

## CAMP VISTA COUNSELOR / VOLUNTEER APPLICATION 2026

Camp Vista, N3398 Chapel Heights Rd, Campbellsport, WI 53010, ph. 920 533 4258, [campvista@outlook.com](mailto:campvista@outlook.com), [www.campvista.org](http://www.campvista.org)

**Please mail or e-mail this form to Camp Vista by March 13, 2026**

Please note that sending this form back to us does not guarantee employment/voluntary service at Camp Vista.

We will respond to you no later than **April 13, 2026**

<b>Participant's name:</b> _____		<b>DOB:</b> ____ / ____ / ____	
<small>imię i nazwisko uczestnika</small>		<small>data ur.    miesiąc / dzień / rok</small>	
<b>Parent(s) name:</b> _____		<b>Tel 1:</b> ( ____ ) _____	<b>Tel 2:</b> ( ____ ) _____
<small>imię i nazwisko jednego z rodziców / opiekuna</small>			
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>E mail:</b> _____			
<b>Family Doctor Name</b> _____		<b>Phone</b> ( ____ ) _____	
<b>Physical conditions that event organizers should be aware of</b> _____			
<small>choroby i dolegliwości, o których organizatorzy powinni wiedzieć</small>			
<b>Medical insurance:</b>			
<input type="checkbox"/> <b>participant's agency name and policy#:</b> _____			
<small>nazwa agencji ubezpieczeniowej i numer ubezpieczenia</small>			
<input type="checkbox"/> <b>purchased for the time period of the event*</b> <b>from:</b> _____ <b>to:</b> _____ <b>Insurance name:</b> _____			
<small>ubezpieczenie wykupione na czas wyjazdu                      od                      do                      nazwa ubezpieczenia</small>			
<input type="checkbox"/> <b>none</b> (bez ubezpieczenia)			

State the reasons why you would like to serve as a volunteer or counselor at Camp Vista: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had First Aid/CPR training? \_\_\_\_\_ If so, expiration date of certification: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you had lifeguard training? \_\_\_\_\_ If so, expiration date of certification: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SpecialTalents/Passions/Certifications/Qualifications** \_\_\_\_\_

\_\_\_\_\_

Weeks of service: *	Position – you are applying for:	
	Volunteer (17 years old and older)	Counselor / Worker (18 years old and older)
Begins: Sunday 12pm or earlier Ends: Saturday 12pm or later Wednesday 12pm – 4 <sup>th</sup> week only		
#1 July 5-10 "Turnus Tradycyjny"	<input type="checkbox"/> \$245	<input type="checkbox"/>
#2 July 12-17 "Bliżej Boga"	<input type="checkbox"/> \$245	<input type="checkbox"/>
#3 July 19-24 "Wiecej Piłki Nożnej"	<input type="checkbox"/> \$245	<input type="checkbox"/>
#4 Jul 26-Aug 4 "Turn Tradycyjny"	<input type="checkbox"/> \$345	<input type="checkbox"/>

\* Camp Vista directors will determine how many weeks you will serve and whether you will be serving as a counselor or worker. This will depend on the needs specific to each week, as well as other circumstances.

**Please answer the following questions:**

1. Have you ever been arrested or convicted for any offense other than a minor traffic violation? \_\_\_ Yes \_\_\_ No  
If yes, provide details on separate sheet of paper.
2. Have you ever been accused, arrested, or convicted for any sexually related crimes? \_\_\_ Yes \_\_\_ No  
If yes, provide details on separate sheet of paper.
3. Are there any other circumstances or issues that could call into question your ability to work with children and youth? \_\_\_ Yes \_\_\_ No  
If yes, provide details on separate sheet of paper.
4. Have you ever finished VIRTUS training or similar trainings? \_\_\_ Yes \_\_\_ No  
If yes, please attach a copy of a certificate to this application form.  
If no, please complete it after being chosen to serve as a counselor/volunteer at Camp Vista.  
(more info at [www.virtus.org](http://www.virtus.org))
5. If accepted as a counselor/volunteer for Camp Vista, I **promise** to abide by the rules and policies of Camp Vista. \_\_\_ Yes \_\_\_ No
6. Do you think Christian values should be introduced to young people in today's world? \_\_\_ Yes \_\_\_ No
7. Have you ever served in any position at Camp Vista? or other Camps? \_\_\_ Yes \_\_\_ No
8. Have you ever been a group leader before? \_\_\_ Yes \_\_\_ No
- If yes, what would you change/improve in yourself to become a better leader? \_\_\_\_\_

**Community/personal standards for Camp Vista Programs**

Recognizing that my personal rights may need to be put aside in order to accommodate the regulations/limitations of the camp site and the protection of its witness and atmosphere:

- Respect each other's space and person – "Stop"; No Abuse (emotional, physical, sexual or spiritual).
- Talk to people, not about them – try to use Biblical confrontation
- Be at all required meals and meetings/chapel sessions on time
- Cell phones may be used by people over 18 in important cases only
- Personal computers, laptops, or portable music players are not allowed at the camp
- Music – No secular music on camp grounds – except some events organized by camp leaders
- Video – No videos are allowed at camp unless used as a part of the program.
- No guys in girls' housing and vice versa
- No fireworks/firearms (BB, pellet, airsoft, guns, knives etc.)
- No swimming when a lifeguard is not present – no night swimming

