

KIDS CAMP VOLUNTEER APPLICATION

YOUTH (15-17 YEARS OLD)



For the safety and security of your children and in order to have enough adult counselors for this year's Kids Camp, each church is asked to supply at least 2 counselors.

To keep the cost of camp per camper down, volunteers will be charged \$50 for the week. However, each church will have a designated number of FREE counselors according to the registered number of campers.

Please use the following guidelines according to the sex of the campers:

- 1-7 campers: two counselors (2 Free Counselors with 1-7 Campers)
- 8-14 campers: three counselors (3 Free Counselors with 8-14 Campers)
- 15-21 campers: four counselors (4 Free Counselors with 15-21 Campers)

Mail completed forms and registration fees to:

Debbie Lindquist

PO Box 700364, Dallas, TX 75370

email: lindqui@swbell.net text/call: 214-395-5105

District Children's Leadership – Beth Bidle-Rush Bbrush93@gmail.com 708.704.7019

Debbie Lindquist linqui@swbell.net 214.395.5105

2024 KIDS CAMP TEEN STAFF ASSISTANT INFORMATION

The qualifications of a teen staff assistant:

- Must be 15-17 years of age
- Must have the recommendation of the Senior Pastor & Youth Pastor/NYI Director
- Must be attending with a parent/relative if younger than 15
- Have a personal relationship with Jesus Christ
- Be Christ like example in speech, actions, and attitudes
- Able and willing to share your faith with children

The responsibilities of a teen staff assistant:

- Be in your assigned area at the designated time and duration
- Be examples to the campers in speech, dress, actions, and attitudes
- Accompany the campers to activities and be willing to help or participate
- Play, eat, laugh, and worship with campers.
- Assist children in developing a relationship with Christ and the other campers

Teen volunteers will go through the application process and may be limited due need and resources.

If problems or concerns arise during the week you may be dismissed and sent home.

All Volunteers (15+) serving must pass the Ministry Safe - Child Abuse Prevention Awareness Program sent to you via email from Ministry Safe. The training must be completed by July 1.

Application must be completed and postmarked no later than June 24.

Send completed forms to: **Debbie Lindquist**
PO Box 700364
Dallas, TX 75370
lindqui@swbell.net
214-395-5105 (text/call)

2024 North/East Texas District
KIDS CAMP TEEN STAFF APPLICATION (15-17)

Return to: Debbie Lindquist
 PO Box 700364
 Dallas, TX 75370

Teen's Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Biological Sex (circle one): Male or Female Grade (Completed Spring '24): _____ Age: _____ Birthday: ___/___/___

T-shirt size (circle one) Youth size: Medium Large X-Large Adult sizes: Small Medium Large X-Large 2XL

Parent(s)/Guardian Name: _____ Cell Numbers: _____

_____ Cell Numbers: _____

Parent's E-Mail Address: _____

Local Church _____ Pastor's Name _____

Additional Emergency Contact Information

In an Emergency, parents are contacted first. List an additional contact person.

Name: _____ Relationship: _____

Phone #: _____ Cell #: _____

Past Work History with Children

When	Where	Age group	Positions

Camp Experience

Dates	Camp & Director	Location	Camper or Staff?

What type of position(s) do you like at camp? _____

Can you perform the essential functions of the job for which you have applied with or without reasonable accommodation?

YES

NO

2024 North/East Texas District
KIDS CAMP TEEN STAFF APPLICATION (15-17 years old)

I want to be a Teen Staff Member because? _____

Share your conversion experience and your current testimony. Attach a separate sheet if necessary.

Statement of Conduct:

Teen volunteers are role models and can engage our children in conversation about God and His Son, Jesus Christ. Therefore, it is important for all volunteers to understand the impact they have as they participate in the ministry of the children attending KIDS CAMP.

Conduct:

1. Personal Responsibilities:
 - a. You will have a designed area during the day and are expected to be willing to help in that area or other areas as needed.
 - b. You will be in by set curfew time.
2. Dress:
 - a. All volunteers should dress appropriately and modestly for interacting with adults and children. Young girls and boys are especially observant of what teens are wearing because they want to look grown up, too. Never underestimate your influence on younger children.
3. Technology:
 - a. All volunteers should monitor the use of personal technology. If volunteers are distracted with messages, then that volunteer is not completely engaged with the children under their responsibility. We need to take advantage of the time to interact and model the love of Jesus Christ with children.
 - b. Your phone is for my personal use only and not to be used by campers at any time.
 - c. Campers phone calls need to be under the supervision of the leadership: Nurse or Director
 - d. Due to the sensitivity of some children's home life we ask that no pictures be posted on any Social Media showing their faces.

