

# Camp BASIC - 2019

## 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 around noon of the last day. Camp BASIC 2019 will be held:

**Week 1 – Sunday, June 9<sup>th</sup> – Saturday, June 15<sup>th</sup>**  
**Week 2 – Saturday, June 15<sup>th</sup> – Friday, June 21<sup>st</sup>**

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 Legal Releases. **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](http://www.campbasic.com) to apply online or download a form and return it by May 1<sup>st</sup> to:

**Week 1:** Aaron Punke  
744 Mockingbird Street B204  
Brighton, CO 80601  
414-305-5026  
[pepper3038@msn.com](mailto:pepper3038@msn.com)

**Week 2:** David Schlei  
14311 Co Hwy 17  
Lamberton, MN 56152  
507-648-3335  
[amschlei@hotmail.com](mailto: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](http://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 2019

## VOLUNTEER COUNSELOR/HELPER FORM

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

M \_\_\_ F \_\_\_ Age: \_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

School attending (if applicable): \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

### ATTENDING CAMP

Which week would you like to attend?

Week 1 – Sunday, June 9<sup>th</sup> – Saturday, June 15<sup>th</sup>

Week 2 – Saturday, June 15<sup>th</sup> – Friday, June 21<sup>st</sup>

If you aren't available the entire week, please select the days you are available:

Sunday     Monday     Tuesday     Wednesday

Thursday     Friday     Saturday

What volunteer position you are interested in?

Counselor

Helper (volunteers not yet confirmed)

Kitchen Help (Week II only)

Nurse

Other: \_\_\_\_\_

T-shirt size: (Your t-shirt is free! Thanks for volunteering!)

Adult Small

Adult XL

Child Small

Adult Medium

Adult XXL

Child Medium

Adult Large

Adult 3XL

Child Large

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

## CHURCH MEMBERSHIP INFORMATION

Church Name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Church Affiliation:  WELS  ELS  Other \_\_\_\_\_

Pastor's Name(s): \_\_\_\_\_

Pastor's Phone: (\_\_\_\_) \_\_\_\_\_

Are you Confirmed?  Yes  No (Check yes if you will be confirmed before camp)

**PREVIOUS CAMP EXPERIENCE** (Experience is NOT required! This only helps us match campers and counselors.)

Have you volunteered at Camp BASIC before?  Yes  No If so, when: \_\_\_\_\_  
Describe any past experience with camps (type of camp, what you did, length of stay, etc.)

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Describe any experience you have with individuals who have developmental disabilities:

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Describe any special training you have that may be relevant: \_\_\_\_\_

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## ABILITIES AND INTERESTS

Are you interested in:

- |   |   |
|---|---|
| <input type="checkbox"/> Leading devotions                                      | <input type="checkbox"/> Leading camp singing                 |
| <input type="checkbox"/> Acting in skits  | <input type="checkbox"/> Teaching crafts                      |
| <input type="checkbox"/> Directing skits  | <input type="checkbox"/> Organizing / leading a camp activity |
| <input type="checkbox"/> Assisting the nurse                                    | <input type="checkbox"/> Other _____                          |
| <input type="checkbox"/> Instrumental 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:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Life Guard   | <input type="checkbox"/> CPR             |
| <input type="checkbox"/> First Aid    | <input type="checkbox"/> First Responder |
| <input type="checkbox"/> 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: \_\_\_\_\_

## MEDICAL INFORMATION

Do you have any food allergies or other dietary restrictions? \_\_\_\_\_

Other allergies? (medications, environmental, etc.) \_\_\_\_\_

Any significant medical/surgical issues or medications that camp staff should be aware of?  
\_\_\_\_\_

Please bring your insurance card or a copy with you to camp. Minors are encouraged to bring a copy for the camp nurse to keep during the week.

### NOTICE TO MINORS AND PARENTS/GUARDIANS:

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 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?

- |  |  |
|--|--|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Cough syrup/drops |
| <input type="checkbox"/> Antacid       | <input type="checkbox"/> Decongestant      |
| <input type="checkbox"/> Antidiarrheal | <input type="checkbox"/> Ibuprofen         |
| <input type="checkbox"/> Antihistamine |  |

*Please note: If the counselor prefers a brand name, they should bring it with them to camp.*

Additional information: \_\_\_\_\_

## CAMP BASIC CODE OF CONDUCT

1 Timothy 3:2 Therefore an overseer must be above reproach.

- Any counselors or helpers should come directly to a director or pastor upon hearing or witnessing anything inappropriate, not talk among themselves and perpetuate rumors.
- No romance- Making new friends and renewing old friendships is an important part of camp life. However, all volunteers must abide by the following standard: Sexually motivated behavior between unmarried individuals is not acceptable at camp. Hand holding and appropriate hugging are acceptable when not disruptive of camp related activities. Any other public display of romantic affection is not allowed – camp should be a space free of sixth commandment temptation. Romance between volunteers can lead to a desire to spend time together at the expense of the campers (for whom we are all responsible). The principle of "actions being above reproach" is to be followed in all behavior. Violations would include any actions that harm his or her ability to serve the campers, fuel rumors or drama among campers or volunteers, or violate the sixth commandment.
- Smoking in the parking lot only. No smoking in or around the cabins or main lodge.
- No alcohol in camp regardless of age.
- No one is to go hiking except for a director/staff organized hike.
- Volunteers over 18 are allowed to leave the camp with permission from a director. This is for the safety of volunteers as well as the legal protection of Camp BASIC.
- Anyone allowed to leave must sign out-this includes the organized hike.
- Everyone must be on the property by 11 p.m. as per Wyalusing State Park Rules.
- Everyone is expected to be in his or her cabin immediately following the end of evening free time. Exception: You are seeking assistance from a director or nurse for yourself, a camper, or a cabin mate.

**Failure to abide by this Code of Conduct may result in the violator being asked to leave at his/her own expense.**

## LEGAL RELEASES

Releases **must be signed** by the participant or the participant's parent/legal guardian. Participants who are minors may not attend Camp unless all releases are signed.

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 abide by Camp BASIC's Code of Conduct and other rules and guidelines as set forth by the board of directors. 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 run for the benefit of the campers, and I promise to treat each camper and volunteer with the utmost respect and Christian love.

Signature of Participant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Participant's name:** \_\_\_\_\_

**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 Camp BASIC web pages. 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.

Signature: \_\_\_\_\_  
Participant or Parent if Participant is a minor

Date: \_\_\_\_\_

**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: \_\_\_\_\_  
Participant or Parent if Participant is a minor

Date: \_\_\_\_\_

**PERMISSION NEEDED FOR MINORS TO ATTEND CAMP BASIC**(For minors only)

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

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_