

2022 SNEMN Camp Leader Application

REGISTRATION: All applications are due by **June 1, 2022**.

\$10.00 Registration Fee for all Staff/Leader Applications due to a mandatory background check. Once the background check is completed SNEMN will send a mandatory online video training to the applicant from Protect My Ministry and must be completed before 5:00 pm on the Sunday night before the first day of camp. Please give your **completed application** to your Church's Camp Coordinator and have him/her mail it to the SNE Ministry Network Camps, **307 Sturbridge Rd, Charlton, MA 01507**. *We will not accept any applications that are not complete.*

Please take notice: *Staff applications are accepted on an as needed basis. The SNE Ministry Network Camp Director reserves the right to refuse an application based on lack of need or failure to meet specific criteria. **You will be notified of your acceptance.***

LOCATION: All Camps will be held at **Evangelical Christian Center in Ashford, CT**. The physical address is **574 Ashford Center Road, Ashford, CT 06278**. All persons are admitted without regard to race, color, national origin, sex, or handicap.

ALL-STAFF TRAINING: All staff/Leaders/SITs must attend the All-Staff Training held at the Retreat Center at 5:00 pm on the Sunday night before the first day of each camp week. **TRAINING IS MANDATORY. *If you cannot make the All Staff Training, please do not submit an application.***

MEDICAL POLICY – A RN working with standing orders from a local physician will be on the grounds at all times. Our camps are covered by a limited accident and liability insurance.

EMERGENCIES, VISITORS & PHONES: In case of an emergency, please call the following number for the Evangelical Christian Center – (860) 419-2743. The can be reached by email at director@eccministries.org. Under *normal* circumstances, you should not be visited or contacted by phone while at camp.

OPENING & CLOSING OF CAMP: All Staff/Leaders/SITs must register upon arrival. It is imperative that you arrive at the camp No later than 5:00 pm. We ask that all staff and SITs remain on campus until dismissed by the Camp Director.

CABINS & ROOM ASSIGNMENTS: Upon arrival, you will be assigned a team name and bunk area including beds for your campers

WHAT TO BRING: Bible, flashlight, towels/washcloths, appropriate clothing camera, bedding, pillow, notebook/pen, jacket, rainwear, sneakers, personal care articles, sunscreen, non-aerosol bug repellent, sleepwear, swimwear, umbrella, alarm clock.

WHAT TO FORGET: Weapons, knives, TV's, improper magazines or books, drugs, fireworks, firearms, cigarettes/tobacco. If these items are found, they will be confiscated.

DRESS CODE: We take pride in the appearance of our campers and staff. Your dress sets the tone and attitude of your campers. All campers and leaders are expected to dress and groom his or herself neatly. Inappropriate clothing includes tube tops, strapless dresses or tops, spaghetti strap tops, super short shorts/skorts or mini skirts, clothing that advertises beer, cigarettes or secular music. **Swim Suits** for ladies are to be **one piece** and **boxer style** for men (please, no Speedo type suits). For safety reasons, shoes, sandals or sneakers must be worn at all times. SNE Ministry Network reserves the right to ask campers/leaders/staff to change into more appropriate clothing.

RULES & GUIDELINES: Specific rules will be given at all staff training and are available in the staff manual. Any infraction of the rules and guidelines will result in expulsion from the camp at your expense.

BACKGROUND CHECK: A criminal background check will be run on each Staff/Leader. *Your social security number and date of birth is required for this purpose.*

SPECIAL NOTES: There is a \$10.00 fee for working as a staff member at camp (except for the SIT which is \$165.00). All other leader costs are paid through the camp budget. The online payment form can be found at www.snemn.com/summer-camp

CONTACT US:

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Director of Ministries and Resourcing
Southern NE Ministry Network
307 Sturbridge Rd, Charlton, MA 01507
Phone: 508 -248-3711 ext. 729, Fax: 508-248-7049