I understand the importance of my volunteering as a teen role model to the children who attending. I am willing to share my time, talents, and service to others by mentoring and connecting with each child under my area of responsibility. I am willing to follow the guidelines for dress and personal responsibilities. If problems arise, parents will be called and expected to pick up their teenager immediately.

Teen Signature _____

Parent Signature _____

**2024 North/East Texas District
KIDS CAMP TEEN STAFF APPLICATION (15-17 years old)**

Media Release I, as the parent or guardian _____, of this minor, _____ grant permission to North/East Texas District Church of the Nazarene Kids Camp to use his/her image (photographs and/or video) for use in Media publications including but not limited to: general publications, email, website, social media, newsletters and promotional videos.

References Give names and addresses of your **local church pastor and at least one person (not relatives)** having knowledge of your character, experience, work habits, and ability.
Have them complete the attached reference form and return to the address above.

Name	Address & City	Phone

Harassment The camp's policy is to prohibit all forms of harassment includes sexual, racial, religious, and other forms of harassment. *Have you ever been accused of harassment of any person?* (Note: a prior accusation is not an automatic bar to volunteering. The type of accusation and when it occurred will be evaluated by the camp before any decision is made)
 YES NO

Explain _____

I certify that this information is true to the best of my knowledge. If I am chosen to serve as a teen staff volunteer, I agree to abide by the rules of Scottsville Camp and Conference Center and the standards of the Church of the Nazarene.

Signature _____ Date _____

MEDICAL INFORMATION

(PLEASE ATTACH A COPY OF INSURANCE CARD)

Family Doctor _____ Phone Number _____
Insurance Company _____ Policy Number _____
Group Number/ID Number _____ Date of Last Tetanus Booster _____
Known Allergies _____

**IF MEDICATIONS ARE TO BE GIVEN AT CAMP, PLEASE COMPLETE THE
AUTHORIZATION TO ADMINISTER MEDICATION FORM (SEE ATTACHMENT)**

Special Medical Notes:

AUTHORIZATION TO ADMINISTER MEDICATION

**** This form must be completed in its entirety to allow the required medication to be administered at camp. ****

I hereby authorize administration of the following medication(s) by the nurse at Camp Scottsville for my minor:

Minor's Name _____

Date of Birth (DD/MM/YYYY) _____

Signature of Parent or Guardian _____

Date Signed (DD/MM/YYYY) _____

ALL MEDICATIONS MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE/PACKAGE INCLUDING OVER THE COUNTER Medications arriving in any other fashion will NOT be accepted.

Name of Medication	Dosage	Reason/Special Instructions	Dosing Schedule						
			Breakfast	Lunch	Dinner	Bedtime	Other, specify time period	As Needed	

Notes:

1. All medications must be in their **original container**.
2. Prescriptions will be given in accordance with Pharmacy label instructions. The Pharmacy label must reflect the current dose to be given.
3. Over the counter medications will be given in accordance with age guidelines shown on the label, unless accompanied with signed Doctor's Orders.
4. Please send only the amount needed for the time of camp.
5. Please place each camper's medications in their own gallon sized zip lock bag with Child's name shown on the bag.
6. Medications must be given to the nurse at Camp Scottsville during registration.

ACTIVITIES STATEMENT AND AUTHORIZATION FOR MEDICAL AND SURGICAL CARE:

I hereby give my permission for _____ to participate in all camp-sponsored activities, including service projects on and off the campgrounds with the exception of the following: (list restrictions. If none, state "none".) _____

This is also a release to authorize certified personnel of the North/East Texas District Camp Coordinating Board to call an authorized doctor and to administer medical aid and treatment for my child at any time when they believe an emergency exists. This would include all treatment such as emergency or prescription medication, minor or major surgery, hypodermic injection (including tetanus booster), and the like. In the event of any surgical procedures or major injury, parents will be contacted by phone.

