

SUMMER SURGE HALF DAY CAMP

Junior Volunteer Application

Application deadline: May 1, 2010
Confirmation letters will be mailed out the week of May 3

PLEASE READ CAREFULLY: We would like everyone to have the chance to volunteer. However, due to limited positions & the number of applications we receive, this may not be possible. We will do our best to get everyone, who has applied by the deadline, involved in at least one session. Attendance EVERY day during the camp week is mandatory. Please do not sign up for a session if you are unable to make a full commitment for that week.

Please "rank" the sessions you are interested in:

"1" being your first choice, "2" being your second choice, "0" if you are not available that session.

Session 1: June 21 – 25 **Session 2: June 28 - July 2** **Session 3: July 12 – 16**

Area you are interested in serving: **Counselor** **Crafts, Snacks or Games** **Bible Room**

****Junior Camp will run from 9:30 a.m. to 12:30 p.m. (9:30 a.m. – 2:00 p.m. Friday) ****
Half Day Volunteers are to be picked up at this time unless otherwise notified

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NAME _____ Birthdate: _____

Address _____ City _____ Zip _____

Home Phone: _____ Cell phone: _____

Home e-mail: _____ Parent/Guardian name(s): _____

Your Faith

Who is Jesus Christ? _____

A person is a Christian if _____

Your present church and other Christian activities you are involved in. (Young Life, Youth Group, etc.)

All About You

Describe yourself in five words. _____

The important characteristics of being a good leader are: _____

How, specifically, can you make a positive impact on kids at Summer Surge? _____

What school did you attend this year? _____ Grade? _____

List any honors, activities, or athletics you participated in this year: _____

Camp Experience

Have you been a camper at Summer Surge? Yes No

Write any previous experience as a camp counselor, include the camp name: _____

Your T-Shirt Size:

- Youth Large Adult Small Adult Medium Adult Large Adult X-large

- I understand I must attend the counselor training on Saturday, June 5 from 9:00 a.m. – 12:30 p.m.
(your position may be reassigned if you are not present)
- I will not have my cell phone with me during camp hours. (STRICTLY ENFORCED)

Your Signature _____ Date _____

When you have completed this application, please mail or deliver to:
Summer Surge @ Memorial Park Church ~ 8800 Peebles Road, Allison Park, PA 15101

*****If you are under 18 years of age, please have your parent or guardian complete this portion of the application form*****

I, _____, understand that it is my responsibility to pick up my JR Camp Volunteer at 12:30 p.m. (the end of Junior Camp) each day. The Summer Surge Day Camp uses the entire church and Clayton Center in the afternoons, and therefore, there is no place to “hang out”. In addition, the Summer Surge Staff and Memorial Park Church Staff cannot be responsible for your child after 1 p.m. We will notify you and your child if we can use their assistance with afternoon electives for Day Camp. Please do not assume that they are staying to help if you are not notified.

Parent Signature: _____ Date: _____

Emergency information

In the event of a **minor illness or emergency**, I understand that my child will receive Basic First Aid, and that a log of treatment rendered will be maintained by the camp office. Such minor care may, at times, require the administration of “over the counter” medications. I hereby give permission to the Camp Nurse or his/her designee to administer the following medications as they deem appropriate. I understand that anytime a medication is given, I will be notified.

- Tylenol or Advil for fever/pain ■ Benedryl for allergic reactions ■ Tums/Roloids for stomach upset
- Visine Allergy Eye Drops for allergic reactions involving the eye
- Benedryl Spray/Cream for allergic rashes/minor skin bites
- Topical Antibiotics for abrasions, burns, minor cuts
- Topical Xlocaine Sprays (Solarcaine) for sunburn/other minor burns

In the event of a **medical emergency**, I understand that every effort will be made to contact the parents or guardians of the volunteer. In the event that I cannot be reached, I hereby give permission to the Camp Director and/or the Camp Nurse to seek medical attention for my child. I also give permission to the hospital and/or physician secured by the Camp to hospitalize, to provide appropriate treatment for, and to order injection, anesthesia, and/or surgery for my child as his/her illness or injury warrants.

Parent Signature _____ Date _____

Emergency Phone # (during camp) _____

Name of Insurance Company _____ Policy # _____

Any health concerns: _____