



Staff Application 2022

Sunday, July 10—Friday, July 15th, 2022

Hosted by

YMCA Camp Ohiyesa

Holly, MI



Sponsored by

The Michigan Conference of
Congregational Christian Churches

Director

Rev. Sarah Terlouw
First Congregational Church of Saugatuck, MI

Dear Staff Applicant,

We appreciate your interest in a staff position with Michigan Congregational Summer Camp (MCSC)! The quality of our staff is incredibly important; we are looking for talented and energetic leaders to partner in this camp ministry. **All applicants for counselor must have completed 10th grade.** Applicants who have completed 9th grade are invited to apply as ACD's.

Michigan Congregational Summer Camp is a cooperative effort of the Michigan Association of Congregational Christian Churches. Camp provides an incredible opportunity for campers to see how a Christian community can extend beyond Sunday services. Counselors are able to help shape that community into a meaningful, loving, and fun experience. By setting an example of acceptance and encouraging campers to participate as a group, we can make a difference in not only how they enjoy activities but how they perceive God's love. It is our prayer that you and our campers will all come away from camp stronger in your faith.

This year's camp will be held the week of July 10th-15th, for kids completing grades 3 - 8. Staff orientation will be on Saturday July 9th. This year's camp promises to be fun, exciting, and action-packed with our GAME ON! theme. Each day we will feature a classic board game: think Mouse Trap and Monopoly, Jenga and Sorry! Our daily Bible study and all camp activities will tie into each game. You can look forward to plenty of swimming and paddle boarding, a spectacular carnival, zip lining, and plenty of memory building.

Within this packet you will find: a staff application form, medical forms, information on COVID prevention, rules and expectations of the MCSC Staff, job descriptions, 3 reference forms, and a request for a personal faith statement. These are for you to read, complete and sign. You are welcome to pass this information on to others you know that may be interested and qualified.

Please note that Staff and Campers will need to show a vaccination card or a negative COVID-19 Antigen test (within 24 hours) upon check in at camp.

Please complete and sign the required application forms. The deadline for applications is **March 15, 2022.** Return your application, medical forms (with copy of insurance card and COVID Vaccine card), personal statement of faith, YMCA risk waiver form, camper release form (if under 18), and appraisals to:

Rev. Sarah Terlouw
First Congregational Church of Saugatuck
PO Box 633
Saugatuck, MI 49453

Peace and God Bless,
We are looking forward to another great summer!

The MCSC Committee



Staff Application Form

for July 10-15th, 2022

***Please use BLACK INK and PRINT CLEARLY ***

Full Name: _____

General Information

Date of Birth: ____/____/____ Grade in the Fall _____ Gender: Male Female

Home address: _____

City: _____ State: _____ Zip _____

Phone (home) _____

Phone (Cell) _____

Email: _____

Other address (ex. college) _____

Dates to use this address: _____

Work Experience

Please list previous camp experience:

Please check training and certifications and fill in the organization that developed the course (i.e. Red Cross, YMCA, and BSA) and expiration date. *Attach Copies of the certificates.*

____ CPR _____
____ FIRST AID _____
____ BASIC WATER SAFETY _____
____ ADVANCED LIFE SAVING _____
____ LIFEGUARD _____
____ WATER SAFETY INSTRUCTOR _____
____ OTHER _____

Church Information:

Your home Church _____

Do you attend regularly? _____ How long have you attended? _____

Responsibilities/Leadership: _____

Talents, skills, or other assets we might use in camp:

Agreements

- I am applying for the position of:

- I commit to being a staff member this year (2022), for the week of July 10-15th. This also includes training that will be held on Saturday, July 9th starting at 1:00 pm for staff training.

Initial: _____ Date _____

- I have received a copy, read and understand MSCS's policies below:
___ Rules and Expectations ___ Job Description
___ Child Protection Law ___ Discipline Policy
___ YMCA Waiver

- I agree to adhere to the above stated policies.

Initial: _____ Date _____

- I verify that the information provided by me to MCSC is accurate and true to the best of my knowledge.

Signature X _____ Date _____

Printed Name
X _____

Please Note:

- Staff, ages 21 and over, will need a Central Registry Clearance (CRC).
- Staff, 18 and over, will have an ICHAT check done by the committee.

FOR APPLICANTS UNDER 18 (Parental Signatures are Needed)

I have read all of the information provided by my child, and confirm, to the best of my knowledge, that all of the information provided is accurate. I, furthermore, have read and understand all of the expectations and rules of the position for which my child is applying and consent to his/her participation in the 2016 Michigan Congregational Summer Camp.

