

IMPACT Camp Counselor:

Responsible to: Director of Youth Ministry

To qualify for a position on staff, each person should:

1. Have a personal relationship with Jesus Christ
2. Be committed to demonstrating one's commitment to Jesus Christ in word or deed. Has a Christ-like attitude of: patience, servant-hood, humility, and love
3. Conduct him/herself behaviorally in a manner that is above reproach by not using tobacco, alcohol, illicit drugs, vulgar language or swearing.
4. Open to learning and upholding all camp policies and guidelines
5. Be emotionally and socially mature enough to relate to and cooperate with others in the camp community. Recognizes appropriate boundaries with younger students and adults.
6. Possess the integrity to faithfully fulfill the commitment of service agreed upon in a positive manner.
7. Be flexible enough to assist in other areas as needed.
8. Sees role as a servant leader. Shows respect for all – those younger and older.
9. Is dependable and sensitive to the needs of others;
10. Has the ability to work alone without supervision.

RESPONSIBILITIES:

- Arrive on time to set up for the day
- Lead sign in / take lunches to kitchen
- Direct campers where to put their backpacks
- Know the schedule for the day and your role
- Lead morning prayer
- Get to know small group members and support them
- Be the best participant in the room
- Make sure activities/sports/water is set up ahead of scheduled time
- Lead icebreakers in the morning
- Distribute lunches
- Clean up room and prepare for the next day.
- Report concerns to the Youth Minister, as needed
- Stay connected with your small group

Application for Youth Volunteers

IMPACT Counselor ---Summer 2019

Due: May 10, 2019

Please return completed application to the St. Peter SOR Office, attn: Angela Busby.
An interview may be requested. Decisions will be made by June 1.

NAME: _____ T-shirt Size (adult) _____

ADDRESS: _____ City/St/Zip _____

CELL PHONE NUMBER: _____

E-mail: _____

Please answer the following questions: (continue on back page if you need more space)

1. Why do you want to volunteer for IMPACT Camp?

2. What special **talents or gifts** do you have to offer?

3. What do you hope to achieve by serving at IMPACT Camp?

Reference Form
IMPACT Counselor- Summer 2019
Must be turned in with application

Please submit the Reference Form from a family friend or employer or teacher.
The form should accompany the application.

Name of Applicant: _____

Name of Person completing the reference form: _____

Address: _____ City/State/Zip _____

Phone: _____

May we contact you if we have questions?: YES NO

Please rate the student on the following listed above:

1. Spiritually/Faith (least) 1 2 3 4 5 (most)

Please comment: _____

2. Integrity (least) 1 2 3 4 5 (most)

Please comment: _____

3. Scholarship (least) 1 2 3 4 5 (most)

Please comment: _____

4. Service to others (least) 1 2 3 4 5 (most)

Please comment: _____

This is a competitive position. Any additional comments are needed.

SAINT PETER'S YOUTH MINISTRY
PERMISSION SLIP

A brief description of the activity follows:

Event	IMPACT Camp Counselor
Location	Saint Peter's Parish/Field Trips
Date	June 24-28, 2019
Transportation	Bus
Cost	\$25.00

Participant's name: _____

Participant's Cell phone: _____

Birth date: _____ Sex: _____

Mother's name: _____ Father's Name _____

Home address: _____ City/St/Zip _____

Home phone : _____

Cell: Mom: _____ Dad: _____

Email Address: _____

I, _____ grant permission for my child,
Parent's name
_____ to participate in this parish
Child's name

event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from Saint Peter's Catholic Church.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Peter's Church, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese. Further, I agree that my child's picture may be used to promote youth ministry events through flyers, brochures and on our website.

Signature: _____ Date: _____

***** SEE OTHER SIDE FOR MEDICAL INFORMATION *****

MEDICAL MATTERS: I hereby warrant that to the best of my knowIIMPACT, my child is in good health, and I assume all responsibility for the health of my child.

(Of the following statements pertaining to medical matters, sign only those that are applicable.)

1. *Emergency Medical Treatment:* In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____
Phone: _____ Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

2. *Other Medical Treatment:* In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called..

Signature: _____ Date: _____

3a. *Medications:* My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

3b. I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, benedryl, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

3c. No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

4. *Specific Medical Information:* The parish will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

You should be aware of these special medical conditions of my child: _____

Signature: _____ Date: _____