

Redbud Day Camp Youth Counselor
Redbud Day Camp July 9TH - 14th, 2017
(Youth: 7th Grade and Up)

Job Description

Take the time to learn more about yourself and build lasting relationships as a Redbud Day Camp Youth Counselor. A counselor's primary duty is to love and accept their campers unconditionally. Counselors enjoy working with children and respect adult leadership. To be an effective counselor, you must be willing to put aside your own personal desires and needs for a week. Counselors will be supporting adults in teams, stations, and large-group gatherings. Being energetic, excited, and motivated to create a positive camp experiences for campers are a must to being a counselor at Redbud Day Camp. Take a break from our connected world and check cell phones, iPods and electronic devises at your cabin door. Counselors will read, understand, and abide by camp rules and covenants at all times.

Gifts and Skills Needed :

- | | | |
|--------------------------------------|-----------------------------|------------------|
| ___ getting along with others | — taking initiative | —- responsible |
| ___ ability to lead | — willingness to compromise | —- good listener |
| ___ welcoming to others | — flexible | — creative |
| —-ability to be a role model | — take direction | — participator |
| — leave a space better than found it | —ensure camper safety | —- respectful |

Your Personal Narrative *(Please answer all questions in 1 page or less)*

1. Why do you want to spend a week as a counselor at a Christian Day Camp, specifically Redbud Day Camp?
2. What unique gifts and talents would you bring to the community and mission of Redbud Day Camp?
3. What does living as a Christian mean to you?

If being a Redbud Day Camp Youth Counselor sounds like you, fill-out the attached Youth Information Form, complete the personal narrative questions above and return it to First Presbyterian Church by July 1st, 2016. A Redbud leadership team member will contact you and complete the process.

If chosen, you must be available the afternoon of Sunday July 10th through Friday, July 15th. Counselors serve from 9am to 3pm, Monday through Thursday with Day Camp. Then, also, counselor activities till 7pm Monday through Wednesday and overnights, Sunday, July 10th and Thursday, July 14th. Redbud Day Camp ends Friday, July 15th at 5pm.

Redbud Trail Retreat Youth Counselor Covenant

In agreeing to be a Redbud Trail Retreat Youth Counselor, I agree to abide by the Redbud rules and covenant while participating as a counselor at all times. A covenant is a promise and acknowledgment of responsibilities as an active member within a group. At Redbud, we depend on Youth Counselors to be helpful, safe, and engaged members of leadership. This is only possible by your agreement to uphold your promises made within this covenant.

If I am unable to uphold my end of the covenant the Redbud Leadership team may a) sit-down and review rules and covenant, b) ask for my cellphone or electronic device till end of day/exit bus whichever is later and/or c) ask me not return as a counselor for rest of week.

A. Safety:

- a. I will not knowingly enter river or allow children to enter the St. Joe River without adult supervision. St. Joseph river is off-limits 1-2 days after major rain storms.
- b. I will encourage healthy sanitation by hand washing after contact with river and at every opportunity.
- c. I will notify adults of bathroom needs of campers and support the 2 adult rule for all campers in using restrooms for bathroom or changing.
- d. I will notify an adult of emergency situations and be a safety first encourager. All emergency numbers and first aid kits are located in the camp office and will only enter with an adult.
- e. I will not bring to camp firearms, fireworks, alcoholic beverages, illegal drugs or tobacco products.
- f. I will model good self-care for campers by drinking LOTS of water and wear sunscreen.

B. Attentive Presence:

- a. I will return to the patio when large bell rings and will only ring bell if calling everyone together.
- b. If assigned a task by Adult Leadership, I will willingly complete without complaining, arguing, or grumbling.
- c. I will check my electronic devices, including cell phones, iPods and electric games in cabins and only use during 'off hours.' If temptation to use is too much during day camp or counselor group time, I will leave them at home.

C. Respect for fellow counselors, campers, and nature:

- a. I will not enter without an adult or adult permission: the kitchen, main office, maintenance buildings and/or the back bedroom.
- b. I will respect opposite sex sleeping spaces and view other counselors as brothers or sisters in Christ.
- c. I will respect God’s creation by enjoying nature with my eyes and the power of poison ivy by staying within walking paths.
- d. I will also respect creation by caring for wild animals and returning them safely to wild.
- e. I will keep all food, including candy, in camp kitchen.
- f. I will wear appropriate bathing suits and respect adults decisions if asked to wear a t-shirt in pool.

