

2019 Metro Children's Camp Junior Staff 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 1-3 of the application packet.
2. Have pastor complete, sign, and return the pastor recommendation. **REQUIRED!**
3. Have youth worker (not relative) complete, sign, and return the youth worker recommendation. **REQUIRED!**
4. Return form with \$25 deposit to: **Metro Baptist Association, P.O. Box 41023, Des Moines, IA 50311.**
5. All staff need to come the Sunday, June 16th at 4 pm to help with set up.

Job Descriptions

Camp Servant – Camp Servants must have completed the 7th grade before the beginning of camp. Responsibilities may include: ongoing KP duty (especially at supper), maintaining outside drinking water containers, assisting cooks as needed, sweeping/mopping dining room/kitchen, organizing and staffing the snack shack, helping prepare and serve the evening snack, assisting with recreation (set up, tear down, etc.), assisting with classroom set up (moving tables, chairs, etc.). All camp servants must attend a daily meeting for Jr. Staff during camp.

Family Leader In Training (FLIT) – FLITs must have completed the 9th grade before the beginning of camp. FLIT's will be assigned to a family group with two other family leaders. Responsibilities may include: attending all classes and activities with assigned family group, assisting with snack shack as needed, assisting supervising Family Leaders as requested during classes, worship, drama, etc.

Family Leader- Family Leaders must have completed the 11th grade before the beginning of camp. 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 group, 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 group to present during skit time.

Send Registration to: **Metro Baptist Association, P.O. Box 41023, Des Moines, IA 50311**

\$25 deposit due with the registration forms (non-refundable after 6/11)

Remainder due at the beginning of camp.

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

Jr. Staff Application - Page 1 of 3 (for 8th grade thru 12th grade)

Metro Children's Camp

PLEASE PRINT LEGIBLY IN BLACK INK

Date rec'd _____
Amt. _____ ck _____
Amt. _____ ck _____

Full Name _____ Name to be called at camp _____

Address _____
Street town state zip home phone

Birth date _____ Grade entering in the fall: 8 9 10 11 12 Gender: Male Female

cell phone number _____ Email address _____

T Shirt sizes PLEASE CIRCLE ONE: Youth Sizes: YS YM YL Adult sizes: AS AM AL AXL 2X 3X

Parent/Guardian _____
First name last name home phone cell phone

Parent email address: _____

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

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

Emergency Contact Information:

Contact person other than parent: _____ relationship to child _____

Daytime phone _____ evening phone _____ cell phone _____

Please choose the position for which you are applying. (See descriptions on page 1)

Choose all that interest you and write first, second or third choice in the space provided next to the position.

Family Leader _____

Family Leader in training (FLIT) _____

Camp Servant _____

Extra Service:

crafts helper _____

recreation helper _____

kitchen helper _____

worship helper _____

2019 Metro Children's Camp

Name _____

Health Insurance Company _____ policy no. _____

Health Insurance phone number _____ Physician _____

Date of Immunizations: ___ DTP ___ Polio Booster ___ MMR Date of last Tetanus Shot: _____

Past Medical History:

Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble ___ Chicken Pox ___ Mumps ___

Diabetes ___ Heart ___ Dizziness ___ Hay Fever ___ Measles ___ Whooping Cough ___

Were you exposed to Head Lice in the last month ___ yes ___ no. Please notify the camp if your child has been exposed. We reserve the right to send any child home that arrives at camp with head lice or is ill in any way.

Allergies: Food: _____ Drugs: _____

Other: _____

List any operations or serious illnesses in the last 3 months: _____

Special Diet Needs: _____

Physical Limitations: _____

Special Instructions: _____

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

Permission To Administer Medication

If your child will/may require medication at camp, please sign this permission allowing us to take a picture of the child to keep with their medical records at camp. Also, please mark which over-the-counter medications you will allow us to administer.

I, _____, give permission for the following medications to be given to my child, _____, at Metro Children's Camp June 16-20, 2019.

___ Tylenol ___ Ibuprofen (advil) ___ Tums (or generic) ___ Pepto Bismol ___ Oral Benadryl

___ Other ___ Prescription Medication (please list name, dosage, times per day, etc.)

We will be using pictures taken at camp for promotional purposes and for the nurse. If you do not wish your child's picture used, **please call** the camp director at 515-661-1060 to inform us.

Medical & Surgical Waiver

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

I, _____, parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to attend Children's Camp between the dates of June 16-20, 2019. I further expressly grant my permission for my child to participate in all activities of said camp.

I have listed said minor's physical 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 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 said minor 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, and liabilities arising out of the treatment of any sickness or accident incurred by said minor at Children's Camp June 16-20, 2019.

Parent/Guardian signature _____ date _____

**2019 Metro Children's Camp
Pastor or Youth Worker Recommendation**

Name of Camp Staff Applicant: _____

How long have you known the applicant? _____ Is the applicant related to you? Yes No

Please rate the applicant in the following areas:

1. Spiritual Maturity –

To the best of your knowledge, is the applicant currently walking with the Lord in a personal and intimate relationship?

(Daily quiet time/prayer) Always Sometimes Never

Has the applicant ever shared his/her personal testimony? Yes No Maybe

Is the applicant capable of sharing the gospel with someone? Yes No Maybe

Is the applicant capable of leading a devotion/prayer time with children? Yes No Maybe

Is the applicant an active participant in church life? Always Sometimes Never

Does applicant attend Youth Bible Study (Sunday School)? Always Sometimes Never

Does applicant attend Sunday Morning Worship? Always Sometimes Never

Does applicant attend other weekly church/youth services/activities Always Sometimes Never

2. Service –

Is the applicant a willing servant, ready to do what is asked? Always Sometimes Never

Is the applicant willing to following instructions? Always Sometimes Never

Can the applicant following directions to completion without close supervision? Always Sometimes Never

Does the applicant submit to the authority of others, even if they do not agree with the decision of leader?
 Always Sometimes Never

3. Experience-

Has the applicant had past experience working with grade school age children? Yes No

In what capacity? (VBS, babysitting, children's camp, etc.) _____

Any other comments that you would like to make about this applicant: _____

Would you recommend this applicant for a Jr. Staff Position at Children's Camp?

Highly Recommended Recommended Recommended, but with close supervision Not Recommended

Pastor/Youth Worker Signature: _____ Date: _____

Church: _____

Church Address: _____

Please Mail To: **Metro Baptist Association, P.O. Box 41023, Des Moines, IA 50311.**