

2017 ROCKY MOUNTAIN KIDS CAMP

CAMP RED CLIFFE

JULY 23-26, 2017

REGISTRATION PROCESS

REGISTRATION

1. Brochures

- a. Set a deadline for registrations to come to your church office.
Deadline: July 2.
- b. Copy and distribute the brochures.

2. Collect all camper registration forms and money.

- > Make sure parents have signed them.
- > Have parents make checks payable to your local church.
- > Rooms and counselors will be assigned by the district staff *prior to camp*.

NOTE: In order to have more flexibility, we are asking campers to request roommates. We will guarantee one requested roommate. We will work hard to provide all three.

3. Mail the church's registrations to the Network Office postmarked by JULY 5.

Send to: Rocky Mountain Ministry Network
Kids Camp
6295 Lehman Dr. Suite 202
Colorado Springs, CO 80918

PLEASE INCLUDE:

- A. Camper Registrations for each camper.
- B. Staff Application / Pastoral Reference for each staff member.
- C. **Financial Worksheet** (*yellow form*).
- D. A check payable to Rocky Mountain Ministry Network

Registration **MUST** include **FULL** payment for everyone attending camp (Campers & Staff).
Please do not bring registration money to camp.
Also \$55 per person will be considered non-refundable should a camper not make it to camp.

AT CAMP

1. All counselors and support staff will check-in with the Camp Director.
2. Only one adult is needed to register your group.
In registration the adult will:
 1. **Verify that all campers and staff are present**
 2. **Receive room assignments** (*Assigned before camp.*)
 3. **Receive t-shirts, name tags, etc.**
3. After registration, the adult will give each kid their room number and their counselor's name.
4. **Have each camper deposit their camp money into the camper bank.**
5. **All medications (camper & staff) must be submitted to the Camp Nurse.**

NOTICES FOR KIDS CAMP 2017

1. **CAMP REGISTRATION CLOSES ON JULY 2.**

ALL REGISTRATIONS MUST BE MAILED AND/OR POSTMARKED TO THE DISTRICT OFFICE BY JULY 5.

Rooms, counselors, nametags, & t-shirts will be designated before camp.

2. **CHURCHES NEED TO SUPPLY COUNSELORS.**

If we charge the kids enough to cover the cost for counselors/staff, camper costs would be prohibitive for many families. We want every kid to come to camp. We also want a great staff. Every church will need to bring at least one counselor for every seven campers.

If this is not possible, the church will need to pay for a substitute counselor to attend camp; however, this must be arranged through the **Kids Camp Director, Keith and Sandy Markham.**

Churches are encouraged to send as many counselors as possible. Let us know how we can work together to insure a successful camp.

3. **WE NEED MALE & FEMALE COUNSELORS.**

Counselors are the key to a great camp. Please make every effort to bring both male and female counselors.

4. **CHURCHES ARE REQUIRED TO SCREEN EACH STAFF MEMBER.**

We are relying on the local churches for the screening of their workers. Please make sure that your workers are properly screened prior to attending Kids Camp. On the Pastoral Reference form included in this packet it will ask you to verify that your workers have been screened and provide us with the date of that screening.

KIDS CAMP, CAMP RED CLIFFE, JULY 23-26, 2017

To keep costs down for campers, we are asking staff and churches to pay \$60.00 for each staff member. Please give this form to your children's pastor or kid's camp coordinator by **July 2**.

PLEASE PRINT CLEARLY

POSITION APPLYING FOR

___ COUNSELOR ___ RECREATION ___ WHEREVER NEEDED ___ OTHER _____

SPECIAL QUALIFICATIONS AND SKILLS

___ WATER SAFETY INSTRUCTION ___ ADVANCED FIRST AID ___ EMT ___ SPORTS
 ___ ROPES COURSE OR CHALLENGE COURSE CERTIFIED ___ LEADING WORSHIP/SONGS
 ___ PUPPETS ___ DRAMA ___ MUSIC ___ BIBLE QUIZ ___ SCIENCE ___ CRAFTS
 ___ VIDEO ___ GUITAR
 ___ OTHER _____

PERSONAL INFORMATION

Name _____ Sex: Male Female Birthdate _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Email _____
 Occupation _____ Work Phone _____
 Home Church _____ City _____
 How long have you attended the above church? _____ Member: Yes No
 Have you asked Jesus to be your Savior? Yes No Have you been baptized in the Holy Spirit? Yes No

T-SHIRT: (no charge) Adult Sizes: (circle one) S M L XL 2XL 3XL

MEDICAL INSURANCE

Insured by _____ Policy # _____
 Insurer's Address _____ Phone _____

Notes: Camp insurance covers only accidents at camp. Preexisting conditions are not covered.
 Camp insurance is secondary insurance, covering only what your personal insurance does not cover.

