

180 Student Ministries

High School Mission Trip
June 19-20; July 5 - 10, 2009



Get ready for the time of your life!

We are heading to Camp Harlow (www.campharlow.com) in Eugene, OR for a week of camp counseling. Camp Harlow has been a great place for Summer Camps for the last 60 years and this year we get to join with them in serving, sharing God's Word and love, with local children.

What's at camp?

An Olympic-sized swimming pool with diving boards and water slide, Rock climbing walls, A Zipline, Go-carts, Bumper boats, Train rides, Canoes, Mini-golf, And much more!

What will I do?

As a day camp counselor, you will be paired up with another counselor and lead a small group of elementary school children throughout each day's activities run by the Camp Harlow staff: Games, crafts, singing, teaching times, lunch, the all-important snack and free time. It is hard work that demands your attention, but it is well worth it! You'll get the opportunity to show God's love to a child that He loves.

You will eat breakfast in the morning before the kids arrive, lunch with them and dinner after they leave. Each night will be different with activities like a campfire, counselor meetings, skits, worship and some good ol' down time, all designed to help you make the most out of this week and in your relationship with God.

Counselor Training

We will go to Camp Harlow's Counselor Training on June 19-20 (overnight).

What does it cost?

\$30 is all it costs! What?! That's right. For your work as a counselor, Camp Harlow provides a bed and food. Your \$30 will cover the cost of travel and meals on travel days.

How do I sign up?!

To be a counselor, please complete this application packet and return it to Pastor Aaron by Wednesday, June 17.

Camp Harlow Heroes

2009 Summer Staff Application



Personal Information

Name: _____
(First-Middle-Last)

Camp Name: _____

Gender: ___ Male ___ Female

Birth Date: ___/___/___

Position Desired: 1) _____ 2) _____

Permanent Address: _____
(No P.O.Boxes)

City/State /Zip: _____

Home Ph: () _____ Cell: () _____

E-mail: _____ Work Ph: _____

College Address (If different than above): _____

City/State/Zip: _____

School Year Phone (If different than the above): () _____

School Currently Attending: _____ Year In School: _____

Parent's Name (s): _____

Emergency Contact: _____

Emergency Ph () _____ Alt. Emerg. #: () _____

Church Currently Attending: _____

Church City/Town: _____

Pastor's Name: _____

T-Shirt Size: ___Sm. ___Med. ___Lrg. ___XL ___XXL

EMPLOYMENT EXPERIENCE/CAMP EXPERIENCE:

Dates: _____ Employer: _____ Phone: _____ Duties: _____

References

Pastor, Youth Pastor or Ministry Leader (Circle One):

Name: _____

Church Name: _____

Church Address: _____

City/State/Zip: _____

Work Ph: _____ Cell Ph: _____

Employer/Teacher (Circle One):

Name: _____

Business/School Name: _____

Business/School Address: _____

City/State/Zip: _____

Work Ph: _____ Cell Ph: _____

Personal Adult Reference (Not A Relative):

Name: _____

Address: _____

City/State/Zip: _____

Work Ph: _____ Cell Ph: _____

Your Personal/Spiritual Story

***Please answer questions thoughtfully and thoroughly.
Please type your responses on separate paper:**

1. Give a summary of your Christian experience, including *when, how and why* you became a Christian.
2. Since giving your life to Christ, how has God been changing you?
3. Why are you applying to be on staff at Harlow?
4. What makes you a strong candidate to be a summer staff member at Camp Harlow? (Greatest strengths?)
5. In what Christian ministry or service are you *currently* involved?
6. How would you share God's love and His plan of salvation with a seven-year old child?
7. Scenario: When you've tried everything you can think of to help redirect a child, and they still won't cooperate, what should you do?
8. Describe your present devotional practices, and your current spiritual growth.
9. Are there any physical limitations or health conditions that would limit your ability to serve in a strenuous summer camp setting?
10. What would you like to see developed in your life as a result of serving on staff at Harlow?
11. Is there anything else we should know about you?

**Essay Questions and Schedule of Absences
Must Be Attached To Your Application**

Availability/Unavailability

Please indicate with an "X" the camps you are **NOT** available to serve.

(No X's = available for all eligible camps.)

