



## Camp St. Thekla Winter Camp

PO Box 3569, Myrtle Beach SC 29578

Phone: 843-238-8636

E-mail: [campstthekla@gmail.com](mailto:campstthekla@gmail.com)

### Counselor Instructions & Application

February 15—18, 2019



**APPLICATIONS:** All applications should be **postmarked no later than December 31, 2019**. Inquiries after this date can be made by calling the camp office. Notification of acceptance will be sent out on or before January 15, 2019. Please also fill out and attach the **Medical Form and Asbury Waiver** (both found on CST website)

**COST: \$80** If accepted, please bring this with you when you arrive to Winter Camp. Unfortunately we would not be able to afford the weekend if we didn't charge a discounted fee.

**FORMS NEEDED:** Mail Application, Medical Form, and Asbury waiver to...  
**Camp St. Thekla, PO Box 3569, Myrtle Beach, SC 29578**

**TRANSPORTATION TO ASBURY HILLS:** CST will provide round-trip ground transportation for counselors flying into the Greenville airport. All travel information, including airline, flight number, arrival and departure times must be received no later than **2 weeks prior** to guarantee that transportation will be provided. Please e-mail flight itinerary to [campstthekla@gmail.com](mailto:campstthekla@gmail.com). Flight arrival times must fall between **1:00 PM and 5:00 PM on Friday, February 15, 2019**, and departures must fall between **1:00 PM and 5:00 PM on Monday, February 18, 2019**. Any deviation from these times must be approved by the Camp Director to determine if ground transportation will be provided.

**ARRIVAL AND DEPARTURE:** Counselors should plan to arrive on **Friday of Winter Camp by 6:00 PM**. Camper check-in will begin on Friday, February 17 at 7:00 PM. Also, you must be available for the entire session, which ends at 9:30 AM on Monday morning.

**COUNSELORS:** Winter Camp Staff must be at least 18 years old and have graduated high school. Counselors will be selected based on need according to the number of campers that attend, and relative experience in youth ministry and camping programs. Counselors will be assigned responsibilities and expected to participate in all scheduled activities. Each counselor will stay in a cabin at camp with 7 campers. Counselors will attend at a discounted charge (\$80). Unfortunately we would not be able to afford the weekend if we didn't charge a discounted fee.

**INSURANCE:** All counselors should be covered by their family policy. Any costs incurred by the Camp in providing required medical treatment such as hospital and/or doctor's appointments, prescriptions, etc., will be billed to the counselor.

**MEDICATIONS:** Any prescription medication brought must be in its original labeled prescription container. All medications will be collected and dispensed by a nurse.

**SPENDING MONEY:** Spending money will be needed only for purchasing items from our bookstore.

**WHAT TO BRING:** *Please bring either a sleeping bag or sheets & blanket, a pillow, and towels.* Please remember to pack toiletries & personal items, an alarm clock, warm casual clothes for the weekend, and a nice outfit for Divine Liturgy on Sunday morning. We will be ice skating or doing some other winter-type event on Sunday afternoon, so remember to bring a warm winter jacket, gloves, winter hat, scarves, warm socks, and winter boots.

**DO NOT BRING:** Please do not bring alcohol, tobacco, weapons, cell phones, music, iPods, cd/mp3 players, electronic games. We will provide all the elements that you will need to have a safe, fun, and spiritual weekend.

**FURTHER INFO:** You will receive notification of selection and a copy of the tentative schedule for the weekend, along with any other information that you will need to prepare for the weekend. Specific information related to this will be provided upon notification of selection.

Please contact Fr. Alex at [campstthekla@gmail.com](mailto:campstthekla@gmail.com) if you have any questions or would like more information.



**Camp St. Thekla Winter Camp  
Counselor Application  
February 15-18, 2019**  
(must be at least 18 years old & graduated High School)



Name: \_\_\_\_\_  Female  Male  
First M.I. Last

Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street (include Apt. No.)

\_\_\_\_\_ Birth Date : \_\_\_\_/\_\_\_\_/\_\_\_\_  
City State/Province ZIP Month Day Year

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Parish Name: \_\_\_\_\_ City \_\_\_\_\_ ST/PR \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone No.: (\_\_\_\_) \_\_\_\_\_

Name of Insurance Co \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ In Whose Name is the Insurance? \_\_\_\_\_

Family Doctor \_\_\_\_\_ City/Town \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Food or Other Allergies \_\_\_\_\_ T-Shirt Size (circle one) S M L XL XXL

Please check one: I will be  Driving  Flying  
 Please initial if you are able to be here by 6:00 PM on Friday.

**QUALIFICATION AND EXPECTATIONS**

If you are a former counselor or staff member of CST, please list the years you were on staff and the position(s) held.  
 \_\_\_\_\_

If you have not been on staff before, please list the youth work that you have been involved with (i.e. Teen SOYO advisor, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

As a volunteer staff member for Winter Camp 2019, I agree to participate in all scheduled activities, and fulfill the duties that are assigned to me. Responsibilities of staff members will include: supervision of campers at all times; leading/assisting to lead discussions, Christian Education, and/or other activities. More information will be sent out prior to Winter Camp detailing specific responsibilities.  
 I understand all reasonable safety precautions will be taken at all times by Camp St Thekla and its agents during Winter Camp. I understand that participating in Winter Camp and ice skating or other off-site event will bring certain risks of injury to myself. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Antiochian Orthodox Christian Archdiocese, Camp St. Thekla, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.  
 I agree to indemnify and hold harmless, the Antiochian Orthodox Christian Archdiocese, Camp St. Thekla, their clergy, officers, directors, employees, staff and volunteers from any and all expenses, claims, costs or attorney fees as a result of claims, actions and/or suits brought by me or on my behalf or by anyone else as a result of any accident or injury occurring to me.

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

*NON-DISCRIMINATORY NOTICE: Camp St. Thekla does not and will not discriminate against any student, employee, or other person because of race, color, religious creed, ancestry, national origin, age, sex, veteran's status, or disability.*