

2019 Metro Children's Camp Adult Registration Packet



"I know the difference between good and evil"
Set Up June 16, 2019 at 4:00 pm

Willowbrook Bible Camp
4375 East 38th Street
Des Moines, IA 50317

Fee Schedule

\$25 Deposit Due at Time of Registration (non-refundable after 6/11) – Remainder due at the beginning of camp

Registration Fee:

Early Registration (postmarked by 5/13)	\$90	Staff	\$60
Regular Registration (postmarked by 5/28)	\$100	Pre-Camper	\$60
Last day to register! (postmarked by 6/10)	\$105	Day Camper	\$60/70/75 (see deadlines)

Registration Instructions

1. Complete pages 1-4 of the registration packet. Returning staff do not need to complete page 4.
2. Have pastor sign the recommendation on page 2. Every staff member needs this.
3. Return form with \$25 deposit to: **Metro Baptist Association, P.O. Box 41023, Des Moines, IA 50311.**
4. Plan to attend Set up Day on June 16.

Job Descriptions

Family Leader - Family Leaders will be assigned in pairs (male & female, if possible) to lead a group of 8-12 campers. Responsibilities may include: attending all classes and activities with assigned family, leading 'Family Time' which includes getting to know you type activities, prayer times, 'talk back' time following worship services, planning/preparing skits with assigned family to present during skit time.

Bible Study Teacher – Teachers will lead duplicate classes throughout the day. Curriculum will be provided relating to the camp theme. The number of classes will be determined by the number of campers and teachers. **(due by May 13)**

Missions Teacher – Teachers will lead duplicate classes throughout the day. The number of classes will be determined by the number of campers and teachers. **(due by May 13)**

Crafts Teacher – Teacher will plan age-appropriate craft activities for each age group, aid in ordering craft supplies, lead classes throughout the day and aid with making memory mats for campers. **(due by May 13)**

Kitchen Staff – Kitchen Staff will prepare lunch and supper on registration day, and 3 meals per day on all other days. Staff will supervise/aid in kitchen clean up by Camp Servants and assigned families. Head Cook will plan meals and purchase food supplies needed for all meals.

Recreation Coordinator – Recreation Coordinator will plan and lead informal games to be used during registration time and other free time. Coordinator will plan group building games to be used during Family Recreation Time on registration day. Coordinator will oversee daily recreation times. **(due by May 13)**

Drama Coordinator – Drama Coordinator will plan/lead the daily theme dramas. Coordinator will organize family skits for worship (in conjunction with camp pastor) and/or fellowship times. **(due by May 13)**

Worship Leader – Worship Leader will plan/lead worship in conjunction with camp pastor and camp director.

Camp Photographer – Camp photographer will take pictures/video of daily events and prepare a slide show or video for Family Night and for use in associational annual meetings and promotion for the next year's camp. Photographer will also take and print individual and family groups shots for memory mats. Individual shots will be provided to camp nurse for identification purposes.

Pre-Camper Leader - Pre-Camper Leader will oversee the care of and plan activities for pre-campers on site as needed by parents working in other areas of camp.

Adult Registration - Page 1 of 4 (college age and up)

PLEASE PRINT LEGIBLY IN BLACK INK

Full Name _____ Name to be called at camp _____

Address _____

Street town state zip
email address: _____ home phone _____ cell _____

date of last tetanus shot _____ Birth date _____ Gender: Male Female

Health Insurance Company _____ policy no. _____

Health Insurance phone number: _____ Physician _____

T Shirt sizes PLEASE CIRCLE ONE: Adult sizes: AS AM AL AXL 2X 3X

Church with whom you are attending camp: _____ Church City _____

Primary position/ministry at this church _____

Have you attended children's camp before? _____ if so, when? _____

Emergency Contact Information:

Contact person: _____ relationship _____

Daytime phone _____ evening phone _____ cell phone _____

Allergies: Food: _____ Drugs: _____

Other: _____

Previous operations or serious illnesses: _____

Special Diet Needs: _____

Physical Limitations: _____

Special Instructions: _____

Please notify nurse of any medical changes upon arrival at camp including antibiotics, accidents, recent illnesses.

Medical & Surgical Waiver

To be completed by the parent(s) and/or guardian(s) of participants under 18 years of age.

I, _____, am 18 years of age or older and have listed all physical defects or medical problems that may need attention. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the Metro Baptist Association, or their representatives, or the camp sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon myself which may in their sole discretion be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless the Children's Camp staff, Metro Baptist Association or the camp sponsors, or the campground upon whose campus Children's Camp is being conducted, from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred by said minor at Children's Camp June 17-20, 2019.

signature _____ date _____

Adult Enlistment Form - Page 3 of 4

Screening Form
Confidential

Because it is the desire of Metro Baptist Association to provide a safe and secure environment for those children who participate in our programs and use our facilities, this form is to be completed by anyone desiring/agreeing to work in any position (volunteer or compensated) involving the supervision or custody of minors.

Personal

Identity must be confirmed with a state driver's license or other photographic identification.

Last Name										First Name														
Middle Name										Maiden Name														
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female										Date of Birth														
Street Address (Not P.O.)															City					State				
Zip					Home Phone										Social Security Number									
Type of Photographic Identification										Number														

Have you ever been convicted or pleaded guilty to a crime (excluding minor traffic violations)?
 Yes No If yes, describe convictions:

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor? Yes No
If yes, please describe all convictions in the past five years:

Is there trauma in your past the Camp Director needs to know in order to help you serve at your best? Yes No
(If you prefer, you may refrain from answering this question. Or, you may discuss your answer in confidence with the Camp Director rather than answering it on this form. Answering yes or leaving the question unanswered will not automatically disqualify you.)

Applicant's statement

I do hereby give my permission for Metro Baptist Association to contact law enforcement agencies for a background check.

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) they may have regarding my character and fitness for youth work. In consideration of the receipt and evaluation of this application by Metro Baptist Association, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family, on account of compliance or any attempts to comply, with this authorization, excepting only the communication of knowingly false information.

I agree to be bound by the guidelines of Metro Baptist Association and agree to refrain from unscriptural conduct in the performance of my services on behalf of Metro Baptist Association.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free action. This is a legally binding agreement, which I have read and understand.

Applicant's Signature: _____ Date: _____

Witness: _____ Date: _____

Page 4 will be kept in your permanent record – **ONLY FIRST-TIME STAFF NEED TO COMPLETE PAGE 4**

Adult Registration - Page 4 of 4

Church History & Prior Experience

Describe, in detail, your salvation experience.

Give a brief description of your experience as a youth worker during the past five years:

Name and address of church of which you are a member:

List (name and address) other churches you have attended regularly during the past five years:

List all previous church work involving children or youth (list each church's name and address, type of work performed, and dates):

List all previous non-church work involving children or youth (list each organization's name and address, type of work performed, and dates):

List any gifts, calling, training, education, or other factors that have prepared you for youth work:

List (name, address, telephone number) two personal references (not former employers or relatives):

- 1) _____
- 2) _____