

# 2017 SNEMN Camp LIT Application

**REGISTRATION:** All applications need to be postmarked by **April 9, 2017**.

There is \$165.00 fee to participate as a Leader in Training (LIT) – This position is to enable Students between the ages 15 – 18 years old to serve at Kids Camp ONLY.

**Please make checks payable to SNE Ministry Network.**

Please give your **completed application** to your Church's Camp Coordinator and have him/her mail it to the SNE Ministry Network Camps, PO Box 535, Sturbridge MA 01566-0535. *We will not accept any applications that are not complete.*

**Please take notice:** *Staff applications are accepted on an as needed basis. The SNE Ministry Network Camp Director reserves the right to refuse an application based on lack of need or failure to meet specific criteria. You will be notified of your acceptance.*

**LOCATION:** All Camps will be held at Rumney Bible Conference in Rumney NH. The physical address is 31 Gilford Avenue, Rumney NH. All persons are admitted without regard to race, color, national origin, sex, or handicap.

**ALL-STAFF TRAINING:** All staff/Leaders/LITs must attend the All-Staff Training held at the Retreat Center at 5:00 pm on the Sunday night before the first day of each camp week. **TRAINING IS MANDATORY.** *If you cannot make the All Staff Training, please do not submit an application.*

**MEDICAL POLICY** – A RN working with standing orders from a local physician will be on the grounds at all times. Our camps are covered by a limited accident and liability insurance.

**EMERGENCIES, VISITORS & PHONES:** In case of an emergency, please call the following number for Rumney Bible Conference/White Mountain Camps – (603) 786-9504. Under *normal* circumstances, you should not be visited or contacted by phone while at camp.

**OPENING & CLOSING OF CAMP:** All Staff/Leaders/LITs must register upon arrival. It is imperative that you arrive at the camp No later than 5:00 pm. We ask that all staff and LITs remain on campus until dismissed by the Camp Director.

**CABINS & ROOM ASSIGNMENTS:** Upon arrival, you will be assigned a team name and bunk area including beds for your campers

**WHAT TO BRING:** Bible, flashlight, towels/washcloths, appropriate clothing camera, bedding, pillow, notebook/pen, jacket, rainwear, sneakers, personal care articles, sunscreen, non-aerosol bug repellent, sleepwear, swimwear, umbrella, alarm clock.

**WHAT TO FORGET:** Weapons, knives, TV's, improper magazines or books, drugs, fireworks, firearms, cigarettes/tobacco. If these items are found, they will be confiscated.

**DRESS CODE:** We take pride in the appearance of our campers and staff. Your dress sets the tone and attitude of your campers. All campers and leaders are expected to dress and groom his or herself neatly. Inappropriate clothing includes sleeveless shirts, muscle shirts, tank tops of any kind, ragged jeans, tube tops, strapless dresses or tops, tank tops or spaghetti strap tops, short shorts/skorts or mini skirts, clothing that advertises beer, cigarettes or secular music. **Swim Suits** for ladies are to be *one piece* and *boxer style* for men (please, no Speedo type suits). No shorts will be allowed for evening services. For safety reasons, shoes, sandals or sneakers must be worn at all times. SNE Ministry Network reserves the right to ask campers/leaders/staff to change into more appropriate clothing. Male leaders will be asked to remove earrings.

**RULES & GUIDELINES:** Specific rules will be given at all staff training and are available in the staff manual. Any infraction of the rules and guidelines will result in expulsion from the camp at your expense.

**BACKGROUND CHECK:** A criminal background check will be run on each Staff/Leader/LIT. *Your social security number and date of birth is required for this purpose.*

**SPECIAL NOTES:** There is a \$10.00 fee for working as a staff member at camp (except for the LIT which is \$165.00). All other leader costs are paid through the camp budget.

**LEADER IN TRAINING (LIT)** The purpose for this position is to train, assist and prepare for the purpose of becoming future Camp Leaders. A LIT will always be paired with an experienced/responsible adult as a leader/staff. The trainee must be saved for at least 1 year and will participate in a discipleship program during their week at camp. This will include an extra orientation time, specific paperwork to be completed and debriefing at the end of each week. There is a fee of \$165 for a LIT to participate; which will help defer the cost of the camp program to the District. The ages for trainees are 15-18 years of age. All trainees will have an identification badge that identifies them as a LIT.