All Staff must attend the required training sessions at the beginning of the summer. More information about Summer Staff Service Dates are on the FYI page of this application.

***All Day Camp orientations take place on the Sunday evening before each day camp at 7:00 pm.**

Note: **CITS** will serve only at Day Camps.

Again, *indicate (X) camps (if any) you are NOT available.*

SPRING BREAK DAY CAMP:

- ___ March 22 Spring Break Training
- ___ March 23-27 Spring Break Day Camp

SUMMER SCHEDULE:

- ___ June 16-22 Impact Team Training
- ___ June 18-22 Senior Counselor Training
- ___ June 19-22 Counselor Training
- ___ June 20-22 CIT Training
- ___ June 23-26 Elementary Overnight
- ___ June 28-July 3 Tween Camp 1
- ___ July 6-10 Day Camp 1
- ___ July 12-17 Middle School 1
- ___ July 19=23 Junior Camp 1
- ___ July 26-July 31 High School Camp
- ___ August 2-7 Tween Camp 2
- ___ August 10-14 Day Camp 2
- ___ August 16-21 Middle School 2
- ___ August 23-27 Junior Camp 2
- ___ August 31-Sept. 4 Day Camp 3

Parental Consent (For those under 18 years of age):

We (I) give our (my) consent for our child to work at Camp Harlow this summer. We support the ministry at Camp Harlow and will encourage our (my) child to work toward excellence while serving the Lord there.

Signature of Parent(s)/Legal Guardian(s)

Date: _____

Parent's E-Mail: _____

American Red Cross Certifications

Please indicate any American Red Cross Certifications you have received and their expiration dates:

W.S.I. : _____ Lifeguard: _____

C.P.R.: _____ Babysitting: _____

First Aid: _____

Other Certifications: _____

Specialized Skills

Please describe any specialized skill that you have: (i.e., guitar, vocal, arts, media, sound/tech, video, computers, mechanical, etc.)

Affirmation And Conduct Commitment

*I understand that as a member of the Camp Harlow Staff, I will be required to abide by all Camp Harlow policies, standards and regulations.

*I authorize Camp Harlow to contact employers and any references provided, and to obtain any information related to my character and past work performance. I further hereby release all references from any liability for information provided in good faith.

*I affirm that I have read and signed Camp Harlow's Statement of Faith. I agree not to promote personal beliefs and doctrines that may differ from this statement, nor to exhibit conduct which is contrary to it.

*I understand that Camp Harlow is a tobacco-free, alcohol-free, and drug-free environment. If hired, I will refrain from smoking, drinking alcoholic beverages and involvement with narcotics during the summer term.

*I affirm and acknowledge, by signing below, that all of the information provided and all of my answers to the foregoing questions are true and complete, and that any misrepresentation or omission may be grounds for rejection or later dismissal.

*I understand that if I am accepted to work at Camp Harlow, I am expected to fully cooperate with the Directors and Leaders, and be subject to camp regulations and routines, and to sacrifice personal desires in the interest of the ministry, team members and campers. I will assist to the best of my ability in maintaining the high ideals and Christian emphasis of the camp.

Signature: _____

Date: ___/___/___

Background/Criminal Records Authorization and Release Form

FOR PURPOSES OF CONDUCTING A CRIMINAL AND PUBLIC RECORDS BACKGROUND CHECK

In accordance with the Security Policy of Camp Harlow, every eligible staff member is required to undergo a criminal and public records background check. By completing this form and signing below, you are authorizing and releasing Camp Harlow to complete this background check. An Application Disclosure and Privacy Policy Disclosure are included at right. Thank you not only for your cooperation, but also for your heart to serve.

This release must be completed by all staff participating in the ministry of Camp Harlow. This information will be kept confidential and secure at the Camp Harlow office.

Full Name:

_____ (Last, First, Middle)

Social Security #: _____

SSN only if 18 years of age or older.

(Social Security information will be destroyed after processing.)

Date Of Birth: _____ (Month, Date, Year)

If you have used other names, list names and dates of use:

Names: _____ Dates You Used These Names: _____

Current County of Residence:

Previous States and Counties of Residence (Last 10 years):

Have you been referred to the Juvenile Dept. for any criminal activity?

