

Staff Policies and Procedures

*****KEEP THIS FORM*****

The SB2W staff is a family of committed Christians who are excited about seeing Jesus Christ become a reality in the lives of kids.

Staff will be selected because of their love for Christ, love for kids, and ability to teach and/or serve others. Jr. Counselors are responsible for assisting with supervision of the kids in their squad. They must eat lunch with the campers of their own squad. All staff members are required to be on time and be available for every day of camp.

J.C.s must also be available to attend the appropriate overnight (**girls 6/21; boys 6/22**) and assist with awards selection and mingo passes (**evening of 6/28**), and attend a final camp meeting following the awards celebration with their squad (**afternoon of 6/30**).

Staff is expected to be provide a Christ-like example for campers:

1. We do not condone the use of drugs, tobacco, or alcohol – all staff will be expected to abstain from all three during the two weeks of camp.
2. We believe that the Bible is the revealed Word of God, and that it clearly teaches that pre-marital sex, homosexuality and abortion are in violation of God's Law.
3. We believe that camp is a time to teach campers discipline; to show campers love; and to have a great time!

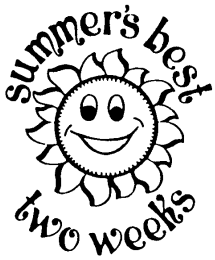
Specific responsibilities include, but are not limited to:

Jr. Counselors – Responsible to senior counselor as assigned and to camp directors

- ❖ All staff members are expected to attend daily staff meetings at 7:45 a.m. and 4:30 p.m.
- ❖ Greet campers as they arrive.
- ❖ Attend opening assembly with campers.
- ❖ Help Senior Counselors to teach and coach activities, lead Bible Studies, and enforce camp rules.
- ❖ Be willing and available to talk to your campers about Jesus.
- ❖ Eat lunch with your campers.
- ❖ Encourage and affirm your campers.
- ❖ Demonstrate respect for campers, other counselors, volunteers, directors, and God.
- ❖ Pray for your campers.
- ❖ Spend personal time with God outside of camp.
- ❖ Attend the Overnight, assist in supervision and building relationships with your squad.
- ❖ Model the "I'm Third" camp motto with an attitude of service throughout the two weeks.

Work Crew – Responsible for all tasks set by work crew director and camp directors, including:

- ❖ Attend daily crew meetings as set by the Work Crew Director.
- ❖ Greet campers as they arrive.
- ❖ Set up morning activities.
- ❖ Prepare and refrigerate juice for lunch, set up lunchroom.
- ❖ Clean up and put away equipment at the end of morning competition.
- ❖ Care for and inventory all equipment. Report all lost or damaged equipment.
- ❖ Make lunches for any campers who may have forgotten one.
- ❖ Clean up the lunchroom and kitchen after lunch. Clean or tidy other areas used for camp.
- ❖ Set up afternoon activities; Provide water.
- ❖ Clean up and put away equipment at the end of afternoon activities.
- ❖ Assist with Overnight – load and unload bus, clean up, meal prep, etc.
- ❖ Model the "I'm Third" camp motto in attitude & action during the two weeks.



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 **March 31st, 2023**.

PLEASE TYPE OR PRINT CLEARLY when completing this form.

Name of Reference: _____ Phone Number: _____

Relationship to Applicant (pastor, teacher, aunt, etc.): _____

How long have you known the applicant? _____

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

List and explain 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						

Signature of Reference: _____ Date: _____

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

Office use only:

Date received: _____

Reference: _____



SB2W 2023 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 Friday, March 24th, 2023. Late applications will NOT be accepted.**

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

Address (street, city, zipcode): _____

PARENT Phone Number: _____ (Relationship to You: _____)

YOUR Cell Phone: _____

Email (please provide one that is checked often): _____

Grade in FALL '23: _____ Your Parents' Names: _____

Applying for: JC position: _____ WC position: _____ Both: _____

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

A) Briefly tell us a little bit about yourself. If you have previously worked for us, tell us about your growth over the past year.

B) Do you actively attend church? If so, where and explain the extent of your involvement: _____

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

D) What certifications, if any, do you hold? (For example: Babysitting, First Aid, CPR, LifeGuard). Please include expiration dates or years obtained. _____

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 and **WHY**:

6/19	6/20	6/21	6/22	6/23
6/26	6/27	6/28	6/29	6/30

Overnight availability: Will you be available to stay for an extended camp day (girls on 6/21 and boys on 6/22)? _____

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?

*****If you are new to camp or applying for a different position than in the past you will be contacted to schedule an interview. If you are applying for the SAME position as in previous years you will receive a phone call and may ignore the interview dates below. Please note that the number of Work Crew and Junior Counselor positions are limited.*****

Please CIRCLE the day(s) you are available to interview between 9:00 AM and 12:00 PM. Please keep the date(s) open on your calendar.

SATURDAY, APRIL 22

SATURDAY, MAY 6

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.

YOUR Signature: _____ 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 Friday, March 17th, 2022.)
2. Have a parent or guardian complete BOTH sides of the medical release forms included, as well as the photo release form. (Please return ALL forms with your application.)
3. **IF ACCEPTED** (and 18 or older): Get the PA State required clearances. You will be reimbursed if there are 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:

PRIMARY CONTACT #1 _____

RELATIONSHIP TO STAFF MEMBER: _____ BEST CONTACT # _____ SECONDARY # _____

PRIMARY CONTACT #2 _____

RELATIONSHIP TO STAFF MEMBER: _____ BEST CONTACT # _____ SECONDARY # _____

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

NAME: _____ RELATIONSHIP: _____ BEST CONTACT # _____

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

NAME: _____ RELATIONSHIP: _____ BEST CONTACT # _____

LIST ANY ADDITIONAL CONCERNS REGARDING THE STAFF MEMBER: _____

FAMILY DOCTOR INFO:

NAME: _____ PHONE NUMBER: _____

NAME OF THE INSURANCE COMPANY THAT COVERS THE STAFF MEMBER:

(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: *Your son/daughter may need to be driven in a vehicle with a designated adult in whose care you are entrusting your child while attending and participating in the activities sponsored by Covenant Presbyterian Church. Also, 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 below if both of the aforementioned statements are agreeable to you and you give your authorization.*

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

Tylenol

Children's Adult

Benadryl

Liquid (dye free) Tablets

Chewable Antacid



Hydrocortisone Cream

Triple Antibiotic Cream

Calamine Spray (for sunburn, bug bites, rashes)

Antiseptic Spray

Sunscreen

Please call if any medication is given

Please Note: Your child's health information will be shared with camp counselors and staff as needed for your child's health and safety. By signing below, you are acknowledging the approval to administer any of the above medications, as well as the sharing of information with those necessary counselors and staff. If you have any questions or concerns, please contact the church office to leave a message for the camp nurse.

Parent/Guardian Signature

Date

Best Contact Number: _____



Thank you, Camp Nurse

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.

By signing on each of the lines below, I have carefully read the statement 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.

I 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 (including COVID-19), 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.

I recognize and acknowledge that COVID-19 is a health threat in our society at this time and that my child will be interacting with many people at Summer's Best Two Weeks. I understand that my child may receive, carry, or be exposed to another asymptomatic, presymptomatic, or symptomatic individual at Summer's Best Two Weeks. I assume all risks associated with these activities.

Parent or Guardian Signature _____ Date _____

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.

Parent or Guardian Signature _____ Date _____