

2010 Counselor-in-Training (CIT) Volunteer Program

A Children's Camp Teen Volunteer Opportunity

The Counselor-In-Training (C.I.T.) program is designed for dedicated Christian teenagers who have a serious desire to work with children. This program is a training program for teens age 15 or older who have a true desire to work with children and who are interested in a future with camping ministry. Individuals accepted will work under the direction of the C.I.T. Director and the Camp Director. Responsibilities will rotate giving the trainee the opportunity to learn about different aspects of work involved in providing a camp program. All C.I.T participants will be required to rotate responsibilities which may include setting up for camp, working in food service, doing basic camp maintenance, participating in worship services, attending Bible and Skills classes with the children, praying with and mentoring children, assisting counselors with daily schedule requirements, and running errands within the camp boundaries.

It is essential that teens chosen for the program be strong Christians, whose lives demonstrate Christian living throughout the year. Children view these teens as role models, therefore their manner of conduct and dress must be of the highest standards. Applicants must have a good attendance record at their local church, have an up-to-date testimony, be willing to follow instructions, and have a desire to work with children.

Candidates to the program must complete and submit the C.I.T. application and health forms. A letter of recommendation from the candidate's Pastor is also required. Selection will be made according to the highest ratings on the applications and the date that the application is received. Either the C.I.T. Director or the Camp Director will interview selected applicants. Those chosen for the program will be notified by telephone or in writing.

It is important for teens to realize that the week of Children's Camp is truly about what is best for the children. The entire week is about helping children build lasting relationships with Christ. No secular music, books, or games will be permitted. No pranks are allowed. C.I.T.'s are not allowed to develop boyfriend/girlfriend relationships while at camp. **Foul language, violating curfews, or breaking the above rules will result in immediate dismissal from the program. Please understand that the EKD Children's Camp Committee wants the time at camp to be a great ministry experience that is life-changing.**

2010 Counselor-in-Training (CIT) Volunteer Application

Mail to Nevin Westurn, 16006 Bramble Dr., Catlettsburg, KY, 41129, (606)-928-7555

Name: _____ D.O.B. _____

Address: _____

Name of parent/legal guardian: _____

Phone: Home _____ Cell _____ Email _____

Emergency contact persons (if parent is not available):

1. Name: _____ Phone: _____ Relationship to child: _____

2. Name: _____ Phone: _____ Relationship to child: _____

How long have you been a Christian? _____ Tell about the time your were saved: _____

What is God doing currently in your life? _____

Name of church you attend: _____ How long attended: _____

List any church ministries in which you are currently involved: _____

Using a scale of 1-10 (with 10 being the highest) rate yourself on the following items:

Participate in Worship	Attend church regularly	Work with children	
Read my Bible daily	Pray diligently	Teach children	
Exemplify Christian living	Get along well with others	Dress modestly	
Testify/share in church	Am active in NYI	Am a good student	

List special talents or skills that will benefit the children's camping program: _____

2010 C.I.T. HEALTH FORM EKD Nazarene Children's Camp

Legal Name: _____ D.O.B. _____
(Last) (First) (Middle)

Social Security # _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Address of Teen if different from parent/guardian: _____

Name of Parent/Legal Guardian: _____

Address: _____

Phone: Home _____ Cell _____ Email _____

Emergency contact persons (if parent is not available):

1. Name: _____ Phone: _____ Relationship to teen: _____
 Address: _____

2. Name: _____ Phone: _____ Relationship to teen: _____
 Address: _____

Date of last Tetanus shot: _____

Is teen allergic to any foods? If so, please list: _____

Is teen allergic to any drug? If so, please list: _____

Is teen allergic to insect stings? If so, please be specific. _____

Is teen limited from participation in any sport or activity? Please explain. _____

Please check all conditions that apply to teen's health:

Diabetes _____ Epilepsy _____ Seizures _____
 Heart _____ Asthma _____

Note any other conditions or handicaps _____

Please list all medications that teen is currently taking. (All medications taken to camp must be in their original prescription bottles.)

Name of Medication	Dosage	Reason for Medication

The EKD District Children's Camp nurse may give the above-named teen age/weight appropriate doses of the following over-the-counter medications, if needed. **Circle those for which you give permission.**

Non-aspirin pain/fever medication (Tylenol or Motrin) Throat lozenges (Sucrets or N'ice) Anti-allergy (Benedryl)
 Plain Dimetapp liquid Cough syrup Pepto-Bismol

Name of teen's doctor _____ Phone _____

Name of Medical Insurance Company: _____ Phone _____

Address _____ Policy # _____ Group # _____

Name of Policyholder & his/her Social Security #: _____

Please attach a copy of insurance card if possible.

2010 CAMPER HEALTH POLICY

Since contagious medical conditions can be a major problem at a summer camp, we regret that children/teens who have acquired a contagious rash, head lice, or other contagious illness may not attend. Please understand that the EKD Sunday School & Discipleship Board and the EKD Children's Ministry Council want the EKD Nazarene Children's Camp to be available to every child/teen volunteer and also want the camp experience to be a positive, memorable experience for everyone. Since head lice is the most common contagious issue our camp generally encounters, the following applies to every child/teen.

All campers will be checked for head lice during the registration process when they arrive at camp prior to assigning rooms. Those who provide transportation for campers must remain at the camp until this process is complete. Campers with head lice (including nits) or any other contagious medical condition may not attend camp and regrettably must return home for treatment. After the child/teen receives treatment and is free of the contagious medical condition and in the case of lice all clothing and linens have been laundered, he/she is welcome to return to camp.

We hope no child/teen has to be sent home at camp because of head lice. There are some steps you can take to ensure that this doesn't happen.

1. Check your camp children/teens for head lice one week before camp. If head lice are discovered, you will have time to successfully treat a child/teen before camp. If children/teens are being brought to camp in a church van, it is the responsibility of the church to see that this step is completed to avoid having to take a child/teen back home.
2. Check your children/teens for head lice the Sunday before camp or the morning you depart for camp.

I understand and accept the Camper Health Policy above. Further, I understand that the parent/guardian or church representative that brings a child/teen to camp will be asked to certify that the camper's head was checked for lice prior to arriving at camp.

Parent/Legal Guardian Signature: _____ Date: _____

Pastor Signature: _____ Date: _____

EMERGENCY MEDICAL TREATMENT STATEMENT

*****Signature must be notarized*****

I, _____, legal parent or guardian of _____

Give my permission for first emergency medical treatment in the event of accident, sickness, or injury while my child is attending EKD Nazarene Children's Camp. I also give permission for my child to receive as needed during EKD Nazarene Children's Camp the over-the-counter medications I have circled on the above list. I waive all claims against the Eastern Kentucky District of the Church of the Nazarene, Board, or any representatives because of injury, illness, or damage of property of the above named camper. I understand that "District Children's Ministry Camp Insurance" is secondary to my primary insurance.

Signature of Parent/Legal Guardian

Date

Signature of Notary

Date

Commission expires on _____.