_____ Yes _____ No

Have you ever been treated for alcohol or substance abuse?

_____ Yes _____ No

Are there any circumstances involving your lifestyle or background that would call into question your suitability to work with children or others in our camp ministry?

_____ Yes _____ No

PLEASE READ CAREFULLY, SIGN AND DATE BELOW:

I certify the above information is correct and complete. I agree and am willing to abide by Camp Harlow's Security Policy and, in accordance with this Security Policy, I hereby authorize Camp Harlow to complete a criminal and public records background check on me through the appropriate agency of their choosing.

I hereby give Camp Harlow permission to conduct a criminal records search in the counties/states listed above. I understand that this information is being gathered to ensure the safety and well-being of campers and staff at Camp Harlow.

Signature: _____ Date: ____/____/____

Application Disclosure And Privacy Policy

CAMP HARLOW APPLICATION DISCLOSURE

In accordance with the Security Policy of Camp Harlow, the following are disqualifiers for involvement as a Camp Harlow Staff member:

- ◇ Felony conviction in the last 5 years (or pending felony case).
- ◇ Felony conviction involving sex crimes.
- ◇ Misdemeanor conviction involving moral turpitude (or pending Misdemeanor case).

A conviction includes cases that involved a plea bargain to a lesser included crime, a plea of no contest or involved post conviction supervision which is commensurate to the higher charge.

Any application may be rejected, if in the opinion of Camp Harlow, the applicant should not serve the constituents of camp in this manner. Rejection of any application will be communicated to the applicant by a Camp Harlow Staff member and that communication will include the reasons for the rejection.

CAMP HARLOW PRIVACY POLICY DISCLOSURE

Camp Harlow values the trust of its staff members and attendees. In light of this value, Camp Harlow is committed to protecting personal information about its staff members, constituents, and leadership. Accordingly, Camp Harlow adheres to the highest ethical standards in gathering, using, and safeguarding information that is entrusted to the camp. Camp Harlow will not rent, sell or exchange information about its staff members or attendees.

Authorization and Release forms and the product of the background check are considered confidential documents and will be filed in a secure file at Camp Harlow. Information from the background reports will not be shared with anyone without the advanced express permission of the Camp Harlow Program Director or General Director and/or their designee. Such authorization will be made only if doing so enhances the security of the camp or its constituents. The Directors of Camp Harlow will release information as appropriate if the information is of such a nature as to require the release under Oregon Revised Statutes.

I have read and understand the above Camp Harlow Disclosures (Please initial and date below):

_____ Initial

_____ Date

**Camp Harlow Staff Health History
And Medical Release Form**

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: () _____ CELL PHONE: () _____ BIRTHDAY: _____
SOCIAL SECURITY NUMBER (If 18 years of Age and Over): _____
PHYSICIAN'S NAME: _____
PHYSICIAN'S PHONE: _____

HEALTH HISTORY

DATE of LAST PHYSICAL EXAMINATION: ____/____/____

ARE THERE ACTIVITIES OR CONDITIONS THAT YOU HAVE BEEN ADVISED TO
AVOID? _____ IF YES, PLEASE EXPLAIN: _____

ALLERGIES: Do you have asthma or allergies? _____ If yes, please explain: _____

FOOD ALLERGIES: Please list ALL foods you are allergic to or indicate that you are a
vegetarian. _____

BEE STINGS: Are you allergic to bees? _____ If so, do you carry an emergency bee
sting kit? _____ **NOTE: Please notify the nurse upon your arrival if you are
allergic to bees.**

MEDICATIONS: Please list current conditions and the medications you are taking to
treat them.

- 1) _____
- 2) _____
- 3) _____

INJURIES: Please list any serious injuries and the date of the injury.

_____ HEAD	_____ ELBOWS	_____ BACK
_____ SHOULDERS	_____ NECK	_____ HIPS
_____ KNEES	_____ WRISTS	_____ ANKLES

OTHER: _____

IMMUNIZATIONS:

Are all immunizations up to date? _____ Date of last Tetanus Shot: ____/____/____

Please list any other health factors or physical conditions that our nursing staff should
be aware of (i.e. Diabetes, Epilepsy, Fainting, etc.)

- 1) _____
- 2) _____
- 3) _____

(Over>)

