



Camp Bennett 2018

Counselor in Training (CIT)

APPLICATION

Ages 13-16 yrs.

Office Use Only	
Date:	_____
Cabin	_____
Paid:	_____
Medical Forms	_____
Camp Wk:	_____

CAMP BENNETT

A MINISTRY OF CENTRAL UNION MISSION

20501 Georgia Ave. • Brookeville, MD 20833
Phone: 301-774-4420 • www.campbennett.org
Kevin Hollowell Camp Director

Please Note... All applications must include:

- A copy of your **birth certificate** (No exceptions)
- Maryland state law requires that you must submit your **immunization record** even if you have attended camp previously.
- **Doctor's signature** is **REQUIRED** for anyone with asthma bringing an inhaler or medications to camp. (Paperwork enclosed)
- Applications without required paperwork will not be considered. Admission is as space permits on a first come, first served basis.
- **\$20 per person**, per registration – CASH and MONEY ORDER, payable to Central Union Mission.
- **Kevin Hollowell, Camp Director, will follow up directly with the applicant selected for CIT.**

Personal Contact Information (Please Print)

Applicant's Name (First, Last) _____

Age at camp this summer: _____ (**Ages 13-16yrs.**) Can you swim? _____

Male _____ Female _____ Birth date _____/_____/_____

Street Mailing Address: _____

City _____ State _____ Zip Code _____

Custodial Parent/Guardian Name _____

Relationship to Child _____

Best phone number to reach you _____

Email: _____

If Parent not available in an emergency notify: _____

Phone Number _____ Relationship to Child _____

Required Signatures



Permission to Photograph or Video

I grant permission for my child to be photographed and/or videoed while [s]he is participating in Camp Bennett or Central Union Mission activities. I understand that any photographs and video may be published or used by Central Union Mission for promotional publicity, historical purposes, and the like. I further understand that I am relinquishing all legal rights for payment or redress with respect to the publication of any photographs and video.

Signature _____ Date _____
Custodial Parent/guardian

Signature _____ Date _____
Custodial Parent/guardian

Please Note: In cases of joint custody, signatures of BOTH parents/guardians is required

By signing below I grant permission for my child to participate in Central Union Mission's summer camp at Camp Bennett without restriction, to include off-site field trips if such should be planned. I grant Central Union Mission permission to transport my child to and from the Mission and on (yet unscheduled) field trips. I also acknowledge that Camp Bennett utilizes a high ropes course, and an outdoor swimming pool as part of its activities and have had opportunity to inquire regarding the nature of these activities and give full permission for my child to participate in these activities.

Signature _____ Date _____
Parent/guardian

Signature _____ Date _____
Parent/guardian

Please Note: In cases of joint custody, signatures of BOTH parents/guardians is required

Camp Bennett Health Information

Primary Care Provider/Physician Information

(Please Check ONE)

_____ Participant **DOES** have a Primary Care Provider/Physician.

PCP/Physician _____ Phone # _____

_____ Participant **DOES NOT** have a Primary Care Provider/ Physician at this time.

Continued on the next page...

<u>INSURANCE INFORMATION</u> (Please Check ONE)	
_____ Participant <u>DOES NOT</u> have health care coverage at this time.	
_____ Participant has health coverage (fill in below)	
Insurance Provider: _____	Phone No.: _____
Policy Holder : _____	Policy # _____
Group # : _____	Effective Date: _____

**Immunization Requirements:
STATE REQUIREMENTS FOR RESIDENTIAL CAMPS**

***All staff/campers under the age of 18 are required to provide Camp Bennett with a copy of immunization records including those who attend Maryland private or public schools.**

Is the participant exempt from immunization for medical or religious grounds? _____ Yes _____ No (see below)

For participants who reside outside the United States, a United States territory, or the District of Columbia: Country in which child resides _____ Please attach Department form DHMH-896.