Parent's Signature:
X _____

Date _____

***** Minor camp staff (Under the age of 18) must be released from camp by parent or designated person. The release form is included in this packet.**

Authorization for Audio/Visual Records

I understand that MCSC may make certain reasonable recording of this camping event. I hereby authorize MCSC to have and use reasonable photographs, video, and audio/video records of myself or my child for the purposes of legitimate MCSC records, public relations and/or advertising.

Signature
X _____

Signature of Parent/Legal Guardian
(if applicant is under 18)
X _____

With what age would you prefer to work?
(check preferred group)

___ Middle School (entering 8th – 9th)

___ Intermediate (6th – 7th)

___ Elementary (4th – 5th)

Person with whom you would like to work*:

*Note: We do our best to match preferences, but we receive many requests, and we make no promises that your requests will be honored.

T-Shirt Size (Adult Sizes): (circle size)

S M L XL XXL

For Committee Use Only:

Offered position _____

Position assigned _____

IChat Completed _____

Age group: _____

Assigned with: _____

COVID 19 Prevention and Protection Measures

It is the hope and prayer of the MCSC Board for COVID concerns not to be a factor for camp in 2022, but in accordance with the recommendations of the Michigan Department of Licensing and Regulatory Affairs we are taking necessary steps to keep our campers and staff as safe as possible. Listed below are some of the "best practices" that MCSC will be establishing this year to prevent the transmission of COVID and other illnesses.

Families may request a copy of the full MCSC COVID-19 Preparedness and Response Plan at any time.

Communication Prior to Camp: The MCSC board would like to stress the importance of vaccinations. Especially when we all consider the close quarters of camp cabins and typical camp activities. Families play a key role in risk mitigation, well before camp even begins. The best way to prevent the spread of COVID-19 at MCSC is to keep the virus from getting in to the camp community in the first place. The MCSC Board is committed to keeping our campers and staff as informed as possible. **Please join the MCSC Facebook page.** If there are Health Department/LARA/Michigan Association of Congregational Christian Churches related COVID news, an update to camp procedure or announcements about needed health accommodations or cancellations— the Facebook page will be updated promptly.

Vaccinate or Test Negative: Campers and staff will all need to show a vaccination card OR show a negative COVID PCR Test (within 48 hours) at MCSC check in.

Daily Symptom Screening: Our cabin counselors will do a symptom check on their campers each morning and evening. If campers or staff show COVID symptoms they will be quarantined and tested (rapid antigen test). Parents of campers will be notified if there is a positive COVID test and arrangements will be made for pick-up.

Physical Distancing, Cohorting, Mask Wearing:

Cohorting: Campers and staff will all be assigned to an "Adventure Group." These groups are made up of partner cabins and will stay together throughout the day to minimize exposure to other people while at camp. If Adventure Groups interact with one another (like with all-camp activities and worship services), they will do so outside.

Physical Distancing: Physical distancing provides protection by reducing risk of exposure and limiting the number of close contacts when someone is infected with COVID-19. If Adventure Groups interact with one another they will be encouraged to physical distance.

Mask Wearing: If MCSC must conduct all-camp programming inside the main building (such as in the case of rain), campers and staff will be asked to wear a face mask. Campers will not have to wear a mask while in their cabin or while doing camp activities within their Adventure Groups. Meals will be shared within Adventure Groups (inside the dining hall), or consumed outside.

Maintaining a Healthy Camp Environment: In partnership with the YMCA, the MCSC staff will do their best to make sure we have clean cabins, a sanitary dining hall and public spaces, and limit the use of shared equipment and objects. The YMCA facility that we partner with, typically has several groups enjoying the camp space at the same time. MCSC will not be interacting with or sharing space with the other camp groups. We will adhere to staggered usage of common spaces and equipment. There will be hand sanitizing stations alongside every water/hydration station and staff will make sure campers utilize these sanitizing products.

When should a camper stay home?

MCSC will be strictly enforcing our health policies. The presence of any symptoms listed below suggests a camper or staff member may have an infectious illness and should not be in group settings (regardless of whether the illness is COVID-19).

- Temperature of 100.4 degrees or higher
- Sore throat
- Cough (for campers with chronic cough due to allergies or asthma, a change in their baseline breathing)
- Difficulty breathing (for children with asthma, a change from their baseline breathing)
- Diarrhea or vomiting
- A new onset of severe headache, especially with a fever.

Campers should stay home if they...

- Are in quarantine due to exposure to an individual with a confirmed case of COVID-19 or
- Have other signs of illness

Please sign here indicating that you have read and understand these COVID-19 prevention and protection measures:

Signature: _____

Date: _____

Parent Signature (if under 18): _____

Staff Medical Form - Summer 2022

This form must be completed to the satisfaction of our camp medical director. Incomplete forms may invalidate your application.