PARENT

DATE

WITNESS



Notary signature: _____

Scottsville Camp & Conference Center
400 Harkins Lane P.O. Box 307 Scottsville Texas 75688 (903)938-5847

PARTICIPATION & ACTIVITIES WAIVER AND RELEASE OF LIABILITY

READ CAREFULLY

In consideration of SCCC furnishing services and/or equipment to enable me to participate in activities, including but not limited to: swimming, biking, paintball, canoeing, paddle boating, archery, skating, basketball, volleyball, football, baseball, bonfires, fishing, low ropes course, hot air ballooning, slip and slide, tug of war, I agree as follows: I fully understand and acknowledge that; (1) risks and dangers exist in my use of equipment and my participation in activities; (2) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (3) these risks and dangers may be caused by the negligence of the owner, employees, officers or agents of SCCC: the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (4) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, weather caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of SCCC, or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify SCCC and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of misuse of equipment or my participation in activities, I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of SCCC. This waiver is good until July 12 ,2024.

I HAVE READ THE ABOVE WAIVER AND RELEASE. BY SIGNING THIS WAIVER AND RELEASE, I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE SCCC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

PARTICIPANT'S NAME: _____

EXCLUDED ACTIVITIES: _____

SIGNATURE OF PARENT/GUARDIAN: _____

SIGNATURE OF PARTICIPANT: _____

2024 NORTH/EAST TEXAS DISTRICT KIDS CAMP TEEN STAFF RECCOMENDATION FORM
(PERSONAL REFFERENCE – not a relative)

Applicant's Name _____ Time known _____

The applicant named above has expressed interest in volunteering for the North/East Texas District Kids Camp at Camp Scottsville this summer. We are encouraging you to give us your honest evaluation of the applicant as you have seen him/her live and perform on a daily basis. All references are confidential and will not be discussed directly with the applicant. *Your feedback is greatly appreciated. Thank you!*

Responsibility

- Excellent Diligently follows through on all tasks
- Good Follow through on tasks
- Average Usually follows through on tasks
- Poor Sometimes follows through on tasks

Work Ethic

- Excellent Puts forth the extra effort
- Good Will put in a fair day's work
- Average Works enough to get by
- Poor Lazy

Leadership

- Excellent A leader of leaders
- Good Contributes positively
- Average Usually well balanced
- Poor Passive negative influence

Emotional Stability

- Excellent Exceptional, stable, consistent
- Good Well balanced on most situations
- Average Usually well balanced
- Poor Excitable, unresponsive

Judgment

- Excellent Consistently makes wise decisions
- Good Makes good decisions
- Average Makes fair decisions
- Poor Hasty decision, indecisive

Cooperation

- Excellent Deeply sensitive to others
- Good Generally concerned for others
- Average Cooperates when convenient
- Poor Difficult to work with

Integrity

- Excellent Consistently trustworthy
- Good Generally honest and true
- Average May stretch the truth
- Poor Questionable

Communication

- Excellent Articulates in all groups
- Good Usually gets thoughts across well
- Average Get thoughts across, may be hesitant
- Poor Difficulty in articulating thoughts

Initiative

- Excellent Will look for things to do
- Good Will do what needs to be done
- Average Will do the obvious
- Poor Needs to be told what to do

Motivation

- Excellent Highly self motivated
- Good Effectively motivated
- Average Usually purposeful
- Poor Purposeless

Commitment

- Excellent Their word is their bond
- Good Completes the commitments
- Average Follows through reluctantly
- Poor No follow through

Team Participation

- Excellent Outstanding group member
- Good Contributes positively in a group
- Average Usually contributes positively
- Poor Difficulty working in a group

How would you describe the applicant's Christian commitment? _____

Printed Name _____

Signature _____

Date _____

PLEASE Mail this completed form to the Camp Registrar:
Debbie Lindquist, PO BOX 700364, Dallas, TX 75370
Email: lindqui@swbell.net Text/Call: 214.395.5105

2024 NORTH/EAST TEXAS DISTRICT KIDS CAMP TEEN STAFF RECCOMENDATION FORM
(YOUTH PASTOR/NYI DIRECTOR/PASTOR Form)

Applicant's Name _____ Time known _____

Is the applicant a member of your church? _____ Since? _____

The applicant named above has expressed interest in volunteering for the North/East Texas District Kids Camp at Camp Scottsville this summer. We are encouraging you to give us your honest evaluation of the applicant as you have seen him/her live and perform on a daily basis. All references are confidential and will not be discussed directly with the applicant. *Your feedback is greatly appreciated. Thank you!*

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