

Camp BASIC - 2017

Brothers And Sisters In Christ

Dear Friend of Camp BASIC,

Thank you for your desire to serve as a volunteer at Camp BASIC. As a volunteer Counselor, Helper or Staff, you are a vital part of Camp BASIC. We thank God for you and for the gifts that you are willing to share. It is our job at Camp, not only to live and care for the Campers for a week, but to share our lives and faith with them. We can communicate, through word and action, God's amazing love for all of us!

Camp BASIC is held at Wyalusing State Park near Prairie du Chien, Wisconsin. We welcome you to either Week 1 or Week 2. There is a **required orientation session at 3:00 PM** on the first day of each Week. The Campers will arrive the morning of the second day. Everyone will go home in the early afternoon of the last day. Camp BASIC 2017 will be held:

Week 1 – Sunday, June 11th – Saturday, June 17th

Week 2 – Saturday, June 17th – Friday, June 23rd

Counselors are confirmed members of WELS or ELS who are at least 14 years old. Helpers are those not members of WELS or ELS or not yet confirmed. Families are welcome. Families can all use one form, but please list everyone's name, age and t-shirt size. Each family member must be listed on the Authorization for Treatment form. **Minors cannot attend Camp BASIC without parental permission and having all forms signed by a parent.** The Director of your week will send you a detailed letter in May, about what you should bring to Camp and what to expect at Camp.

Please go to www.campbasic.com to apply online or download a form and return it by May 1st to:

Week 1: Aaron Punke
744 Mockingbird Street B204
Brighton, CO 80601
414-305-5026
pepper3038@msn.com

Week 2: David Schlei
14311 Co Hwy 17
Lamberton, MN 56152
507-648-3335
amschlei@hotmail.com

If you have questions about Camp BASIC, please don't hesitate to contact one of the Directors listed above. If you know of someone else who would like to volunteer at Camp BASIC, please share this with them, or refer them to our website at www.campbasic.com.

We are looking forward to a Christ-filled, fun summer! We on the Camp BASIC Board of Directors are grateful for your commitment to share your love of Christ with others. We'll see you in June!

Yours in Christ,

Camp BASIC Board of Directors

Camp BASIC 2017

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VOLUNTEER COUNSELOR/HELPER FORM

Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ Email: _____

M ___ F ___ Age: ___ Birth Date: ___/___/___

School attending(if applicable) _____

Parent/Guardian Name(s): _____

Indicate which week you would like to volunteer:

Week 1 – Sunday, June 11th – Saturday, June 17th

Week 2 – Saturday, June 17th – Friday, June 23rd

If you can't serve at camp for the entire week, what days can you serve during your selected week?

Sunday Monday Tuesday Wednesday

Thursday Friday Saturday

Have you volunteered at Camp BASIC before? Yes No

If so, when: _____

Have you ever been convicted of a crime, other than a minor traffic ticket? Yes No

Indicate what volunteer position you are interested in:

Counselor

Helper (volunteers who are not confirmed, i.e. under 13 years)

Kitchen Help (Week II only)

Nurse

Other: _____

T-shirt size:

Adult Small

Adult XL

Child Small

Adult Medium

Adult XXL

Child Medium

Adult Large

Adult 3XL

Child Large

CHURCH INFORMATION

Church Name: _____

City _____ State _____

Church Affiliation: WELS ELS Other _____

Pastor's Name(s): _____

Phone: (____) _____

Are you Baptized? Yes No

Are you Confirmed? Yes No

PREVIOUS CAMP EXPERIENCE

Have you ever attended or volunteered at a camp? Yes No

Please describe type, what you did, and length of stay: _____

Have you ever worked with individuals who have a developmental disability? Please describe:

Describe any special training you may have: _____

SPECIAL INTERESTS

Leading devotions

Leading camp singing

Acting in skits

Teaching crafts

Directing skits

Organizing / leading a camp activity

Assist nurse

Other _____

Music, what instrument do you play? _____

Are you willing / able to:

Push a camper in a wheelchair or assist with walking

Help a camper with personal cares (shower, eating, brushing teeth, toileting)

Work with an autistic camper

Current Red Cross or other Certification:

Life guarding

CPR

First Aid

First Responder

Other: _____

EMERGENCY CONTACT INFORMATION:

Participant's Name: _____

Emergency Contact/Parent Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Wk Phone: _____ Cell: _____

Second Emergency Contact:

Name: _____ Home Phone: _____

Wk Phone: _____ Cell: _____

YOUR MEDICAL HISTORY:

Do you have any food allergies or diet restrictions? _____

Any other allergies? (medicines, environment, or other)

Any significant medical/surgical issues that we should be aware of? Are you on any specific medications that we should be aware of?

Please remember to bring your insurance card or a copy with you. Minors are encouraged to bring a copy which can be given to the director/nurse for the week.

FOR PARTICIPANTS WHO ARE MINORS:

Please be aware that Camp BASIC does not have trained medical professionals on staff. In the absence of a licensed nurse, Camp Directors will pass out requested over-the counter medication. For this reason it is very important that all you let Camp staff know what over-the-counter medications you will allow Camp staff to dispense.

If needed, which medications may your child take?

- Antacid
- Pepto-Bismol
- Kaopectate
- Maalox
- Anti-diarrhea
- Milk of Magnesia
- Aspirin
- Ibuprofen
- Tylenol/acetaminophen
- Antihistamine
- Decongestant
- Cough syrup/drops

Any additional information: _____

RELEASES TO BE SIGNED BY THE PARTICIPANT OR PARTICIPANT'S GUARDIAN

Releases **must be signed** by the Participant or the Participant's guardian. If the releases are not signed, any Participant who is a minor will not be permitted to attend Camp.

May we release the following to other volunteers and staff?

Email Address: Yes No / Phone #: Yes No / Address: Yes No

CODE OF CONDUCT

By signing this form, I agree to follow Camp rules and in the event of improper behavior I understand that I will be requested to leave Camp. I understand that I am attending Camp as a volunteer and apart from room and board, there is no remuneration or payment. I understand that Camp BASIC is for the benefit of the campers, and I promise to treat each of them with the utmost respect and Christian love.

Signature of Counselor/Helper: _____

Signature of Parent or Guardian: _____

PHOTO / PUBLIC RELATIONS CONSENT AND RELEASE

I understand that Camp BASIC may wish to use my/my child's name, photograph and/or stories with its work and that it needs appropriate consent to do so. Pictures may be taken for the purpose of sharing with the group, for sharing with area churches, the community and on the Camp BASIC web page. I hereby give my permission to Camp BASIC to use for volunteer recruitment, fundraising and other communications purposes, photographs, films or audio recordings concerning myself/my child. I hereby warrant that I have the full power to give this consent to sign this release.

Participant's name: _____

Signature: _____

Participant's or Parent's if Participant is a minor

Printed: _____ Date: _____

AUTHORIZATION FOR TREATMENT

Participant's Name : _____

The person herein described has permission to engage in all Camp activities, unless noted otherwise. Authorization for Treatment: I hereby give permission to the medical personnel selected by Camp BASIC to order X-rays, routine tests, treatment, to release records necessary for insurance purposes, and to provide or arrange necessary related transportation for me or the above named Participant. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp BASIC to secure and administer treatment, including hospitalization, for the person named above.

Signature: _____

Printed: _____ Date: ___/___/_____

(For minors only)

PERMISSION TO ATTEND CAMP BASIC

Participant's name: _____

I grant permission for my son/daughter/ward to attend Camp BASIC and to participate in all Camp activities. I also give permission for Camp staff to dispense medication to my son/daughter/ward as detailed above or in a written statement given to Camp staff. I understand that there are not licensed and trained medical professionals on staff at Camp BASIC.

Signature (parent or guardian): _____

Printed: _____ Date: ___/___/_____