2022 SNEMN Camp Leader Application

Camp Week You Will Attend: Sr. High – June 27-30th Jr. High – July 18-21st Kid's – August 8-11th

General Information

First Name: _____ Last Name: _____
Address: _____ City/State/Zip: _____
Phone Number: _____ Social Security #: _____
Date of Birth: __/__/____ Age: ____ Gender at birth: M F
Email Address: _____ Marital Status: _____
High School Completed: ____ College Completed: ____ Camp Staff Experience: _____
Church Name: _____ Church City/State: _____

Emergency Contact: _____ Phone: _____
T-Shirt Size: ____ Adult Size (S/M/L/XL/XXL) ____ Other

Activity Participation

Activities, including but not limited to:

Swimming (pool and lake), Hiking/Outdoor Activities (In which participants could possibly get bites from insects, ticks, mosquitos, spiders, and/or snakes, etc...), Jumping, Throwing, Field Games, Canoeing (life jackets required for all participants), Water Inflatables, Outdoor Sports, Indoor Game Room, Walking/Running, Recreational games (relay race styles, tug-of-war, etc., which may involve water and mud). Extra Activities include: Tubing, Paintball.

Are you willing to participate in camp activities? Yes No

Can you swim? Yes No

Date and Location of Activities: *Evangelical Christian Center, 574 Ashford Center Road, Ashford, CT 06278*
(1) Sr. High – June 27-30th, 2022 (2) Jr. High – July 18-21st, 2022 (3) Kid's Camp – August 8-11th, 2022

Medical Information

Family Doctor: _____ Phone: _____
Insurance Company: _____ Policy/Group #: _____

Are you presently being treated for injury/sickness or taking any form of medication? If yes, explain.

Are there any special medical instructions? _____

Any medication, foods or environmental conditions that you are allergic to, and expected reactions?

Any physical handicaps, disorders and diseases? _____

Are there any mobility limitations or activities you would not like to participate in? No Yes(explain)

List all medications to be administered at Camp: _____

History of: ___ Seizures ___ Heart Trouble ___ Diabetes ___ Sore Throat ___ Kidney ___ Bowel Problems

___ Bleeding ___ Fainting ___ Menstrual Problems ___ Sleepwalking ___ Bedwetting ___ Nosebleeds

___ Headaches ___ Allergies ___ Hay Fever ___ Asthma ___ Bee Stings ___ Plants

___ Other (explain) _____

All medications must be in original container and clearly labeled: patient's name, physician's name, name of medication, prescription number, date prescribed, instructions. DO NOT SEND OVER-THE-COUNTER Medications (i.e. Tylenol or Advil) as the nurse has these on hand. Exception: Claritin with Doctor's note and instructions. The following over the counter medications will be available in brand name or generic name and age appropriate dosing and form, i.e. liquid or tablets and will be given according to label dosing guidelines: Acetaminophen (Tylenol), Ibuprophen (Advil), Benadryl, Sudafed, Mylanta, Tums, Immodium, Auri-Dri, Neosporin, Calamine Lotion, Hydrocortisone Cream, Robitussin, Cough Drops, and any other over the counter medication deemed necessary. If your child takes another OTC medication on a regular basis, please send that with a doctor's note for administration at camp.

PERSONAL HISTORY

The personal history information must be completed by all applicants for any position (volunteer or compensated) involving supervision or custody of minors in any scheduled program or activity at the SNE Ministry Network Summer Camps. It is being used to help provide a safe and secure environment for those children and youth who participate in their scheduled activities at the Summer Camp.