Name: _____ M F Age _____ Date of Birth: ____/____/____
First Middle Last Month/Day/Year

Home Address _____
Street Address City State Zip Code

Emergency Contact: (Parental/guardian with legal custody to be contacted in case of illness or injury)

Name _____ Relationship: _____ Phone (_____) _____

Home Address _____
 (If Different from above)

Second parental/guardian or other emergency contact:

Name _____ Relationship: _____ Phone (_____) _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name _____ Relationship: _____ Phone (_____) _____

Health-Care Provider:

Personal Physician's Name _____ Phone (_____) _____

Allergies, No Know Allergies Allergic to: Food Medicine Environment (insect stings, hay fever, ect.) Other
Please describe the allergy and the reaction seen.

Diet, Nutrition: Regular Diet Vegetarian Special Food Needs

Please describe any special food needs.

Restrictions: (The following restrictions apply to this individual)

Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other _____

Restrictions:

- I have reviewed the program and activities of the camp and feel this individual can participate with out restrictions
- I have reviewed the program and activities of the camp and feel this individual can participate with restrictions

Please describe:

General Health History: (Circle "Yes" or "No" for each statement. Explain "Yes" answers below.)

- | | |
|---|---|
| 1. Ever been hospitalized? Yes No | 11. Had fainting or dizziness? Yes No |
| 2. Ever had surgery? Yes No | 12. Passed out/had chest pain during exercise? Yes No |
| 3. Have recurrent/chronic illnesses? Yes No | 13. Had mononucleosis ("mono") during the past 12 months?..... Yes No |
| 4. Had a recent infectious disease? Yes No | 14. If female, have problems with periods/menstruation?..... Yes No |
| 5. Had a recent injury? Yes No | 15. Have problems with falling asleep/sleepwalking? Yes No |
| 6. Had asthma/wheezing/shortness of breath?..... Yes No | 16. Ever had back/joint problems?..... Yes No |
| 7. Have diabetes?Yes No | 17. Have a history of bedwetting?..... Yes No |
| 8. Had seizures? Yes No | 18. Have problems with diarrhea/constipation?..... Yes No |
| 9. Had headaches? Yes No | 19. Have any skin problems?..... Yes No |
| 10. Wear glasses, contacts, or protective eyewear? Yes No | 20. Traveled outside the country in the past 9 months?..... Yes No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: (Circle "Yes" or "No" for each statement)

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
4. Had a significant life event that continues to affect the applicant's life? Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. (We may contact you for additional information.)

Medication:

Medication is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Camp requires original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time at camp.

- This camper will not take any daily medications while attending camp.
Identify any medications taken during the school year that are not taken during the summer: _____
- This camper will take the following daily medication(s) while at camp:

Med #1 _____ Dosage _____ Specific time(s) taken _____

Reason for taking: _____

Med #2 _____ Dosage _____ Specific time(s) taken _____

Reason for taking: _____

Attach additional pages for more medications

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|---|--|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) | Aloe Calamine lotion |
| Laxatives for constipation (Ex-Lax) | Antibiotic Cream |

Immunization History:

Is applicant up to date on immunizations? ___ Yes ___ No Date of last tetanus shot? _____
Date of last Tuberculosis (TB) test _____ Negative Positive
Has the applicant been vaccinated against COVID-19? ___ Yes ___ No

Medical Insurance Information

This camper is covered by family medical/hospital insurance Yes No

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____

Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Rules and Expectations of the MCSC Staff

We would like to take a little time to go over a few of the *rules that apply to ALL MCSC staff*. Please read this portion carefully.

Transportation Policy: The established policy remains in effect that all drivers under the age of 25, once arriving at camp on Saturday, will not be allowed to drive for any reason until the end of camp on Friday evening. Please know this policy is in the transportation policy which is a portion of our state licensing and WILL NOT be bent.

Drug, Tobacco and Alcohol Policy: There is to be no use or possession of tobacco (including electronic cigarettes and vape pens) or alcohol of any kind on the part of the MCSC staffers. Those who smoke and who are unable to go a full week without smoking, are expected to refrain from applying to be part of the MCSC staff. Furthermore, there is to be no use or possession of drugs of any kind. The only medications allowed at camp are those checked in with the nurse. With the exception of inhalers and epi pens, NO drugs (illegal or prescription) can be kept in the cabins at any time.

Jr. Staff Responsibilities: In the operation of the MCSC program, CIT's are essential members of the staff and leadership of the camp. However, **due to their age, they are legally considered campers** and are not afforded the same rights as college age and adult counselors. For this reason, and in order to maintain our state approval we must have the Jr. Counselors maintain the same lights out' schedule as the registered campers. Please remember that this is NOT a high school camp. CIT's are expected to function in the leadership role of the camp. You are always to exemplify the "I Am Third" attitude (God first, others second, and self third).