**CONTACT US:**

Ariel Jacques

Children's Ministry Administrative Assistant

[ajacques@myccc.church](mailto:ajacques@myccc.church)

# 2017 SNEMN Kid's Camp – July 17-21<sup>st</sup>

## \$165 -LIT Cost

### General Information

LIT First Name: \_\_\_\_\_ LIT Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Grade Currently In: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Mother/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Confirmation Email Address: \_\_\_\_\_

Emergency Contact (if different than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Kids Size (S/M/L) \_\_\_\_\_ Adult Size (S/M/L) \_\_\_\_\_ Other

Desired Roommate: (1) \_\_\_\_\_ Church/City/State: \_\_\_\_\_

(2) \_\_\_\_\_ Church/City/State: \_\_\_\_\_

### Activity Participation

*Activities, including but not limited to:*

*Swimming (pool and lake), Hiking/Outdoor Activities (In which participants may be subject to bites from insects, ticks, mosquitos, spiders, and/or snacks, etc...), Jumping, Throwing, Field Games, Canoeing (life jackets required for all participants), Water Inflatables, Outdoor Sports, Indoor Game Room, Walking/Running, Recreational games (relay race styles, tug-of-war, etc., which may involve water and mud).*

Can your Child swim? Yes No If Yes, are you allowing them to swim at camp? Yes No

Does your child have permission to participate in camp activities? Yes No

If no, please provide a separate sheet listing which activities you do not want them to participate in.

**Date and Location of Activities: Rumney Bible Conference, 31 Gilford Ave, Rumney, NH**

(1) Jr. High Camp – July 3-7, 2017 (2) Sr. High – July 10-14, 2017 (3) Kid's Camp – July 17-21, 2017

### Medical Information

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Is your Child presently being treated for injury/sickness or taking any form of medication? If yes, explain.

Are there any special medical instructions? \_\_\_\_\_

Any medication, foods or environmental conditions that Child is allergic to, and expected reactions?

Any physical handicaps, disorders and diseases? \_\_\_\_\_

Are there any mobility limitations or activities you would not like your Child to participate in? No Yes(explain)

List all medications to be administered at Camp: \_\_\_\_\_

**History of:** \_\_\_Seizures \_\_\_Heart Trouble \_\_\_Diabetes \_\_\_Sore Throat \_\_\_Kidney \_\_\_Bowel Problems \_\_\_Bleeding  
\_\_\_Fainting \_\_\_Menstrual Problems \_\_\_Sleepwalking \_\_\_Bedwetting \_\_\_Nosebleeds \_\_\_Headaches \_\_\_Allergies  
\_\_\_Hay Fever \_\_\_Asthma \_\_\_Bee Stings \_\_\_Plants

All medications must be in original container and clearly labeled: patient's name, physician's name, name of medication, prescription number, date prescribed, instructions. DO NOT SEND OVER-THE-COUNTER Medications (i.e. Tylenol or Advil) as the nurse has these on hand. Exception: Claritin with Doctor's note and instructions. The following over the counter medications will be available in brand name or generic name and age appropriate dosing and form, i.e. liquid or tablets and will be given according to label dosing guidelines: Acetaminophen (Tylenol), Ibuprophen (Advil), Benadryl, Sudafed, Mylanta, Tums, Immodium, Auri-Dri, Neosporin, Calamine Lotion, Hydrocortisone Cream, Robitussin, Cough Drops, and any other over the counter medication deemed necessary. If your child takes another OTC medication on a regular basis, please send that with a doctor's note for administration at camp.

## **PERSONAL HISTORY**

The personal history information must be completed by all applicants for any position (volunteer or compensated) involving supervision or custody of minors in any scheduled program or activity at the SNE Ministry Network Summer Camps. It is being used to help provide a safe and secure environment for those children and youth who participate in their schedule activities at the Summer Camp.

Do you use tobacco?  Yes  No

Do you drink alcoholic beverages?  Yes  No

Do you use nonprescription drugs?  Yes  No

Have you ever been convicted of, pled guilty or no contest to a crime other than a minor traffic violation?  Yes  No

If yes, please explain, including the name of the crime (s), the date and disposition of the case(s):

\_\_\_\_\_

\_\_\_\_\_

Are you presently facing charges for any criminal offense?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been accused of or charged with any offense involving children?  Yes  No

If yes, please explain, including disposition or current status of the charge: \_\_\_\_\_

\_\_\_\_\_

## **CHURCH HISTORY AND PRIOR YOUTH WORK**

Name of church of which you are a member \_\_\_\_\_

Church City/State \_\_\_\_\_

Pastor's Name \_\_\_\_\_

How long have you been saved? \_\_\_\_\_ Do you believe in the Baptism in the Holy Spirit?  Yes  No

List all names and addresses of other churches you have attended regularly within the last five years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all previous church work involving youth (list type of work performed and the dates of service) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all previous non-church work involving youth (listing each organization's name, type of work performed and the dates of service) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All Ministry Team members must register upon arrival at the campsite. It is imperative that you arrive a camp no later than 4:30 pm the Sunday Night before the first day of camp. All Staff Training will begin at 5:00 pm.