Do you use tobacco? Yes No

Do you drink alcoholic beverages? Yes No

Do you use nonprescription drugs? Yes No

Have you ever been convicted of, pled guilty or no contest to a crime other than a minor traffic violation? Yes No

If yes, please explain, including the name of the crime(s), the date and disposition of the case(s):

Are you presently facing charges for any criminal offense? Yes No

If yes, please explain:

Have you ever been accused of or charged with any offense involving children? Yes No

If yes, please explain, including disposition or current status of the charge:

CHURCH HISTORY AND PRIOR YOUTH WORK

Name of church of which you are a member: _____

Church City/State: _____

Pastor's Name: _____

How long have you been saved? _____ Do you believe in the Baptism in the Holy Spirit? Yes No

List all names and addresses of other churches you have attended regularly within the last five years. _____

List all previous church work involving youth (list type of work performed and the dates of service). _____

List all previous non-church work involving youth (listing each organization's name, type of work performed and the dates of service). _____

All Ministry Team members must register upon arrival at the campsite. It is imperative that you arrive a camp no later than 4:30 pm the Sunday Night before the first day of camp. All Staff Training will begin at 5:00 pm.

The information given in this application is correct, to the best of my knowledge.

Applicant Signature: _____ Date: ____/____/____

Printed Name: _____

Southern New England Ministry Network
Leader Authorization Release/Disciplinary Clause

I understand that participation in camp activities with the Southern New England Ministry Network Camp brings with it a certain amount of risk. I acknowledge and accept the risks of physical injury associated with participation in the activities (including extra activities of paintball and tubing) described in the camp registration. Should there be any activity for which I wish to abstain from, I will notify the Southern New England Ministry Network Camp in writing at the time of registration. In consideration of the risks involved, I understand that the Southern New England Ministry Network Camp and Evangelical Christian Center have taken the necessary precautions to ensure my safety and well being. I hereby release and waive any and all claims against the Southern New England Ministry Network Camp, Evangelical Christian Center, and its staffs arising from my participation in the Southern New England Ministry Network Camp. I also release and waive all personal financial responsibility for any injury or loss sustained during the activities and hold both the Southern New England Ministry Network and Evangelical Christian Center harmless for such injury or loss arising directly or indirectly from said activities.

The health history included in this application is correct as far as I know and I can engage in all prescribed activities, except as noted by the physician and me. **IN CASE OF EMERGENCY**, I hereby give permission to the physician urgent care, or emergency room to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me. I hereby give my consent, in the event that all reasonable attempts to contact my emergency contact have been unsuccessful, for the administration of any treatment deemed necessary by the appropriate licensed physician, nurse, dentist or emergency personnel. I also give permission for the Camp Nurse to administer over the counter medication to me as deemed necessary according to dosing guidelines and attend to any other necessary healthcare means.

I also hereby understand that if I refuse to adhere to the camp policies listed herein, I may be dismissed to go home immediately. I also hereby give permission to the camp staff to inspect the contents of any or all of my personal belongings, and to withhold and/or dispose of any improper or illegal contents.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/legal guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Leader Signature

Please Print Name

Date

Witness Signature (*Required)

Please Print Name

Date

Southern New England Ministry Network
Photo & Video Release Form

I hereby grant the Southern New England Ministry Network permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I agree that the Southern New England Ministry Network may use such images, video and/or audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to bound thereby. I hereby release, defend, hold harmless and indemnify the Southern New England Ministry Network from any and all claims for utilizing this material.

Full Name: _____

Street Address/PO Box: _____

City: _____ State/Province: _____ Postal/ZIP Code: _____

Phone Number: _____ Email Address: _____

Signature: _____

SNEMN Summer Camp Health Exam Form

This form needs to be completed by your physician OR a similar form provided from your physician's office that includes: (1) Physical Examination Date (within 3 years of camp date), (2) Up to date Immunization Record and (3) Signature by physician.

