☐ June 22-27 / Explorer Camp I (4th – 6th grades)
- ☐ July 6-11 / Explorer Camp II (4th – 6th grades)
- ☐ June 29-July 01 / Base Camp (1st – 3rd grades) *3pm Monday – 11am Tuesday



There will be a staff meeting in the dining hall on the first day of camp at 12pm.
Lunch will be provided.

Qualifications:

Senior counselors are to have completed the senior year of high school. If you have not served as a senior counselor you will need to complete the Application Form and submit recommendations from two adults – pastor, church leader, teacher, professor, etc.

If you are a returning senior counselor, please complete the returning application.

Specialty:

To live out “camp is for the camper” every minute with campers in order to lead them to Christ and/or to help them take another step spiritually.

Accountability:

Summer Program Director and Executive Director

Qualifications:

1. An understanding of the aims and philosophy of Wabash Park Camp.
2. A love for campers.
3. An ability to get along with others
4. Spiritual and emotional maturity.
5. A willingness to perform tasks other than those assigned.
6. A radiant Christian personality.
7. A basic knowledge of age group characteristics and corresponding needs.
8. A loyalty to Christ and the program of the camp.
9. An appreciation for Creation and the out-of-doors.
10. Physical stamina.
11. Personal health and cleanliness.

Responsibilities:

1. To maintain daily personal devotions.
2. To care for the needs of the cabin group.
3. To cooperate with other counselors and staff.
4. To broaden the camper’s interests.

5. To watch for and encourage spiritual life.
6. To involve campers in recreation and games.
7. To see that the cabin is clean, neat and orderly.
8. To enforce camp rules for conduct.
9. To conduct cabin devotions daily as scheduled.
10. To watch the health of campers and report any irregularities to the Nurse and Summer Program Director.
11. To help group acquire cohesion and a sense of belonging.
12. To seek a one-on-one interview with each of your campers.
 13. To do necessary counseling for salvation or other spiritual needs of the camper.
 14. To sit with campers in chapels and meetings.
 15. To attend Monday lunch meetings.
 16. To be responsible for their campers 24 hours a day. You will have at least one hour off per day as assigned.
 17. To be responsible in dress. All staff is asked to dress appropriately/decently/modestly in a way that does not distract from the light of Christ in their lives. Consider 1Corinthians 10:32-33 "Do not cause anyone to stumble, whether Jews, Greeks or the church of God— even as I try to please everybody in every way. For I am not seeking my own good but the good of many, so that they may be saved."
 18. To make any reports required promptly and accurately.

Authority:

1. Shall carry out the Behavior Management Policy of camp.
2. Shall see to it that his/her campers respect others and the guidelines of the camp.
3. Shall see the assistance of the Summer Program Director when campers are not responding to appropriate guidelines.

Policies/Expectations:

1. Your example is very important, so your attitude about food and serving others is important. "The food is always good" should be your general attitude. If there is a food you do not particularly care for, just say, "No, thank you" without comment. Each cabin will share in kitchen/ dining room clean up according to a rotation schedule. Your servant/willing heart will set the tone for your campers.
2. All campers are to be treated with respect. No staff member is to torment, pull pranks or practical jokes on any camper or staff for any reason. At the same time, you are to accept the tricks or jokes that campers play on you unless it is destructive or distracting to the program.
3. If you are in a dating relationship while serving at camp; conduct yourself in such a way that the campers have to "guess" about whether you are dating.

GENERAL INFORMATION

Please mark the camps you can serve:

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Name: _____

Home Address: _____

College Address: _____

Phone: () _____ Email: _____

Church: _____ Pastor: _____

Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Served as Sr. Counselor in '20 '21 '22 '23 '24 '25

1. What was your greatest challenge this year?

2. How have you grown spiritually this year?

3. Have you been arrested or received any citations? _____ If so, explain.

4. What do you hope happens this year at Camp Wildwood?

You may return the completed form to:

WPC&RC

Attention: Deana Hayes-Black

304 E. CR 650 S

Clay City, IN 47841

Telephone: 317-409-4718

Email: Deana@wabashparkcamp.org



Health Form ~ 2026

Please print

Name _____ Date of Birth ____/____/____
Age _____ Gender: M____ F____
Home Address _____
City _____ State _____ Zip _____
Home Phone () _____ Cell Phone () _____
Emergency Contact Name _____
Work Phone () _____ Cell Phone () _____
Family Physician _____ Physicians Phone () _____

Do you currently take prescription or non-prescription medication on a regular basis? ____ yes ____ no
If yes, please bring medication in its **original container** with clearly marked instructions to administer at camp.

Will you have medication that requires refrigeration? _____

"I give my permission to the camp nurse to administer the following medication to me for the following complaints."

Headache, muscle ache, or sports injury:

Aspirin _____ yes _____ no

Acetaminophen _____ yes _____ no

Ibuprofen _____ yes _____ no

Upset stomach

Antacid (Maalox) _____ yes _____ no

Severe allergic reaction (swelling, itching, hives)

Diphenhydramine (Benadryl) _____ yes _____ no

Contact Lenses _____ yes _____ no Tetanus _____

Immunization Date: _____

Other information that would be helpful to the camp nurse while you are at camp?

Our family insurance coverage is _____ Policy # _____

Policy Holder's Name _____

*Please attach a photo static copy of your health insurance card.

AUTHORIZATION I herewith authorize any representative of Wabash Park Camp & Re- treat Center to request and consent in writing or otherwise as requested by Union Hospital, Inc. (Terre Haute, IN.), or any other licensed hospital, to any and all examinations, medical treatment and/or procedures to or for the above named minor, either on or off the premises of Union Hospital, as may be deemed advisable or appropriate by any physician or surgeon licensed to practice medicine in the state of Indiana. This authorization constitutes a Power of Attorney appointing the above named staff as Attorney - In-Fact to sign said requests and consents as fully as though I myself did so. This consent is effective from 6/1/26 - 7/31/26. I hereby release the Wabash Conference of the Free Methodist Church, Camp Wildwood as well as WPC&RC and/or its personnel from responsibility in case of sickness and/or accident while he/she attends camp. I hereby grant my permission to be transported by bus or vehicle to nearby facilities that are included in camp programming. I acknowledge that I understand the potential risk and the activities involved in youth camping.

Signed: _____

Date: _____

(Note: This document must be signed and dated to be accepted)

Do you have:

Allergies? _____ yes _____ no

Please specify: _____

Asthma? _____ yes _____ no

Diabetes? _____ yes _____ no

Other? _____