APPLICATION FOR TEEN AND JUNIOR CAMP COUNSELOR

St. Paschal Baylon Catholic Church proudly presents, Bible Camp 2019: The Sweet Life With Christ! This fun-filled five-day CANDY themed Bible Camp will begin Monday, June 24th at 9:00 a.m. until 12:00 p.m. Bible Camp is for any child, ages 4 to 9 years old, or entering the fourth grade in the fall.

Calling all volunteers! We are looking for former BC Campers, ACTIVE youth group members, and high school students in need of service hours. Volunteers must be entering 7th grade or higher, or an active Youth Group Member. If you have participated in Bible Camp as a camper and are entering 5th or 6th grade, you can apply to work as a Junior Camp Counselor. We will have a training session and set up before Bible Camp begins on Saturday, June 22nd from 10:00 - 12:00 for all volunteers in O'Brien Hall.

Volunteers will need to report at 8:30 a.m. and MUST stay until 12:15. The total amount of service hours awarded will be 22 hours. Please let us know which exciting stations: Crafts, Games, Music & Dance, Snacks, or Storytime, you would like to help with. We also need some volunteers to be group leaders of a particular age group.

Please fill out the Bible Camp Camp Counselor Application Form and send it to Ms. Mickol in Room 2 at St. Paschal Baylon School ASAP to sign up. Once your application has been approved, you will receive confirmation that you are able to help. Your parents will then be asked to fill out a medical release form online.

Any questions please e-mail Ms. Mickol at emickol@saintpaschal.com for more information! We are looking forward to your helping our sweet young friends grow in love and friendship with our Lord!

Sincerely,

SPB's Bible Camp Directors:

Ms. Evamarie Mickol, Director of Youth Ministry

Mrs. Katie Klick Mrs. Tania McGinnis Mrs. Michelle Kitko

St. Paschal Baylon Catholic Church's

Bible Camp 2019 Camp Counselor Application Form

*****SPACE IS LIMITED, SO PLEASE TURN IN YOUR APPLICATION NO LATER THAN JUNE 1st!**

NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE. THANK YOU FOR YOUR COOPERATION!**

Name: ______________________________________ ________________________

Full First and Last Name Nickname for Name Tag if Applicable

Size Please pick 1	Youth Large (9-10)	Adult Small	Adult Medium	Adult Large	Adult X- Large
xxxxxxxxxxxxxx					

Have you ever attended Bible Camp as a Camper? **YES NO** If Yes, what year(s)? ______

* Are you an active member of SPB's Youth Group? (You attend meetings regularly?) YES NO

* If you are in 6th grade, do you plan on being an active member of YG? YES NO

Why do you want to be a counselor for Bible Camp? ______________________________

____

____

Grade and School you will attend in the fall of 2019: Grade:_____ School: ______________

Mailing Address: ____

Address City Zip code

Email Address: ____

Home Phone: ( ) ______________________ **Church attending:** ______________________

I am interested in helping with (Check as many as you want!)

____ Anything at all ____ Group leader (Which age group? ____________________)

____ Games ____ Crafts ____ Music/Dance _____Snack/Story time

Anything else? ____

Are you volunteering for Service Hours? _____ Yes _____ No

Father's/Guardian's Name: ___________	Mother's/Guardian's Name: ___________
Please contact using: (Please choose one)	Please contact using: (Please choose one)
work cell home	*work cell home*
Work Phone: ( )________________________	Work Phone: ( )________________________
Cell Phone: ( ) ______________________	Cell Phone: ( ) ______________________

Please list two people OTHER THAN PARENTS in case of accident or illness. Parents will be notified first!

1. Name: ______________________________ Relationship to volunteer: ______________________

Home Phone: ________________________ Cell/Work Phone: ______________________________

2. Name: ______________________________ Relationship to volunteer: ______________________

Home Phone: ________________________ Cell/Work Phone: ______________________________

Name: ____

Saint Paschal Baylon Catholic Church's Bible Camp 2019 Medical Release Form

· ***Do any health and/or medical conditions require school/camp restrictions, modifications, and/or intervention?***
_______ Yes _____ No If **YES**, please explain: ____
____

· ***Does the student require any special procedures and/or treatments for their health condition(s)?***
_____ Yes _____ No If **YES**, please explain: ____
____

Please indicate any other information about your child's health or development that you think would be helpful for the camp to know: ____
____

PURPOSE - To enable parents to authorize the emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

Doctor ___________________________________ Tel ___________________________________

Dentist ___________________________________ Tel___________________________________

Local Hospital _____________________________ Tel ___________________________________

MUST BE COMPLETED...

RE: Privacy Act: It is understood that no student information will be given without parental consent. However, we wish to inform you that your name and home phone number will be given to selected adults who will keep the information confidential and will use it only to inform you of emergency situations. If you have any problem with this policy, please contact Mrs. Mickol at 440-442-3410 ext. 102

I have read this statement regarding the Privacy of Student Information**:** _____ **Parent Initials**

PART I OR PART II MUST BE COMPLETED

PART I (TO GRANT CONSENT)

I hereby give consent for the following medical care providers and local hospital to be called:
In the event reasonable attempts to contact me at (tel #) ___________________________or (other parent) ___________________________ at ___________________________________(tel #) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. (preferred doctor) ____________________________ or Dr. (preferred dentist) ____________________, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _______________________________________ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of 2 other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment(s) to which a physician should be alerted: ____

_________________ ________________________________
Date Signature of Parent

****** DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I ******

PART II (REFUSAL OF CONSENT)

I DO NOT GIVE MY CONSENT for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:____________________
____

_________________________________ Date and Signature of Parent