

Office use only:

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SB2W 2019 Junior Counselor & Work Crew Application

Questions: Call 724-981-3535

Please Return Complete Application to:

**Covenant Presbyterian Church
Attn: SB2W JC/WC Application
263 E. State St.
Sharon, PA 16146**

Instructions: Please fill out the application below. Feel free to continue answers on a separate sheet of paper if necessary, but please mark clearly which answers are continued on the back. **Applications are due April 2, 2019. No late applications will be accepted.**

Name: _____ Date of Birth: _____ T-Shirt Size: _____

Address: _____

Home Phone Number: _____ Your Cell Phone: _____ Email: _____

Grade in FALL '19: _____ Your Parents' Names: _____

Applying for: JC position: _____ WC position: _____ or both: _____

Have you ever attended SB2W? During what year(s)?: _____ On which team? _____

A) Describe your involvement with your church & its activities: _____

B) Describe any experience you have working with children: _____

C) What certifications do you hold other than babysitting? (For example: First Aid, CPR, BLS, Life Guard). Please include expiration dates or years obtained. _____

D) Tell us your story – how did you come to faith in Jesus Christ as your Lord and Savior?

E) Why are you interested in being part of SB2W?

F) Before your interview make sure that you are prepared to discuss what your views are on the following topics. Also, be prepared to discuss how you would handle the conversation if any one of the topics came up in discussion with a camper.

Alcohol, Illegal Drugs, Premarital Sex, Homosexuality, Abortion, and Pornography

Please indicate any days you may NOT be available from 7:45am – 5pm during the two weeks:

6/17	6/18	6/19	6/20	6/21
6/24	6/25	6/26	6/27	6/28

Overnight availability: Will you be available to attend the overnight (**girls on 6/19 and boys on 6/20**)? _____

If not, please explain: _____

Please answer the question(s) below for the area of responsibility in which you hope to serve. Answer only the question about the position for which you are applying. If you are applying for both please answer BOTH questions.

1. As a counselor, what is the best way to present Jesus Christ to these campers?

2. As a Work Crew member, what is the best way for you to show the campers your love of Christ?

*****Once your application has been received you will be contacted to schedule an interview. Please note that the number of Work Crew and Junior Counselor positions will be limited.*****

I have read, understand, and accept the expectations and specific responsibilities of being a Junior Counselor or Work Crew member. I commit to being at camp for the 10 days. In addition, I will attend any pre-camp training or preparation times required. I commit to being at camp during the appropriate hours for the position in which I am asked to serve.

Signed: _____ Date: _____

For your parents:

I have reviewed this application and I support my son or daughter's desire to serve as a Junior Counselor or Work Crew member. I have noted the dates and understand the commitment of being there all 10 days and the expected arrival and departure times.

Parent Signature: _____ Date: _____

In addition to this application you will need to do the following:

1. Have at least one person (that is not your parent) fill out and turn in a staff reference form on your behalf. (This may be mailed in after you have turned in your application, but must be on/before April 2, 2019.)
2. Have a parent or guardian complete both of the medical release forms, as well as the photo release form. (Please include both forms with your application.)
3. **IF ACCEPTED** (and 18 or older): Get the PA State required clearances. You will be reimbursed if there any costs involved. (If you are chosen for a WC or JC position we will contact you with the information on how to do so.)

**Summer's Best Two Weeks
MEDICAL AUTHORITY STATEMENT**

WC/JC'S NAME _____ BIRTH DATE _____ GENDER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENTS NAMES/PHONE NUMBERS:

MOTHER'S NAME _____

HOME # _____ WORK # _____ CELL # _____

FATHER'S NAME _____

HOME # _____ WORK # _____ CELL # _____

FIRST PERSON OTHER THAN A PARENT TO CONTACT IN CASE OF AN EMERGENCY:

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____

SECOND PERSON OTHER THAN A PARENT TO CONTACT IN CASE OF AN EMERGENCY:

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____

Please answer the following questions:

List any additional concerns: _____

LIST THE NAME OF THE INSURANCE COMPANY THAT COVERS THE CAMPER:

(Please indicate if the camper is not covered under an insurance policy. All medical/dental costs and expenses will be sent directly to the Parent or Legal Guardian)

NAME OF INSURANCE COMPANY _____

NAME OF POLICY HOLDER _____ ID # / POLICY NUMBER _____

ATTENTION PARENTS: *In case of a medical emergency, you will be contacted as soon as possible. If we are unable to reach you, we will obtain medical treatment for your child. Please sign if this is agreeable to you. I also hereby authorize my son/daughter to ride in any vehicle that is driven by an adult who has been delegated by an adult in whose care my child has been entrusted while attending and participating in the activities sponsored by Covenant Presbyterian Church.*

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Please contact us if medical information changes prior to camp!

