



Episcopal Diocese of Kansas **YOUTH MINISTRY**

Summer Counselor & C.I.T. Application 2009 (due March 16th)

Name _____ Age _____

Birth Date (month/day/year) _____

Address / City / State / Zip _____

Phone # (include home and cell if available) _____

Email _____

Home Parish _____

For which session are you applying? (Check)

High School: May 31 – June 6, Orientation May 30th _____

Junior High: June 7-13, Orientation June 6th _____

Intermediate: June 14-20, Orientation June 13th _____

Orientations will begin at 5 pm on the scheduled day. Please plan accordingly. We will also be gathering the entire 2009 camp staff on Sat. May 2nd for a meeting in Emporia. The meeting will begin at 10 am. This meeting is required, so please plan to attend.

Please answer the following questions briefly, if this is your first time applying as a staff member.

1. Why do you wish to be a counselor in the Episcopal Diocese of Kansas Summer Camp Program?
2. Describe your relationship with God and what you think it means to be a Christian.
3. What are some of your strengths and weaknesses?

*** Finally, please list three references and provide addresses and phone #'s. These people should not be relatives.**

- 1.
- 2.
- 3.

Signature _____ Date _____

Please return applications BY March 16TH to: 7236 Robinson St. Overland Park, KS 66204



Episcopal Diocese of Kansas **YOUTH MINISTRY**

Community Expectations & Covenant

The **mission** of the Episcopal Diocese of Kansas Youth Program is to *gather, equip, and send* young disciples of Jesus Christ to witness to God's reconciling love. In order to live out our mission statement, all participants agree to actively participate in all parts of the event and to abide by the standards of the community, which are as follows:

1. I will respect and follow the rules of Camp Wood YMCA and the Episcopal Diocese of Kansas Youth Program.
2. I will respect the property of others, and the property of Camp Wood YMCA.
3. I will be an active participant in scheduled activities.
4. I will wear appropriate clothing.
5. I will hand in all prescription medication to the event nurse.
6. I will not enter the sleeping areas of the opposite sex.
7. I will not engage in sexual activity.
8. I will not use alcohol, illegal drugs, or tobacco.
9. I will not bring anything that could be considered a weapon.
10. I will seek to set a Christian example for the campers in my behavior, attitude, and in prayer as I seek to love God and my neighbor.

These Standards apply to all Adult and Youth participants.

By signing below I agree that these are reasonable expectations and I will do everything I can to live up to them. If I choose to violate the rules set for the event I am planning to attend, I understand that there will be consequences, which may include my being sent home.

Participant Signature _____

Date: _____

As parent and/or legal guardian of this child I have read the above and believe that he/she is capable of aspiring to and following these community expectations and rules.

Parent Signature: _____

Date: _____

Photo / Video Publicity Release Statement

The undersigned participant does agree to grant the Episcopal Diocese of Kansas permission to record on film, videotape, or audiotape, his or her participation in Camp in June of 2008. He or she further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by the Diocese of Kansas Youth Program, and further that such use shall be without payment of fees, royalties, special credit, or other compensation.

Participant Signature _____

Date: _____

Parent Signature (if under 18) _____

Date: _____

**EPISCOPAL DIOCESE OF KANSAS
Summer Camp Staff Health Form 2009**

Counselor's Name _____

Session Attending _____

Address _____

City, State, ZIP _____ Phone _____

Parent/Legal Guardian _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Parent/Legal Guardian _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Alternative (other than Parent/Legal Guardian) _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Family Physician _____

Office Phone _____ After Hours Phone _____

Parish Priest _____

Day Phone _____ Evening Phone _____

Insurance Company _____ Policy No. _____

Name of Person on Policy _____ Employer _____

Is pre-approval for treatment required before treatment? _____ NO _____ YES

Do you know how to swim? _____ NO _____ YES Level of ability _____

Are you able to participate in all phases of the program? _____ NO _____ YES

If NO, please specify _____

Permission for Care Statement: In the case of accident or illness, I give permission for emergency treatment to be provided by the physician and/or health care facility determined by the persons responsible for the safety and welfare of the campers at the above program as well as those designated by Camp Wood.

Signature _____ Date _____

Witness _____

(Over, please)

HEALTH HISTORY (check and/or give approximate dates)

Chronic or Recurrent Illness

Ear Infections _____

Rheumatic Fever _____

Convulsions/Seizures _____

Diabetes _____

Asthma _____

Nosebleeds _____

Bed Wetting _____

Epilepsy _____

Allergies

Hay Fever _____

Poison Ivy _____

Insect Stings _____

Penicillin _____

Other Medication _____

Food _____

Immunizations (MO/Year)

Tetanus

Last Booster _____

Measles, Mumps, Rubella

Last Booster _____

Comments/explanations on any of the above: _____

Operations or serious injuries (include date): _____

Medications to be administered at camp (specify dosages): _____

Information about any physical limitations: _____

Food allergies/dietary restrictions/vegetarian? _____

Additional comments/information (use separate sheet if necessary): _____

OPTIONAL:

PHYSICIAN/HEALTH CARE PROVIDER STATEMENT: I have reviewed the above information and believe the patient is in good health.

Signature _____ **Date** _____