First Name _____ Last Name _____ DOB _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER

DATE OF EXAM ____/____/____

_____ May participate in all camp activities _____ May participate except for _____

Medical Information pertinent to routine care and emergencies: _____

Is this Individual taking prescription or over the counter medication(s)? Yes No

If yes, indicate names of medication(s): _____

Does this individual have allergies? Yes No Explain: _____

Is this individual on a special diet? Yes No Explain: _____ Does this individual have special needs? Yes No Explain: _____

This camper is up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices: (include dates)

	Yes (Include dates)	No		Yes (Include dates)	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal		
Tetanus			Polio		

Comments: _____

Print Name of Medical Care Provider _____

Address _____ Phone _____

Signature of Physician, PA, APRN or RN
Date Form Signed

Southern New England Ministry Network
PASTOR'S REFERENCE FORM

I will be serving at (Circle): **Sr. High Camp** **Jr. High Camp** **Kid's Camp**

Applicant: Fill in personal information – *THEN* give it to your Pastor Reference (**Please Print**)

Applicant Name _____ **Mailing Address:** _____
City State/Zip _____ **Applicant Phone** _____ **Age** _____
Church Name _____ **City/State/Zip** _____
Email Address: _____ **Church Coordinator Name:** _____

The aforementioned has applied for a position at the SNE Ministry Network 's Summer Camp(s). The applicant has submitted your name as a reference. Please complete and return the form before June 1, 2022. Responses will be confidentially reviewed.

How do you know the applicant?

How long have you known the applicant?

How well do you know the applicant?

Have you seen the applicant with children ages: (check all that apply) 8-11 years 12-15 years 16-19 years

How well does the applicant relate to such children?

Would you feel comfortable leaving your children in their care?

Comments:

Is the applicant able to administer discipline without going overboard?

Are there any tendencies or traits, which you feel, might reduce the effectiveness of the applicant in this position? _____

Has the applicant ever been charged for any abuse or sex related activity?

Please give a brief statement, in your opinion, of the applicant's character and attitude _____

Does the applicant have any emotional behavior problems?

Do you believe there is someone we should contact who could provide additional information regarding this applicant? (If so, please provide their name, address, and telephone) _____

Has this person been cleared through your church's child/adolescent abuse prevention policy? Yes No

Please check one:

I am personally acquainted with the applicant and in my opinion he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise questions concerning his/her suitability for working with minors in any activity.

I prefer to discuss my response by telephone. I can be reached at this phone number: _____

Pastor's signature: _____ Date: _____

Pastor's Name: _____

Southern New England Ministry Network
EMPLOYER/TEACHER REFERENCE FORM

I will be serving at (Circle):

Sr. High Camp

Jr. High Camp

Kid's Camp

Applicant Name: _____ **Mailing Address:** _____
City State/Zip: _____ **Applicant Phone:** _____ **Age:** _____
Church Name: _____ **City/State/Zip:** _____
Email Address: _____ **Church Coordinator Name:** _____

The aforementioned has applied for a position at the SNE Ministry Network 's Summer Camp(s). The applicant has submitted your name as a reference. Please complete and return the form before June 1 2022. Responses will be confidentially reviewed.

How do you know the applicant?

How long have you known the applicant?

How well do you know the applicant?

Have you seen the applicant with children ages: (check all that apply) 8-11 years 12-15 years 16-19 years

How well does the applicant relate to such children? _____

Would you feel comfortable leaving your children in their care? _____

Comments: _____

Is the applicant able to administer discipline without going overboard? _____

Are there any tendencies or traits, which you feel, might reduce the effectiveness of the applicant in this position? _____

Has the applicant ever been charged for any abuse or sex related activity?

Please give a brief statement, in your opinion, of the applicant's character and attitude _____

Does the applicant have any emotional behavior problems?

Do you believe there is someone we should contact who could provide additional information regarding this applicant? (If so, please provide their name, address, and telephone) _____

Please check one:

I am personally acquainted with the applicant and in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise questions concerning his/her suitability for working with minors in any activity.

I prefer to discuss my response by telephone. I can be reached at this phone number: _____

Employer/Teacher Signature: _____ Date: _____

Employer/Teacher Printed Name: _____

All Applications due by June 1, 2022 to:
SNE Ministry Network, Student Ministries Department, 307 Sturbridge Rd, Charlton, MA 01507