The information given in this application is correct, to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

**Southern New England Ministry Network**  
**Authorization Release/Disciplinary Clause**

I understand that participation in camp activities with the Southern New England Ministry Network Camp brings with it a certain amount of risk. I acknowledge and accept the risks of physical injury associated with participation in the activities described in the camp registration. Should there be any activity for which I wish for my child to abstain from, I will notify the Southern New England Ministry Network Camp in writing at the time of registration. In consideration of the risks involved, I understand that the Southern New England Ministry Network Camp and Rumney Bible Conference have taken the necessary precautions to ensure the safety and well being of my child. I hereby release and waive any and all claims against the Southern New England Ministry Network Camp, White Rumney Bible Conference, and its staffs arising from his/her participation in the Southern New England Ministry Network Camp. I also release and waive all personal financial responsibility for any injury or loss sustained during the activities and hold both the Southern New England Ministry Network (and its representatives), and Rumney Bible Conference harmless for such injury or loss arising directly or indirectly from said activities.

The health history included in this application is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by the physician and me. **IN CASE OF EMERGENCY**, I hereby give permission to the physician to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. I hereby give my consent, in the event that all reasonable attempts to contact me have been unsuccessful, for the administration of any treatment deemed necessary by the appropriate licensed physician, nurse, dentist or emergency personnel. I also give permission for the Camp Nurse to administer over the counter medication to my child as deemed necessary according to dosing guidelines and attend to any other necessary healthcare means.

I also hereby understand that if my child refuses to adhere to the camp policies listed herein, I may be called to bring him/her home immediately. I also hereby give permission to the camp team leader and/or other member of the camp staff to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. I also hereby give permission for my child to be transported off grounds to participate in the recreation activities of the camp program.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/legal guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature *\*(Required)***

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Date**

**Student Consent:**

**I will abide by all camp rules. I understand violation of these guidelines may result in my immediate dismissal from camp at parent/guardian's expense.**

\_\_\_\_\_  
**Camper Signature**

\_\_\_\_\_  
**Please Print Name**

**Southern New England Ministry Network**  
**Photo & Video Release Form**

I hereby grant the Southern New England Ministry Network permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I agree that the Southern New England Ministry Network may use such images, video and/or audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to bound thereby. I hereby release, defend, hold harmless and indemnify the Southern New England Ministry Network from any and all claims for utilizing this material.

Child's Full Name: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Signature: \_\_\_\_\_

***If this release is obtained for someone under the age of 18, then the signature of that person's parent or legal guardian is also required.***

I verify that I am the parent/guardian of the minor named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Southern New England Ministry Network  
PHYSICIAN'S HEALTH FORM

New this year: This form needs to be completed by your physician **OR** a similar form provided from your physician's office that includes: (1) Physical Examination Date (within two years of camp date), (2) Up to date Immunization Record and (3) Signature by physician.

All campers must have a physical within TWO years of the start of camp. Copies from last year are not available. *Send this medical form to your doctor NOW! DO NOT WAIT! Be sure this form is filled out COMPLETELY and send it back to your church's camp coordinator by the registration deadline date. This form is REQUIRED to be sent in with the camp application and is REQUIRED for your child to stay at camp. Do not leave any lines blank. This helps our medical staff care for your child.*

**Applicant's Name:** \_\_\_\_\_

**Family Doctor's Name:** \_\_\_\_\_

Doctor's Office Address: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

**Date of Last Physical:** \_\_\_\_\_

**IMMUNIZATION RECORD –**

DPT - dates \_\_\_\_\_

DT - dates \_\_\_\_\_

OPV - dates \_\_\_\_\_

MMR - dates \_\_\_\_\_

Td - dates \_\_\_\_\_

HepB - dates \_\_\_\_\_

TB - dates \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Southern New England Ministry Network**  
**PASTOR'S REFERENCE FORM**