Medication Release Form

WC/JC'S Name _____ Birth date _____

List any medication which is currently being taken. Please include the dosage and how often the medication is to be administered:

List Allergies: _____

List any concerns regarding physical condition or restrictions: _____

Please check off and sign below for medication that can be given for minor health issues (such as aches, bug bites, scrapes or stomach upset). You will be called if it is something serious. Also indicate if you want to be called if any of the below are given.

Advil

Children's Adult



Hydrocortisone Cream

Tylenol

Children's Adult

Calamine Spray (for sunburn, bug bites, rashes)

Antiseptic Spray

Benadryl

Liquid (dye free) Tablets

Sunscreen

Chewable Antacid

Please call if any medication is given

Parent/Guardian Signature

Phone number to contact you _____



Thank you, Cathy Szabo, RN

Summer's Best Two Weeks
Waiver/Photo Release Form

As the Parent/Legal Guardian of _____(Full Legal Name),
I have been informed of the details regarding Summer's Best Two Weeks and I hereby give my
permission for the subject of this release to participate in the overall activities of this camp.

I/We understand that all reasonable safety precautions will be taken at all times by the Summer's
Best Two Weeks leadership during the events and activities. I understand, however, that there is the
possibility of unforeseen hazards and am keenly aware that there is always the inherent possibility of
risk involved. I agree not to hold the participating church, organizations, its leaders, employees, and
volunteer staff liable for damages, losses, disease, or injuries sustained by the subject of this form;
and I agree to waive any claim or any lawsuit against the participating church, its leaders, its
employees, or its volunteer staff.

In addition I give my permission for photos and videos of the subject of this release to be used in
presentations, promotional materials and on the internet for the ministry of Summer's Best Two
Weeks.

I have carefully read the Enrollment Form and the Waiver/ Release Form and fully understand their
contents. I am aware that this contract fully releases the participating church and organizations, its
leaders, employees, and volunteer staff from liability; and I sign it of my own free will.

Parent or Guardian Signature

Date



STAFF REFERENCE FORM

Applicant's Name: _____

The above-named person is applying for a position at the Summer's Best Two Weeks day camp. We are a camp that strives to assist and expand the ministry of the Church to develop disciples and reach the lost both within its body and throughout the local community. We seek staff members who exemplify Christian beliefs and morals, as well as the "I'm Third" (God First, Others Second, I'm Third) attitude.

A reference is required as part of the application process. Your reference is an important part of the selection process and will be handled with discretion. Please complete and return to the address at the bottom of the reverse side on or before **April 2, 2019**.

PLEASE TYPE OR PRINT CLEARLY when completing this form.

Reference Name (Printed): _____

Phone Number: _____

Reference Signature: _____ Date: _____

How long have you known the applicant? _____

What is your relationship with the applicant (pastor, teacher, aunt, etc.): _____

How well do you feel that you know the applicant? _____ Fairly Well _____ Very Well

What are some of the best strengths of the applicant?

During each day of camp our staff members are a huge influence on our campers. They are expected to have high energy, leadership abilities, and high moral standards. Would you say that this applicant exemplifies these attributes? Please explain.

If you had children, would you place them in this person's complete care and influence? Please explain.

Please mark the box that accurately describes the applicant in each area.

CHARACTERISTICS	Superior	Very Good	Average	Fair	Poor	Not Known
Personal Initiative						
Responsibility/Reliability						
Concern for Others						
Receptiveness to Suggestions/Criticism						
Physical Stamina						
Emotional Maturity/Stability						
Self Confidence						
Patience						
Cooperativeness						
Honesty						
Cheerfulness						
Leadership						

We appreciate your time in filling out this reference form. If you would like to add anything that you feel will be helpful to this applicant's application feel free to attach an additional sheet to this form.

Please personally place this form and any additional information in a sealed envelope and mail to:

Summer's Best Two Weeks
 Attn: Samantha Rainey
 263 E. State St.
 Sharon, PA 16146