No Tolerance Policy: Any staff caught in violation of the above policies, or the standing rules for the Michigan Congregational Summer Camp, will be immediately dismissed from camp and, if applicable, reported to the appropriate legal authorities.

Policy on Camper Discipline & Child Protection

1. All problems relative to camper discipline are to be reported to the camp directors.
2. Under NO CIRCUMSTANCES shall a camper be deprived of food, shelter, or loving understanding. A camper may NEVER be subjected to any form of corporal punishment, excessive physical exercise, isolation, or excessive restraint.
3. Campers shall never be denied sleep, subjected to ridicule or threats, or face any excessive physical exercise of restraint.
4. Any serious infraction of camp rules shall immediately be brought to the attention of the camper's parent /guardian.
5. All staff must be watchful and show concern for children who may be victims of child abuse or neglect. If a case is noticed, the staff person shall immediately notify the directors and/or health officer who shall notify the State Department of Social Services office nearest to the camp.
6. The director(s) of the camp shall see that any case of suspected child abuse is immediately reported by telephone or orally to the department of Child Protection Services, and that a written report is filed within 72 hours as required by law.
7. The written report shall contain the name of the child and a description of the abuse or neglect, the name and address of the child's parents or guardian and the name of the person with whom the child resides.
8. The report shall contain the other information available to the reporting person which might establish the cause of or manner in which the abuse of neglect occurred.
9. All of the staff shall be made aware of the child protection law and the meaning of the terms used within and maintain confidentiality of all reports subject to disclosure only either the consent of the parent or guardian or by judicial process.

Rule 113. (1) A camp shall have and follow a written camper behavior management policy.

(2) A camp shall include in the policy methods for the positive behavior management of campers.

(3) A camp shall include in the policy a statement that a camper shall not be deprived of food or sleep; shall not be placed alone without staff supervision, observation, and interaction; or shall not be subjected to hazing, ridicule, threat, corporal punishment, excessive physical exercise, or excessive restraint.

(4) A camp shall furnish a copy of the policy to all staff members.

Rule 115. (1) A camp shall develop and follow a written plan to assure compliance with 1975 PA 238 MCL 722.621 and known as the child protection law, and sections 11 to 11f and 14 of 1939 PA 280 MCL 400.11 to 400.11f and 400.14 and known as the adult protection law.

(2) The plan shall cover all of the following areas:

(a) Reporting responsibilities.

(b) Confidentiality.

(c) Separation of an alleged perpetrator from campers until the incident is resolved, until the threat is removed, or as long as necessary to protect the safety and welfare of the campers.

Job Description: Assistant to the Co-Directors (ACD)

(For students who will have completed grade nine at the time of camp)

Responsible to: Co-Directors and/or the ACD Advisor

Qualities Needed:

- 1) Completed freshman year of high school by the beginning of camp.
- 2) Understanding of the aims and objectives of Michigan Congregational Summer Camp
- 3) Positive attitude when the hours are long and the instructions may change quickly
- 4) Ability to follow directions
- 5) Ability to anticipate program needs, under the direction of a co-director or MCSC staff or take initiative with co-directors or staff leaders to inquire about jobs needing completion
- 6) Ability to interact with all age levels, capable of relating to youth and adults in a positive manner
- 7) Self motivated
- 8) Flexible

An ACD will be expected to wear/carry a watch and be available by cell phone at all times.

Primary Function:

The primary function of an ACD is to support the co-directors, staff and counselors to help make camp run smoothly. Ideal ACD's think ahead and complete tasks before being asked, and are willing to complete jobs as assigned by co-directors and other designated staff.

Responsibilities:

- 1) To help Camp run smoothly.
- 2) Assist the Co-directors and Staff in whatever is required for all the campers to have a safe, healthy environment in which to experience camp.
- 3) Be a role model to campers and staff in your attitude and behavior. Set a good example to campers and others in regard to general camp procedures and practices including sanitation, language, schedule and sportsmanship . I am Third rule.
- 4) Follow and uphold all safety and security rules and procedures
- 5) Make the Co-Directors aware of any special needs that need to be addressed in the flow of the camp program.
- 6) Inspection of the cabins for neatness and compiling scores and presenting our Golden Dust-pan scores.
- 7) Rotation to assist the MCSC program staff for a short or long time, such as arts & crafts or Bible study, as needed.
- 8) Other various jobs include: picking and sorting camper mail, directing parents to cabins during orientation, etc.

This job description in no way states or implies that these are the only duties to be performed by this staffer. He or she will be required to follow any other instructions and to perform any other duties requested by his or her supervisor.

Job Description: Counselor in Training (CIT)

(For all high school students who will have completed grades 10, 11, or 12 at the time of camp)

Responsible to: Co-Directors and Sr. Staff Members

Qualities Needed:

- 1) Completed sophomore year of high school by the beginning of camp.
- 2) Understanding the aims and objectives of Michigan Congregational Summer Camp and will help implement the philosophy, goals, and plans for the week of camp.
- 3) Positive attitude when the hours are long and the instructions may change quickly
- 4) Ability to follow directions
- 5) Ability to lead small groups
- 6) Ability to interact with all age levels, capable of relating to youth and adults in a positive manner
- 7) Self motivated

Primary Function:

To work collaboratively with, and support, camp counselors. The CIT will be assigned to a cabin with a Sr. counselor; this team is responsible for the primary care of the campers in their cabin.

Responsibilities:

- 1) Assist with planning, coordinating, and teaching cabin/camp activities.
- 2) Ensure that campers at all times are supervised and maintain a safe and enjoyable camp environment
 - ◆ Be aware of, and implement, safety guidelines
 - ◆ Make campers feel safe and secure.
 - ◆ Do head-counts of participants throughout the day.
 - ◆ Ensure participants are safe (properly hydrated, playing areas are free of hazards, etc.).
- 3) Maintain high standards of health and safety in all activities for campers and staff.
 - ◆ Support counselors in providing the daily care for each camper within your supervision including recognition of personal health needs.
 - ◆ Be alert to camper needs and discuss any problems with head counselor.
- 4) Be a positive role model for campers and staff (I am Third Rule)
 - ◆ Ensure positive attitude, behavior and interaction with campers and staff at all times.
 - ◆ Follow and uphold all safety and security rules and procedures.
 - ◆ Set a good example to campers and others with regard to general camp procedure
- 5) Participate in implementation of program activities for campers
 - ◆ Responsible for assisting with teaching of activities (i.e. devotions).
 - ◆ Actively participate in all program areas as assigned.
 - ◆ Work at the level of individual and group interests and abilities.
 - ◆ Assist in any program areas as needed (Crafts, Bible Study, Talent Show)
- 6) Set a Christian example and guide to all campers during the week of camp.
 - ◆ Teach campers to integrate Christianity and real life experiences.
 - ◆ Provide Christian guidance and positive, non-physical discipline.
 - ◆ An CIT will represent God and the camp in a mature, self-controlled, Christian manner and take responsibility for any camper in a dangerous or in questionable situation.

This job description in no way states or implies that these are the only duties to be performed by this staffer. He or she will be required to follow any other instructions and to perform any other duties requested by his or her supervisor.

Job Description: Senior Counselor

(For all adults at least one year removed from high school graduation at the time of camp)

Responsible to: Co-Directors

Qualities Needed:

- 1) Adult at least one year removed from high school graduation at the time of camp
- 2) Understanding the aims and objectives of Michigan Congregational Summer Camp and will help implement the philosophy, goals, and plans for the week of camp.
- 3) Self-Motivated and Strategic (ability to follow routines and keep everyone organized, but they are ready to change plans at a moment's notice)
- 4) Ability to lead small groups
- 5) Ability to interact with all age levels, capable of relating to youth and adults in a positive manner
- 6) Caring, Sensitive and Encouraging
- 7) Detail-oriented and keenly aware of what camp and program needs.

Primary Function:

To take physical, emotional and spiritual care of campers each day all week. To directly supervise the basic cabin group (8 to 10 campers) assigned to you. To work collaboratively with, the CIT assigned to your cabin ; this team is responsible for the primary care of the campers in their cabin.

Responsibilities:

- 1) Plan, coordinate, and teach cabin/camp activities along with CIT. (ie. cabin magic activity)
- 2) Ensure that campers at all times are supervised and maintain a safe and enjoyable camp environment
 - ◆ Be aware of, and implement, safety guidelines
 - ◆ Make campers feel safe and secure.
 - ◆ Do head-counts of participants throughout the day.
 - ◆ Ensure participants are safe (properly hydrated, playing areas are free of hazards, etc.).
- 3) Maintain high standards of health and safety in all activities for campers and staff.
 - ◆ Provide daily care for each camper within your supervision including recognition of personal health needs.
 - ◆ Be alert to camper needs and bring any problems to the awareness of the co-director.
 - ◆ Be alert to equipment and facilities to ensure proper use, care, and maintenance is adhered to; report any problems to camp director or the Y staff.
- 4) **Be a positive role model for campers and staff (I am Third Rule)**
 - ◆ Ensure positive attitude, behavior and interaction with campers and staff at all times.
 - ◆ Follow and uphold all safety and security rules and procedures.
 - ◆ Set a good example to campers and others with regard to general camp procedure
- 5) Participate in implementation of program activities for campers
 - ◆ Responsible for teaching of activities (i.e. devotions).
 - ◆ Actively participate in all program areas as assigned.
 - ◆ Work at the level of individual and group interests and abilities.
 - ◆ Assist in any program areas as needed (Crafts, Bible Study, Talent Show)
- 6) Set a Christian example and guide to all campers during the week of camp.
 - ◆ Teach campers to integrate Christianity and real life experiences.
 - ◆ Provide Christian guidance and positive, non-physical discipline.
 - ◆ Be a representative of God and the camp in a mature, self-controlled, Christian manner and take responsibility for any camper in a dangerous or in questionable situation.
- 7) Responsible for the direct supervision of Counselors-in-Training
 - ◆ Act as a leader for CIT's, providing them with instructions for daily activities.
 - ◆ Help develop the CIT assigned to you into a Senior counselor.
 - ◆ Encourage and affirm them when possible

This job description in no way states or implies that these are the only duties to be performed by this employee. He or she will be required to follow any other instructions and to perform any other duties requested by his or her supervisor.

MCSC CONFIDENTIAL APPLICANT APPRAISAL

(This copy to be completed by your Church's Minister or Youth Leader)

_____ is making application to be a part of the staff at the Michigan Conference Summer Camp. The success of the program is due in large part to the staff that is chosen. With your help, we hope to hire people of good character who can be entrusted with the responsibility of working with young people and leaders participating in our programs. We appreciate your frank and careful evaluation of the applicant named at the top of this page.

In what capacity do you know this person? _____
(Student, Employee, Personal friend, Neighbor, etc.)

How well do you know the applicant? Very well: ___ Rather well: ___ Casually: ___ Don't know this person: ___

How long have you known the applicant? _____

Please evaluate this person in each of the following areas by placing a CIRCLE around the appropriate phrase:
(Leave blank if unknown or not applicable)

ATTITUDE	Very Enthusiastic	Enthusiastic	Generally Positive	Passive	Poor
LEADERSHIP	Excellent	Very Good	Good	Fair	Poor
PHYSICAL CAPABILITIES	Superior	Very Good	Average	Below Average	Poor
INITIATIVE	Resourceful	Industrious	Average	Unmotivated	Lazy
ABILITY TO COMMUNICATE	Excellent	Very Good	Good	Fair	Poor
INTEGRITY	Trustworthy	Reliable	Generally Reliable	Untrustworthy	Can't be Trusted
ENTHUSIASM	Charismatic	Outgoing	Pleasant	Passive	Objectionable
MATURITY	Very Mature	Mature	Average	Immature	Childish
JUDGEMENT	Excellent	Very Good	Good	Fair	Poor

What, in your estimation, is this person's greatest ability?

What, in your opinion, can this person improve upon? If you could encourage the applicant to grow in any way, what would it be and why?

Appropriate grade level to work with students entering 4th and 5th ___ 6th ___ 7th ___ 8th and 9th ___

Would you trust the applicant with your child for a week?

Recommendation: Highly recommended: _____ Recommended: _____ I do not Recommend: _____

Name: _____ Phone (_____) _____

Address: _____ City/State/Zip: _____

Email: _____

Signature: _____ Date: _____

Please use the back of this sheet, if necessary, for additional comments. Especially if you can comment on the applicant's faith, strength in dealing with children and/or leadership.

**Please return, by March 15, 2022 to Rev. Sarah Terlouw, First Congregational Church of Saugatuck,
PO Box 633, Saugatuck, MI 49453**

MCSC CONFIDENTIAL APPLICANT APPRAISAL

(This copy to be completed by your school counselor, teacher, advisor or an administrator.)

_____ is making application to be a part of the staff at the Michigan Conference Summer Camp. The success of the program is due in large part to the staff that is choosen. With your help, we hope to hire people of good character who can be entrusted with the responsibility of working with young people and leaders participating in our programs. We appreciate your frank and careful evaluation of the applicant named at the top of this page.

In what capacity do you know this person? _____
(Student, Employee, Personal friend, Neighbor, etc.)

How well do you know the applicant? Very well: ___ Rather well: ___ Casually: ___ Don't know this person: ___

How long have you known the applicant? _____

Please evaluate this person in each of the following areas by placing a CIRCLE around the appropriate phrase:
(Leave blank if unknown or not applicable)

ATTITUDE	Very Enthusiastic	Enthusiastic	Generally Positive	Passive	Poor
LEADERSHIP	Excellent	Very Good	Good	Fair	Poor
PHYSICAL CAPABILITIES	Superior	Very Good	Average	Below Average	Poor
INITIATIVE	Resourceful	Industrious	Average	Unmotivated	Lazy
ABILITY TO COMMUNICATE	Excellent	Very Good	Good	Fair	Poor
INTEGRITY	Trustworthy	Reliable	Generally Reliable	Untrustworthy	Can't be Trusted
ENTHUSIASM	Charismatic	Outgoing	Pleasant	Passive	Objectionable
MATURITY	Very Mature	Mature	Average	Immature	Childish
JUDGEMENT	Excellent	Very Good	Good	Fair	Poor

What, in your estimation, is this person's greatest ability?

What, in your opinion, can this person improve upon? If you could encourage the applicant to grow in any way, what would it be and why?

Appropriate grade level to work with students entering 4th and 5th ___ 6th ___ 7th ___ 8th and 9th ___

Would you trust the applicant with your child for a week?

Recommendation: Highly recommended: _____ Recommended: _____ I do not Recommend: _____

Name: _____ Phone (_____) _____

Address: _____ City/State/Zip: _____

Email: _____

Signature: _____ Date: _____

Please use the back of this sheet, if necessary, for additional comments. Especially if you can comment on the applicant's faith, strength in dealing with children and/or leadership.

**Please return, by March 15, 2022 to Rev. Sarah Terlouw, First Congregational Church of Saugatuck,
PO Box 633, Saugatuck, MI 49453**

MCSC CONFIDENTIAL APPLICANT APPRAISAL

_____ is making application to be a part of the staff at the Michigan Conference Summer Camp. The success of the program is due in large part to the staff that is choosen. With your help, we hope to hire people of good character who can be entrusted with the responsibility of working with young people and leaders participating in our programs. We appreciate your frank and careful evaluation of the applicant named at the top of this page.

In what capacity do you know this person? _____
(Student, Employee, Personal friend, Neighbor, etc.)

How well do you know the applicant? Very well: ___ Rather well: ___ Casually: ___ Don't know this person: ___

How long have you known the applicant? _____

Please evaluate this person in each of the following areas by placing a CIRCLE around the appropriate phrase:
(Leave blank if unknown or not applicable)

ATTITUDE	Very Enthusiastic	Enthusiastic	Generally Positive	Passive	Poor
LEADERSHIP	Excellent	Very Good	Good	Fair	Poor
PHYSICAL CAPABILITIES	Superior	Very Good	Average	Below Average	Poor
INITIATIVE	Resourceful	Industrious	Average	Unmotivated	Lazy
ABILITY TO COMMUNICATE	Excellent	Very Good	Good	Fair	Poor
INTEGRITY	Trustworthy	Reliable	Generally Reliable	Untrustworthy	Can't be Trusted
ENTHUSIASM	Charismatic	Outgoing	Pleasant	Passive	Objectionable
MATURITY	Very Mature	Mature	Average	Immature	Childish
JUDGEMENT	Excellent	Very Good	Good	Fair	Poor

What, in your estimation, is this person's greatest ability?

What, in your opinion, can this person improve upon? If you could encourage the applicant to grow in any way, what would it be and why?

Appropriate grade level to work with students entering 4th and 5th ___ 6th ___ 7th ___ 8th and 9th ___

Would you trust the applicant with your child for a week?

Recommendation: Highly recommended: _____ Recommended: _____ I do not Recommend: _____

Name: _____ Phone (_____) _____

Address: _____ City/State/Zip: _____

Email: _____

Signature: _____ Date: _____

Please use the back of this sheet, if necessary, for additional comments. Especially if you can comment on the applicant's faith, strength in dealing with children and/or leadership.

Please return, by March 15, 2022 to Rev. Sarah Terlouw, First Congregational Church of Saugatuck,
PO Box 633, Saugatuck, MI 49453

Personal Faith Statement

Please give us a brief personal statement about:

- your faith and the importance of the bible/role it has played in your faith development
- your thoughts on the role of a camp counselor (specifically how you see yourself fitting in-to camp staff)
- your favorite book you read or movie you saw this year and why
- your favorite non-Christian song that reminds you of God and how

Feel free to use separate paper if you desire
or email response to Rev. Sarah Terlouw at:
Rev.SarahTerlouw@gmail.com

YMCA CAMPING SERVICES RISK WAIVER FORM

Name of Participant _____ Email _____

Address _____ City _____ State _____ Zip _____

I understand that, as in all sports/activities there is a risk of physical injury and damage to property and hereby assume such a risk and all consequences thereof, including the risk of personal injuries to the applicant resulting from participating in any or all of these sports, and agree to be fully responsible for any personal injury or damage to the property arising out of or in connection with the applicant's use of the facilities at the YMCA Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such injury or damage. To this end I/we, as parents and legal guardian(s) of the applicant, a minor, hereby release, discharge, and covenant to hold harmless the YMCA Camping Services, YMCA Camp Ohiyesa, YMCA Camp Nissokone, and any other entity that is the landlord, or sub landlord of the Premises, and/or YMCA Program Location and all of the employees, officers and directors, agents and successors and assigns of the above from any and all claims, causes of action, actions demands, damages, costs, loss and expenses (including reasonable legal fees, which the applicant, or a third party, may have, suffer or incur which in any way arise out of or in connection with applicant's use of the Premises and/or YMCA Program Location regardless of the cause, causes, or contributing causes of such injury or damage. Said release, discharge and covenant shall apply to all such causes of action whether arising or prosecuted before or after said minor applicant has reached his or her age of majority.

I/we further promise and covenant (jointly and severally) for myself/ourselves, individually and as legal guardian(s) of the applicant, and my/our heirs, administrators and executors, not to sue in any name or capacity (or implied in any action) said YMCA Camping Services, YMCA Camp Ohiyesa, YMCA Camp Nissokone, or any other entity that is the landlord or sub landlord of the Premises and/or YMCA Program Location (and/or employees, officers, agents, or successors, assigns of any of the above) for damages or injury to the property or person of the applicant or to myself/ourselves arising out of or in connection with the applicant's participation in the activities outlined above at the Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such an injury or damage.

I/we/am are the parent(s) and legal guardian(s) of the applicant named above. The health history presented to the camp is correct to the best of our/my knowledge, and the applicant described on the admissions application has our/my permission to engage in any or all of the sports/activities at YMCA Camp Ohiyesa and Camp Nissokone, such as:

1. Skateboarding, roller skating, in-line skating, mountain boards and/or similar activities
2. Horseback riding
3. Climbing on natural rocks and cliffs, the climbing tower, and/or the climbing center, and/or similar activities
4. Water sports, including: swimming, kayaking, canoeing, sailing, windsurfing, and rafting, water skiing, wakeboarding, tubing and/or similar activities
5. Paintball, field and target sports
6. Tubing (winter)
7. And/or similar activities

YMCA Camping Services and Camp Ohiyesa located at 7300 Hickory Ridge Road, Holly, Michigan ("Premises") or Camp Nissokone located at 6836 F-41, Oscoda, Michigan ("Premises") or at any other place while involved in the program of the YMCA ("YMCA Program Location").

Authorization for Audio/Visual Records

I understand that the YMCA may make audio/visual recordings of this camping event. I hereby authorize the YMCA to have and use photographs, slides, moving pictures, and audio/video tapes of my child (if under 18) and/or myself for purposes of YMCA records, public relations, and/or advertising.

Release of Liability

By signing this form, parent/legal guardian and/or participant acknowledges that they have read and understood the above information and are signing this form to assure YMCA Camp Ohiyesa/YMCA Camp Nissokone that parent/legal guardian and/or participant assumes all risks during the program. Guardians or participants who do not wish to accept the risks described in this warning should not sign this permission form.

I hereby give my consent:

1. To participate in YMCA Camp Ohiyesa/YMCA Camp Nissokone programs.
2. To receive emergency medical care which may become reasonably necessary in the course of such activities or travel.

I further agree not to hold YMCA Camp Ohiyesa/YMCA Camp Nissokone or anyone acting in its behalf, responsible for any injury occurring to the named participant during YMCA Camp Ohiyesa/YMCA Camp Nissokone programs activities or travel.

DATE _____

Signature of Participant or Parent/Legal Guardian (If participant is under age 18)

I have read the aforementioned and will abide by the principles and regulations contained herein.

DATE _____

Signature of Participant

Camper Release Form

For staff under the age of 18

To comply with the State of Michigan Law, Michigan Congregational Summer Camp and YMCA Camp Ohiyesa must have the names of those adults you authorize to pick up your child. Please complete the following information and sign below. We will ask for photo identification at the time of pick up. Please list all adults authorized to pick up your child **including yourself.**

I give permission for _____ to be released to:

_____	_____
_____	_____
_____	_____

at the end of camp or should an emergency arise where my child has to leave camp.

Date: _____ Signature of Parent or Guardian _____

Please select a security word to be used in the event that the people listed above cannot pick up your child from camp. Both you and the person picking up the child will be asked to confirm the security word. Please contact the camp office before check out if this occurs.

Security Word: _____

STOP HERE-----REST OF FORM FOR STAFF USE ONLY-----

Name of Camper: _____

Released to: _____
Printed name

Signed name

Exit Note: Check one of the following:

Left camp this day with no reported illness or injury symptoms.

Left camp this day with the following problem/concern:

This person was told about the problem and instructed about follow-up: _____
Date Initials

The back page of this Camper Release Form needs to be blank for Registrar use.