**Personal Standards**

- Please wear modest clothing: one-piece bathing suits for swimming, no short shorts, no revealing cleavage (nature of Christian camp)
- \* PIERCING: not allowed for boys, and only in the ears for girls
- NO drugs, alcohol, tobacco, electronic cigarettes allowed at the camp
- NO PDA (Public Displays of Affection) – model appropriate guy/girl relationships.
- Language – be sensitive to inappropriate words and jokes



\_\_\_\_\_  
*signature of Participant (or parent (s) / guardian if participant is under 18 years old)*

\_\_\_\_\_/\_\_\_\_\_/2026

# Release, Indemnification and Hold Harmless Agreement

 **PARTICIPANT NAME:** \_\_\_\_\_

**(please PRINT)**

## **IDENTIFICATION AND ACKNOWLEDGEMENT OF RISKS**

I understand, that Vista Christian Retreat (commonly known as Camp Vista) program primarily conducted in the outdoors. Program activities such as, but not limited to, swimming, soccer, basketball, volleyball fishing, using air guns, horseback riding, rock climbing, wilderness travel, ropes course activities, lake/river activities, skiing, climbing walls, biking, backpacking, hiking, airplane rides, transportation to and from the activity site, and many others may result in property damage or fatal injury. Dangers also inherent to lakes & rivers, forces of nature such as darkness, heavy rain, lightning, strong winds, extremes of heat and cold, biting insects and animals may cause an accident or serious injury. I understand that although Camp Vista has taken reasonable precautions to provide proper equipment, suitable facilities, and trained staff, it is impossible to guarantee totally negligence free environment, absolute safety against illness, injury, or any loss resulting from participation. Camp Vista has put in place preventative measures to reduce the spread of communicable diseases; however, Camp Vista cannot guarantee that you or your child(ren) will not become exposed or infected while being at Camp Vista. I acknowledge the risk inherent in camp program and agree to assume that risk.

## **ASSUMPTION OF PERSONAL RESPONSIBILITY**

I certify, that participant have no communicable diseases. I will notify Camp Vista in writing of any medical or emotional condition that may restrict safe participation in the program. I inform, that above named participant (if under the age of 18) will not have any telecommunication devices like cell phones, smart watches, 2-way radios etc. I acknowledge that participant failure to adhere to safety rules established by Camp Vista Staff may result in being asked to discontinue participation in the program. If participant is barred from further participation, or if I and/or participant voluntarily refrain from participation, or if I and/or participant leave the trip, I am responsible for all expenses incurred and I have no claim for any refunds from Camp Vista and its representatives.

## **AUTHORIZATION FOR MEDICAL TREATMENT**

In case of an emergency, I hereby give permission to Camp Vista representatives and/or group leaders of organization who organize the event:

- to secure medical treatment that might include hospitalization,
- to release any records necessary for insurance purposes,
- to dispense medications
- to provide or arrange necessary related transportation for participant named above.

I also certify that my insurance company or myself will cover all accidental, medical expenses and transportation costs.

Please note, that during "Kolonie weeks" there are at least 3 lifeguards, CPR and First Aid persons trained by ARC. As of right now there is no doctor or nurse present at the camp. Travel time to the closest clinic is about 20 min, and 35 min to the nearest hospital.

## **CONSENT WAIVER AND RELEASE**


In consideration of participating in any activities or any event organized by Camp Vista (or other organizations), I hereby agree to release and discharge from liability Camp Vista (or other organizations) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them on behalf of myself and my children, parents, heirs, assigns, personal representative and estate. Consequently, I waive, release, and discharge any and all claims for any personal injury or damages, death, or property damage/loss, which I may have as a result of participation. I understand that Camp Vista shall not be liable for any delay or accidents of means of transportation arranged by participant's parents/guardians or Camp Vista, any and all acts of third parties. Camp Vista is not responsible for bites by any bugs, mosquitos, wasps, horse flies, deer flies, bed bugs, snakes, turtles or other living creatures. Saying that, Camp Vista does not hold any responsibilities in any cases happened beyond Camp Vista's control when participant might get hurt. Camp Vista reserves the right to cancel, change, or substitute any service because of weather, safety condition of activity places/equipment, insufficient number of participants, sign up priorities (please call Camp Vista for an explanation), or other reasons. My registration provides Camp Vista the authorization to use photos and videos of me or registered participants for promotional purposes without further consent or compensation.

## **INSURANCE**

I am aware, that I am responsible for paying all participant's medical expenses and any related costs to it, for any injuries or any accidents that may occur during participation in the event or during the transportation to and from the event. I agree to maintain throughout my participation, adequate medical and accidental insurance (insurance should be valid in the State of Wisconsin as well as in other States – if any – where/when the events occur). I understand that this is my responsibility to release Camp Vista and its representatives from providing medical/accidental insurance coverage for participant.

*Camp Vista strongly recommends purchasing a TRAVEL INSURANCE or other insurance to protect against the risk of medical expenses, death, travel delays, current virus issues, war or natural disaster issues, trip cancellation, any damage or loss of baggage or personal belongings, etc.*

**I understand and accept all terms and conditions presented to me in the English language  
(Rozumiem i akceptuję wszystkie warunki i zasady przedstawione mi w języku angielskim)**

 \_\_\_\_\_  
**signature of Participant (or parent (s) / if participant is under 18 years old)**

\_\_\_\_\_ / \_\_\_\_\_ / 2026