



Kid's Camp 2010 - Staff Information

Departure Day

Camp Staff will meet at Calvary Chapel St. Petersburg on Sunday, June 27 at 1:00 p.m. The vans and luggage trailer will be departing for Paisley, FL promptly at 1:30 p.m. Plan to arrive early; you will be responsible for your own transportation to camp if you arrive after the vans have departed. Please eat lunch before arriving. We will serve dinner at camp. * If you are providing your own transportation please let us know and arrive at camp by 4 p.m. on Sunday, June 27th. Drivers, please pick up directions prior to June 27th.

Have the following ready to be collected when you arrive at camp.

- **Any medications** (prescription and non-prescription) - According to state law, prescription medications must be in the original bottle and labeled by the pharmacist with doctor's instructions. All medications will be dispensed by the nurse. Any exceptions to this rule are made only with permission of the nurse. Over-the-counter medications will be available from the nurse if needed. *Medications will be returned on Friday, July 2nd prior to leaving camp.
- **Health Record Form – Completed, Signed and Notarized**
- **Spending money – Each staff member will be asked to donate \$5 for snack money for camp.** We will provide one drink/ one snack each day from the snack shack for each staff member.
***Set up/ clean up staff** – Camp staff arriving at camp early and leaving later, will need money for Saturday night dinner (on the June 26th) and Saturday lunch (on July 3rd).

Counselors and Junior Counselors: No money, medications or valuables should be kept in your cabin.

Return Day

Staff will return to Calvary Chapel St. Petersburg on Friday, July 2nd at approximately 5:00 p.m. The busses will be departing from Paisley, FL at 2 p.m. All luggage will be transported on the bus.

Cancellations

If you become unable to serve, please notify the Camp Director (Barbie Tyler 727-422-7992) immediately so that we can attempt to find someone to serve in your place.

- **No food or beverages, medications or electronics are allowed in cabins with children.**
- **Camp Staff are asked to not keep cell phones in cabins with children – this is a temptation and distraction for children. You may keep your electronics, cell phones and extra snacks in the designated staff house. Please label everything.**



Kid's Camp 2010 - Other Important Staff Information

Mail

It's always fun to get mail at camp. We will not be able to receive regular snail mail at camp.

E-mail – incoming only

Your family may send email to you during the week at camp at the following address.

2010kidscamp@gmail.com - Include full name of staff member in the subject line. No attachments please.

Telephone

We have found it best for campers not to receive or make phone calls. If you are planning to bring your cell phone, please keep it and use it out of the sight of the campers.

The emergency number for the camp director and pastor are 727-422-7992 or 727-421-4134, you may leave a message at these numbers. The emergency numbers at the conference center office are (352) 669-1899 or (352) 669-3791.

Suggested Checklist for packing - Please leave at home all knives and pets.

Label EVERYTHING with your name.

- **Sleeping bag or bedroll** (blankets and sheets)
- **Fitted sheet** to go over mattress – Twin size **optional, but suggested*
- **Pillow** with a pillowcase
- **Sleepwear**
- **Undergarments & socks** – for each day (suggest 5 each)
- **Modest shorts & shirts** – for each day (suggest 5 each)
- **Jeans or pants** – at least 1 pair
- **Jacket, sweatshirt or long sleeve shirt**
- **2 pair of sneakers** or closed-toe/ closed-heel shoes , just in case one pair gets wet (no sandals, heeies or clogs)
- **Water or beach shoes** for swimming at the spring **optional, but suggested*
- **Modest bathing suit** (1 piece or a T-shirt to cover)
- **Comb, brush, shampoo**
- **Toothbrush, toothpaste**
- **Soap, 2-3 washcloth & 2-3 towels**
- **Plastic bag** to take home wet clothes
- **Laundry bag** **optional, but suggested*
- **Reusable sports water bottle or sipper cup for drinking water** (non- disposable)
- **Bible, paper, pencil or pen**
- **Something waterproof to sit on** **optional, but suggested*
- **Insect repellent** – suggest a cream or non-aerosol for safety **Deet suggested to repel ticks*
- **Sunscreen**
- **Flashlight & fresh batteries**
- **Rain gear** (no umbrellas please)
- **Hat** – for the sun **optional, but suggested*
- **Camera & film** – possibly single use cameras **optional, but suggested*
- **Floor mat for bedside** **optional, but suggested- floors are concrete and cold*