CAMP EXPERIENCE

Camper? Yes No Years _____ Where _____
 Camp Staff? Yes No Years _____ Where _____
 Duties _____

PERSONAL

Spouse's name _____
 In case of emergency, contact _____ Phone _____
 Do you have any disabilities or limitations? Yes No If yes, please explain _____

CONFIDENTIAL INFORMATION

Have you ever been convicted of a felony or any other crime, other than traffic violations? Yes No
 If yes, please explain _____
 Have you ever been convicted of a drug related charge or had charges reduced in a plea bargain?
 If yes, please explain _____
 Have you ever physically or emotionally abused a child? Yes No
 If yes, please explain _____
 Have you ever been dismissed from employment or a volunteer position in a child supervisory capacity? Yes No
 If yes, please explain _____
 Will you give the Rocky Mountain Ministry Network of the Assemblies of God permission to do a confidential criminal background check on you? Yes No
 In signing this application, you are agreeing to a random drug screening test and release of all criminal records.

REFERENCES

Please give the names and addresses of two mature, non-related Christian friends.
 In addition to those names, please have your pastor complete the "Pastor's Reference Form."
 Name _____ Name _____
 Address _____ Address _____
 Phone _____ Phone _____

I pledge myself to a week of cooperative ministry with the directors and staff of the Rocky Mountain Camps.
 I will abide by all rules and will maintain a Christ-like attitude. I will also do whatever is asked cheerfully.

Signature _____ Date _____

PASTORAL REFERENCE

CAMP STAFF – KIDS CAMP – CAMP RED CLIFFE – JULY 23-26, 2017

STAFF APPLICANT'S NAME _____

The above-named person has applied for a staff position at Kid's Camp this coming summer. We would appreciate your CONFIDENTIAL comments on the applicant.

Since it is impossible for us to become personally acquainted with all the applicants, we must rely heavily upon your recommendation. Please complete this evaluation and return it to us, as soon as possible. The candidate's application cannot be processed without this reference form. Thank you for your assistance.

RETURN TO:

Rocky Mountain Ministry Network
 Kids Camp
 6295 Lehman Dr. Suite 202
 Colorado Springs, CO 80918

1. Do you believe the applicant to be a well-grounded Christian? Yes _____ No _____

2. Does the applicant attend your church? Yes _____ No _____ How long? _____
3. Describe the applicant's involvement in local ministry. _____

4. To the best of your knowledge, has the applicant been charged with or convicted of a felony? _____

5. What leadership qualities has he/she evidenced? _____

6. The applicant will be in direct contact with children. To the best of your knowledge, is there anything in the applicant's past or character that would cause you to question their ability to be used in this capacity? _____

7. Have you completed a criminal background search on this applicant? Yes _____ Date Completed _____
8. Does he/she have any emotional, mental, or physical handicaps? _____

9. To the best of your knowledge, does he/she use drugs, alcohol, tobacco, or has he/she been charged or convicted for illegal use of these items? _____

10. Would you recommend him/her to work with children, without reservation? Yes _____ No _____

CHECK THE FOLLOWING:

	Excellent	Good	Fair	Poor
Spiritual depth and maturity	_____	_____	_____	_____
Dedication to Christ	_____	_____	_____	_____
Christian standards	_____	_____	_____	_____
Ability to get along with others	_____	_____	_____	_____
Follows through on instructions	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Teachability	_____	_____	_____	_____
General attitude	_____	_____	_____	_____
Disposition	_____	_____	_____	_____
Health	_____	_____	_____	_____
General appearance	_____	_____	_____	_____
Faithfulness	_____	_____	_____	_____

COMMENTS:

SIGNATURE _____ Date _____

Print your name _____ Church _____

Phone _____

2017 RMMN KIDS CAMP – CAMP RED CLIFFE FINANCIAL WORKSHEET

(Send completed form, registration forms and payment to the RMMN postmarked by July 5.)

Church Name _____ City _____

Children's Leader Attending Camp _____

Total Number of Campers _____ x \$110.00 = \$ _____

Number of staff attending camp _____ x \$60.00 = \$ _____ *(add)*

FAMILY DISCOUNTS

	FIRST CHILD	SECOND CHILD <i>(\$20.00 discount)</i>
Family One	_____	_____
Family Two	_____	_____
Family Three	_____	_____
Family Four	_____	_____

Number of family discounts _____ x \$20.00 = \$ _____ *(subtract)*

Number of camp pictures _____ x \$10.00 = \$ _____ *(add)*

Number of camp videos _____ x \$10.00 = \$ _____ *(add)*

CHURCH TOTAL = \$ _____

Send the form and a check with the total to RMMN by July 5 = \$ _____ *(subtract)*

BALANCE *(should be 0)* = \$ _____

To be completed by Camp Staff:

NOTES: