



## ASIAN AMERICAN SUMMER CAMP

Dear Counselor Applicant:

It's that time of year again... to begin counselor training for Asian Camp! Being a counselor for high school and college-aged youth is a big responsibility. We are seeking applicants who are entering their third year in college (or equivalent) or older, who will be committed to the United Methodist ministries and, who can devote themselves to making this year's Asian Camp experience the best that it can be! We firmly encourage counselors to be an active participant at a local United Methodist Church. This includes, but is not limited to:

- Attending or participating in worship regularly
- Assisting with youth activities
- Participating in a fellowship group or an extended ministry of your local church

This year's training schedule is listed below. Your attendance to your region's meetings are mandatory, as well as the July counselor retreat. If you are unable to attend your scheduled meeting (and have a strong excuse!), the Design Team will do their best to help you make up the meeting. All counselors are expected to attend two rounds of meetings, plus the counselor retreat, and of course the full week of Asian Camp. For this year, in place of a January meeting the DT will be holding a Skype/phone conversation with you to introduce ourselves and to talk over your application. These will be scheduled as applications come in.

Initial phone conversations: Month of February

Round 1:  
 March 23<sup>rd</sup>: SoCal Regional meeting (Faith UMC – 9am)  
 March 30<sup>th</sup>: PNW Regional meeting (Blaine Memorial UMC – 9am)  
 April 6<sup>th</sup>: NorCal Regional meeting (Wesley UMC – 9am)

Round 2:  
 April 27<sup>th</sup>: PNW Regional (Blaine Memorial UMC – 9am)  
 May 4<sup>th</sup>: NorCal Regional (Wesley UMC – 9am)  
 May 11<sup>th</sup>: SoCal Regional (Faith UMC – 9am)

Counselors Retreat: July 12-14 (UJCC – programming starts at 8pm Friday night)

Asian Camp: July 28-Aug 2

The application process will consist of 2 components:

1. A completed counselor application and camp registration, including signature of endorsement from your Pastor.
2. A letter of recommendation from your Pastor

This application is intended to help the Design Team assess your spiritual gifts in order to assemble amazing counseling teams for small groups, large group activities, and cabins. Please do your best to complete it thoroughly and honestly. The completed application and letter of recommendation must in the hands of the Design Team by February 17, 2013. **We are taking the counselor application and its deadline very serious this year because we need to schedule Skype/phone conversations!** Please mail the forms to:

Chad Uemura  
 15515 Manhattan Pl. Gardena CA, 90249

For any questions about the application process, meeting dates/locations, or Asian Camp in general please contact any Design Team member.

With great expectations, hope, and joy - 2013 Asian Camp Design Team

Eric Fujii ([efujii87@gmail.com](mailto:efujii87@gmail.com), 206-551-9127)

Chad Uemura ([fototekguy85@gmail.com](mailto:fototekguy85@gmail.com), 310-365-2130)



## GENERAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_ Ethnic Background \_\_\_\_\_

e-mail address: \_\_\_\_\_

I give permission for the above information to be printed in the camp booklet: ☐ Yes ☐ No

I give permission for my likeness to be used for Asian Camp promotions: ☐ Yes ☐ No

I have been Safe Sanctuary trained: ☐ Yes ☐ No ☐ I don't know

T-shirt size: **S M L XL XXL**      Sweatshirt size: **S M L XL XXL**

## EDUCATION

College: \_\_\_\_\_

Degree / Major: \_\_\_\_\_ Grade in Fall 2013: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

## COUNSELOR/STAFF INFORMATION

Have you attended United Methodist Church Asian American Summer Camp before? ☐ No ☐ Yes

If yes, # years attended? \_\_\_\_\_ last year attended: \_\_\_\_\_ # years as staff: \_\_\_\_\_

If not for Asian Camp training efforts, would you be CPR certified as of July 28<sup>th</sup>, 2013? ☐ No ☐ Yes

As a counselor, I would prefer these grades: (10<sup>th</sup> grade – college soph.) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

## LOCAL CHURCH AFFILIATION

Church: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone#: \_\_\_\_\_

Pastor Name: \_\_\_\_\_

Pastor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SPIRITUAL & PERSONAL HISTORY

Why do you want to counsel for Asian Camp this year?

The Design Team firmly desires a counseling staff that is well rooted in the local churches that our campers are coming from. Please describe your leadership experiences in working with youth and/or young adults at your church (including any Asian Camp leadership experiences).

Describe your current relationship with God. What are currently doing to further deepen your relationship with God?

What God-given gifts could you bring to Asian Camp this year?

Describe your work style. Please be very thorough, as we will use this description to help match you with your growth group partner.

Are there any special issues or concerns happening in your life right now that would have an impact on your commitment and involvement with United Methodist Asian American Summer Camp? If Yes, please explain.

What are your favorite snack foods?

## PERSONAL HISTORY

In caring and leading youth, we believe it is our responsibility to seek an adult staff that is able to provide healthy, safe, and nurturing relationships and who can do so seeking to be a positive role model for them. Please answer the following questions accordingly. Any special concerns can be discussed individually.