By signing below, I agree and understand my responsibilities as a Redbud Trail Retreat Youth Counselor.

X _____ **DATE** _____

Printed Name

Please complete the following forms and return all with \$35 payment to the office of First Presbyterian Church, South Bend

First Presbyterian Church of South Bend Child/Youth Information Form

Redbud Day Camp

Child's Name _____ Preferred Nickname _____

Child's Date of Birth ___/___/___

School: _____ Grade or Age: _____

Parent/Guardian Name(s) _____, _____

Address _____ City _____
State _____ Zip _____

Phone (H) _____ Phone (W-M) _____ Phone (W-F) _____

Cell Phone (whom) _____ E-mail _____

Non-Custodial Parent (if applicable) _____
Address _____ City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ Cell _____ E-Mail

Emergency Contact _____ Relationship _____

Adults/Family Members Who May Drop Off/Pick Up Child

Name	Relationship
_____	_____
_____	_____
_____	_____

Allergies (food, environmental, medication)/Physical Limitations

My child is taking the following prescriptions (include reason):

The program supervisor _____ may _____ may not administer medications.

I grant permission for First Presbyterian Church personnel to administer necessary First Aid and to seek emergency medical attention for my child if needed. _____ YES
_____ NO

I have been informed of the Child Protection Policy of First Presbyterian Church and am aware of the procedures for reporting any incidents.

Is there anything special about your child that you would like us to know, (e.g., custodial arrangements, persons to whom your child should **not** be released?)

Signature _____

Relationship to Child _____

Date _____

FIRST PRESBYTERIAN CHURCH OF SOUTH BEND CHILD/YOUTH MEDICAL INFORMATION AND RELEASE

Child's Name _____ Preferred Nickname _____
Child's Date of Birth ___/___/___

Parent/Guardian Name(s) _____,
Address _____ City _____ State _____
Zip _____

Phone (H) _____ Phone (W-M) _____ Phone (W-F) _____
Cell Phone (whom) _____ E-mail _____

() I attest that all immunizations required for school are up to date.

_____ Date of last Tetanus Shot

Allergies (foods, medications, insect bites, etc.)

Prescriptions/Reason: (e.g., Claritin/allergies; Ritalin/ADD). _____

The program supervisor _____ may _____ may not administer medications.

Over-the-counter medicines (e.g., Tylenol, Pepto-Bismol) may be administered to my child for minor ailments. List those allowed

Other health issues concerning my child are:

Child's Primary Physician _____ Phone _____

Health Insurance Carrier _____ Policy No. _____

Child's Dentist _____ Phone _____

Dental Insurance Carrier _____ Policy No.: _____

Other Important Health Care Professionals (e.g., eye doctor, orthodontist, psychotherapist, allergist, etc):

_____ Phone _____

Emergency Contact/Relationship/Phone Numbers (please list at least one person not in your household: e.g., Joan Smith/neighbor/123-4567)_____

In case of emergency, I hereby authorize the adult leader in charge to select and secure appropriate medical personnel for my child. Further, I authorize those medical personnel to perform and provide all reasonably necessary medical care, including but not limited to, diagnostics (e.g., radiology), hospitalization, anesthesia, surgery, and prescription drugs, advisable for the health of my child/youth.

Parent or Legal Guardian's Signature

Date

**First Presbyterian Church of South Bend
Parent/Guardian Permission Form for Child/Youth Activities
Redbud Day Camp - Summer**

This form is required for all children and youth in grades kindergarten through twelve participating in off-site activities, and must be on file in the Church Office for your child or youth to be included in any such events.

I, _____ (name of parent or guardian) give permission for my son/daughter _____ to participate in _____ (name of the event) sponsored by _____ of First Presbyterian Church.

It is my understanding that the event will be held on _____ from _____ to _____ (date and time). The location of the event will be at **Redbud Trail Retreat, Buchanan, MI**, which will be reached by _____ Church Bus _____ (mode of transportation).

I have completed all forms (including Child/Youth Information and Medical Information and Release) as required by the leaders of the event. I have also read all of the information with regard to itinerary, schedule and group rules.

My child is taking the following prescriptions:

The program supervisor may _____ may not _____ administer medications.

Should emergency medical treatment be necessary I authorize: REDBUD CAMP DIRECTOR (name of group leader and/or leaders) to act on my behalf and approve appropriate treatment.

Parent or Guardian Signature _____ Date _____

Leader in Charge Signature _____

Date Received _____