I will be serving at (Circle):                      **Jr. High Camp**                      **Sr. High Camp**                      **Kid's Camp**

**Applicant:** Fill in personal information – *THEN* give it to your Pastor Reference (**Please Print**)

**Applicant Name** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
**City State/Zip** \_\_\_\_\_ **Applicant Phone** \_\_\_\_\_ **Age** \_\_\_\_\_ **Church**  
**Name** \_\_Crossroads Community Cathedral\_\_ **City/State/Zip** \_East Hartford/CT/06118\_\_  
**Email Address:** \_\_\_\_\_ **Church Coordinator Name:** \_Ariel Jacques\_\_

The aforementioned has applied for a position at the SNE Ministry Network 's Summer Camp(s). The applicant has submitted your name as a reference. Please complete and return the form before April 9 2017. Responses will be confidentially reviewed.

How do you know the applicant?

\_\_\_\_\_

How long have you known the applicant?

\_\_\_\_\_

How well do you know the applicant?

\_\_\_\_\_

Have you seen the applicant with children ages: (check all that apply)  8-11 years  12-15 years  16-19 years

How well does the applicant relate to such children?

\_\_\_\_\_

Would you feel comfortable leaving your children in their care?

\_\_\_\_\_

Comments: \_\_\_\_\_

Is the applicant able to administer discipline without going overboard?

\_\_\_\_\_

Are there any tendencies or traits, which you feel, might reduce the effectiveness of the applicant in this position? \_\_\_\_\_

\_\_\_\_\_

Has the applicant ever been charged for any abuse or sex related activity?

\_\_\_\_\_

Please give a brief statement, in your opinion, of the applicant's character and attitude \_\_\_\_\_

\_\_\_\_\_

Does the applicant have any emotional behavior problems?

\_\_\_\_\_

\_\_\_\_\_

Do you believe there is someone we should contact who could provide additional information regarding this applicant? (If so, please provide their name, address, and telephone) \_\_\_\_\_

\_\_\_\_\_

Has this person been cleared through your church's child/adolescent abuse prevention policy?  Yes  No

Please check one:

I am personally acquainted with the applicant and in my opinion he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise questions concerning his/her suitability for working with minors in any activity.

I prefer to discuss my response by telephone. I can be reached at this phone number: \_\_\_\_\_

Pastor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

**Please mail by a postmarked date of April 9, 2017 to:**

**Southern New England Ministry Network**  
**EMPLOYER/TEACHER REFERENCE FORM**

I will be serving at (Circle):                      **Jr. High Camp**                      **Sr. High Camp**                      **Kid's Camp**

**Applicant Name** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
**City State/Zip** \_\_\_\_\_ **Applicant Phone** \_\_\_\_\_ **Age** \_\_\_\_\_ **Church**  
**Name** \_\_Crossroads Community Cathedral\_\_ **City/State/Zip** \_East Hartford/CT/06118\_\_  
**Email Address:** \_\_\_\_\_ **Church Coordinator Name:** \_Ariel Jacques\_\_

The aforementioned has applied for a position at the SNE Ministry Network 's Summer Camp(s). The applicant has submitted your name as a reference. Please complete and return the form before April 9, 2017. Responses will be confidentially reviewed.

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How long have you known the applicant?

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How well do you know the applicant?

\_\_\_\_\_

Have you seen the applicant with children ages: (check all that apply)  8-11 years  12-15 years  16-19 years

How well does the applicant relate to such children? \_\_\_\_\_

Would you feel comfortable leaving your children in their care? \_\_\_\_\_

Comments: \_\_\_\_\_

Is the applicant able to administer discipline without going overboard? \_\_\_\_\_

Are there any tendencies or traits, which you feel, might reduce the effectiveness of the applicant in this position? \_\_\_\_\_

\_\_\_\_\_

Has the applicant ever been charged for any abuse or sex related activity?

\_\_\_\_\_

Please give a brief statement, in your opinion, of the applicant's character and attitude \_\_\_\_\_

\_\_\_\_\_

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Please check one:

I am personally acquainted with the applicant and in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise questions concerning his/her suitability for working with minors in any activity.

I prefer to discuss my response by telephone. I can be reached at this phone number: \_\_\_\_\_

Employer/Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer/Teacher Printed Name: \_\_\_\_\_

**Please mail by a postmarked date of April 9, 2017 to:**  
**SNE Ministry Network, Student Ministries Department, P.O. Box 535 Sturbridge 01566-0535**