(Circle your answers)

Have you ever been convicted of a felony? YES NO

Have you ever used, possessed, and/or sold illegal drugs? YES NO

Have you ever gone through treatment for alcohol, tobacco, or drug abuse?  
What is your view of drinking alcohol? Smoking? YES NO

Have you ever had sexual relations with a minor after you became an adult? YES NO

Have you ever been accused or convicted of any form of child abuse? YES NO

Has your driver's license been suspended or revoked within the past 3 years? YES NO

Have you ever been reviewed by church and/or secular bodies and been restricted from involvement in any form of ministry regarding youth or adults? YES NO

Has there been any circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of youth? YES NO

**If you answered yes to any of the above questions, please describe here. (Does not necessarily exclude you from eligibility).**

Do you give the Japanese American United Methodist Caucus Camping Board permission to perform a background check on yourself? YES NO

Driver's License## / State / Exp. Date: \_\_\_\_\_

## AFFIDAVIT

I, \_\_\_\_\_, acknowledge that the above information is correct and true.

I am also willing to be fingerprinted for State Criminal Conviction Clearing, in accordance with Safe Sanctuary Guidelines.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# United Methodist Asian American Summer Camp

## Camp Rules and Guidelines

For the safety of campers, counselors and staff, United Methodist Asian American Summer Camp has established a set of rules and guidelines to be followed by all. The rules and guidelines reflect concerns for the rights and safety of others and the law.

Under all conditions, these rules and guidelines will be strictly enforced and anyone in violation of them will be subject to immediate dismissal from camp. It is expected that all youth and young adults respect the following rules and guidelines:

1. Drugs and alcohol brought to camp and/or used in any form will not be tolerated.
2. All medications, including over-the-counter non-prescription medication must be dispensed by the camp nurse.  
At the beginning of the week, all medications will be given to the nurse to manage.
3. While romantic interests are natural, physical relationships must not be taken too far at camp.  
Sexual relations at camp will not be tolerated.
4. Visiting other cabins between lights out and breakfast the next morning is prohibited. If member(s) of a cabin want privacy  
when others are visiting, they have the right to request that visitors leave.
5. "Lights out" means that all campers must be in their assigned cabin and the lights must be off. It is a violation of this rule if campers are anywhere outside their cabin after "lights out" without previous counselor permission.
6. Leaving camp grounds is not allowed at any time for any reason unless permission previously has been granted by the Design Team only. Know and stay within camp boundaries.
7. Mobile phones are to be turned **off** throughout the duration of camp. Violation of this rule will result in confiscation and will  
be returned after camp.
8. Personal entertainment devices are not to be used during any scheduled programs (unless needed for that program).  
These devices may be used after lights out, before wake-up time, and during quiet time, so long as they are not disruptive  
to others. Violation of this rule will result in the confiscation of said item and will be returned after camp.
9. Fire is a very real hazard. By law, there will be no smoking for minors, without exception. Smoking is not allowed anywhere except inside the designated areas at the designated times.
10. Attendance is required at all meals and scheduled programs including organized recreation.
11. Please respect Camp Sierra property. Asian Camp is responsible for any damage and is liable for any repair or replacement costs.
12. Respect must be given to your fellow campers, the counseling staff, and the Camp Sierra staff.

I have read the camp rules and guidelines and understand that a violation of any may serve as grounds for camper dismissal from Asian Camp 2013. In the event of camper dismissal, the undersigned parent is responsible for any cost incurred in transporting the participant home.

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Signature

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Date

# United Methodist Church

## Medical Release/Health Form



## Asian American Summer Camp

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

Date Birth: \_\_\_\_\_ Approx. weight \_\_\_\_\_

♂ Male or ♀ Female

Please list any **allergies**, including medication allergies, and the resulting reaction \_\_\_\_\_

What relief measures, if any, can be given to treat an allergic reaction? \_\_\_\_\_

Please list any physical handicaps, common illnesses, or other health issues we should be aware of and how Asian camp can accommodate or treat you, should any problems occur \_\_\_\_\_

### Immunization History:

Vaccine	Date of Last Immunization (mo/yr)
Diphtheria/Tetanus/Pertussis (DTaP)	
Polio	
Meningococcal (MCV4)	
Measles/Mumps/Rubella (MMR)	
Varicella (chickenpox) / or date of infection	
Hepatitis B	
TB or Tuberculin test or negative chest X-Ray	

In case of emergency, please contact:

1. Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

2. Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

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

Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone # \_\_\_\_\_

I hereby authorize UMC Asian American camp staff to make any necessary decisions in case of emergency. I also hereby give permission to a physician selected by the camp staff to hospitalize, secure proper treatment for, or order injections, anesthesia, or surgery for the above named and I agree to be responsible for any expenses incurred, including transportation back home if necessary. In no event will the campsite, United Methodist Asian American Summer Camp or the United Methodist Church, its member churches, officers, leaders, counselors, or agents be held liable for any first aid rendered or treatment, drugs or medicines administered, or surgical procedures performed pursuant to this consent. In the event of an emergency, every effort will be made to contact the parent or guardian before any medical service is rendered aside from general first aid. Copies of this form made by the United Methodist Asian American Camp staff will be considered as original.

Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_