Foot Care: Closed toe and closed heel shoes such as tennis shoes are required at camp. Socks are highly recommended. Extra shoes are suggested in case it shoes get wet from rain or other water

Please Read the STAFF HANDBOOK for more important information.



Kids Camp 2010 Volunteer -Medical Release and Liability Form

Volunteer Name _____ **Gender** _____

Email: _____ **If under age 18:** Age _____ Grade _____ Birthday _____/_____/_____

TEEN VOLUNTEERS ONLY:

I (We) acknowledge that my teen’s participation in the activities of Kids Camp 2010 is voluntary and may require involvement in traveling and physical exertion. **My teen has permission to participate in all Kids camp activities, which may include but not limited to the following: cookouts, canoeing, swimming, hiking, soccer, volleyball, softball, football, ultimate Frisbee, Archery, horse back riding and camping. In consideration of the activity or event my minor teen is participating in, I hereby represent and warrant that my minor teen is fully, physically, and medically capable of partaking in same and that accidents, injuries, death and/or damages caused by other individuals may occur.** It is my consent on behalf of my minor teen to acknowledge and assume such possibility and I/we hereby release and forever discharge Calvary Chapel St. Pete, and its affiliates (Pathways Community Church, North Side Baptist Church, Living Hope Community Church and Deer Haven retreat and conference center), including their officers, agents, employees, and representatives from all claims, damages, injuries, medical treatment expenses, medical transportation expenses and causes of action that may arise from the event or activity.

I (We), the parent(s) or legal guardian, do hereby authorize any one or more members of Calvary Chapel St. Pete and its affiliates, in whose care the minor has been entrusted, as agents for myself in my absence or incapacitation to consent to any x-ray examination and anesthetic, medical, surgical, or dental diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician, physician’s assistant, licensed practical nurse, EMT or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital or out patient clinic, whether or not such diagnosis or treatment is rendered at the office of said physician or medical staff or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and/or dental services rendered, including emergency medical transportation, to the aforementioned teen pursuant to this authorization.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his or her best judgement may deem advisable.

I hereby authorize any hospital or physician which has provided treatment to the above-named minor to surrender physical custody of such minor to the above-named agents upon the completion of treatment.

These authorizations shall remain effective until December 31, 2010.

Copies of this form, duly executed, should be in the possession of the named minor; at least one adult named in the document and present at the event; and the parent or guardian executing the Medical Authorization. A duly executed copy of this form shall have the same force and effect as the original.

Parent(s)/Legal Guardian Signature _____ **Date** _____

Identification Type _____ # _____

**STATE OF FLORIDA
COUNTY OF PINELLAS**

BE IT KNOWN, that on the _____ day of _____, _____, before me, the undersigned notary in and for the State of Florida, duly commissioned and sworn, dwelling in the county of Pinellas, personally came and appeared _____, to me () personally known or () who produced valid identification, and being the same person described in and who executed and acknowledged the within medical authorization and release to be his/her act and deed.

Notary Signature
OR

Notary Stamp:

Signature of CCSTPETE Staff _____ **Title** _____ **Date** _____



Kids Camp 2010 – Volunteer Health Information Form

Please Print in Ink

Volunteer Name _____ **Gender** _____

Phone (H) _____ **Phone (W)** _____ **Phone(C)** _____

Address _____ **Email** _____

City _____ **State** _____ **Zip** _____

TEEN VOLUNTEERS ONLY: Parent/Guardian _____

Phone (H) _____ Phone (W) _____ Phone(C) _____

Emergency Contact /or Second Parent _____

Phone (H) _____ Phone (W) _____ Phone(C) _____

ALL VOLUNTEERS:

Medical Insurance Carrier _____

Policy # _____ Group # _____

Carrier Address _____

Name of insured person _____

Insured person's place of employment _____

Name of Family Physician _____ Phone _____

Name of Dentist/Orthodontist _____ Phone _____

Health History (Check/Give Approximate Dates) & Allergies (Dates Not Needed)

Frequent Ear Infections Diabetes Hypoglycemic Bleeding Disorders Hay Fever Penicillin Heart Defect/Disease
 Asthma Mononucleosis Seizures ADD/ADHD Downs Syndrome Tourette's Syndrome Mumps Chicken Pox
 Measles Other (specify) _____

Drug or Food allergies (specify) _____

Chronic/recurring illness/medical conditions including mental illness (depression, anxiety, etc.) *Please explain briefly.*

Dietary Restrictions (medical and non-medical) _____

Current Medications (list all prescriptions, OTC and herbal)

Attach Separately Medication name / Dosage / Reason for Taking

Blood Type (if known) _____ All immunizations current? Yes _____ No _____ Date Last Tetanus _____

Describe your swimming ability: Non Swimmer _____ Beg _____ Inter _____ Advanced _____

Initial (Parent/ legal guardian sign below for Teen Volunteers)

_____ I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl, Diphenhydramine or over the counter antacids, as needed.

***Parent signature for teen volunteers:** _____

I hereby represent and warrant that I am fully, physically, and medically capable of partaking in the Kids Camp and acknowledge that accidents, injuries, death and/or damages caused by other individuals may occur. It is my consent to acknowledge and assume such possibility and I/we hereby release and forever discharge Calvary Chapel St. Pete and its affiliates, its officers, agents, employees, and representatives, from all claims, damages, injuries, medical treatment expenses, medical transportation expenses and causes of action that may arise from the event or activity.

Volunteer Signature _____ **Date** _____



Kids Camp 2010 - Volunteer Information Form

Volunteer Name _____ Gender _____

Email _____ If under age 18: Age _____ Grade _____ Birthday ____/____/____

Desired Position at Camp _____ T-shirt size (circle 1) Adult XS S M L XL XXL

Rank the age groups below in the order that you prefer to work with? (I.e. first, second, third, and fourth choice)

___5-6 yr. olds ___7-8 yr. olds ___9-10 yr. olds ___11-12 yr. olds

We will try to accommodate a request to be placed a specific age group; however, we cannot guarantee it. We ask that you prepare yourself to serve the Lord and then leave it in God's hands.

Additional Information:

Please briefly tell about your relationship with the Lord and devotional life.

Have you volunteered for a summer camp in the past?

If yes, which one and when?

What was your position?

Have you worked with children in the past? Please explain in what capacity.

Do you have any special skills or hobbies that would be useful for camp or that you would be willing to teach kids at camp?

What activity or class would you be interested? Please list any activities below and mark either teacher or helper for each activity you list.

Teacher Helper _____ Teacher Helper _____
 Teacher Helper _____ Teacher Helper _____

What activity or class would you not be willing to teach or be a part of? Why not?

Do you have any certifications or training in any of the following areas or that would be useful for camp? If so, please list. (I.E. Lifeguard, Swimming, CPR, First Aid, Campfire Safety)

Why do you want to volunteer to help at camp?

Please tell us why you think that we should bring you to camp?

For your information, these are the rules of conduct expected from each volunteer: Please read and initial to agree. _____ **Initial**

- | | |
|--|--|
| <input type="checkbox"/> Respect one another, campers, staff and leaders | <input type="checkbox"/> Respect property |
| <input type="checkbox"/> No alcohol, dugs, tobacco permitted | <input type="checkbox"/> No offensive or immodest clothing |
| <input type="checkbox"/> No lighters permitted | <input type="checkbox"/> No boys in girls' sleeping quarters, visa versa |
| <input type="checkbox"/> No fighting, weapons, fireworks, explosives | <input type="checkbox"/> Participation is expected |