(Record of vaccination or immunity)

All staff/campers must be current on all immunizations, unless they provide a written statement from either their physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons. *If either of these situations applies to you, you must provide a copy of the Maryland Department of Health and Mental Hygiene Immunization Certificate for your child. (Included in your health packet)*

Date of most recent Tetanus Immunization Booster: _____ (Must list month and year)

Will your child bring an inhaler to camp? _____ **(REQUIRED: Please fill out the Asthma Action Plan form)**

Will your child bring an epi-pen to camp? _____ Is your child ADD or ADHD? _____

Will your child bring any medications to camp? _____ *If yes, I would like to inform the camp that at least one dose of the medicine was given to my child at home.* **(REQUIRED: Please fill out Medication Administration**

Parent Signature _____

Date _____

IV. General Questions (Check only those that apply. Explain "Yes" answers below)

Has/does the participant:	YES	YES
1. Had any recent injury, illness or infectious disease? (within the last 6 months).....		12. Ever had problems with joints (e.g. knees, ankles, etc.)?.....
2. Have a chronic or recurring illness/condition?		13. Have any skin problems (e.g. rash, itching)?
3. Ever been hospitalized?.....		14. Have diabetes?
4. Ever had surgery?.....		15. Have asthma? (See Asthma form).....
5. Ever had a head injury?.....		16. Have mononucleosis in the past 12 months?
6. Wear glasses, contacts or other eyewear?....		17. Had problems with diarrhea/constipation.....
7. Ever had frequent ear infections?.....		18. Have problems with sleepwalking.....
8. Ever had seizures?.....		19. Have a history of bed-wetting.....
9. Ever had high blood pressure?.....		20. Ever had emotional difficulties for which professional help was sought?.....
10. Ever been diagnosed with a heart murmur?		21. Please list allergies below (food, drug, Environmental)
11. Ever had back problems?.....		

Please explain any "yes" answers

Will your child bring an inhaler to camp? _____ (REQUIRED: Please Fill Out the Asthma Action Plan form)

Will your child bring an epi-pen to camp? _____ Is your child ADD or ADHD? _____

Will your child bring any medications to camp? _____ (REQUIRED: Fill Out Medication Administration Authorization Form)

_____ This participant takes **NO medications** on a routine basis. Some over-the-counter medications may be supplied by the health center as needed. (See list below) Be certain you have listed allergy information.

Please circle medications in the box below you **DO NOT** want the participant to receive.

I approve my camper to take all of the following medications as needed **EXCEPT** (please circle):
Any meds NOT listed require a doctor's order (Complete Medication Administration Authorization Form)

- Hydrogen Peroxide	- Tylenol	- Chloraseptic throat spray
- Antiseptic spray	- Benadryl	- Throat lozenge
- Antibiotic ointment	- Ibuprofen	- Cough drop
- Hydrocortisone cream	- Sudafed	
- Calamine lotion	- Cough suppressant/expectorant	
- Burn gel with lidocaine	- Antacid (Tums or Pepto-Bismal)	
- Topical muscle rub	- Emetrol (anti-nausea)	
- Caladryl (anti-itch)	- Anti-diarrheal	

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health of which the camp should be aware (including learning disabilities).

Health Services Authorizations

This health history is correct and complete as far as I know. The completed form may be photocopied for trips out of camp.

I agree that Camp Bennett, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to myself or my child, and/or anyone claiming on my or my child's behalf, and I further agree to hold harmless, indemnify and defend Camp Bennett, its officers, staff, agents, employees, trustees and volunteers for and from any and all liability, claims, losses, injuries, expenses, fees and/or damages arising out of any injury, illness or death to myself or my child or property damage during my or my child's attendance at Camp Bennett. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including order x-rays or routine tests, and ordering injections and/or anesthesia or dental work. I agree to the release of any records necessary for insurance purposes.

In accordance with government HIPAA Regulations, I hereby authorize Camp Bennett's health officials to share health information and health history with the other staff members on a need to know basis. This includes the camp director, head counselor, and counselors that have the participant in their care. The purpose of this disclosure is for the necessary staff to be prepared in advance for any medical emergencies. The health information that may be disclosed will be from the Health Information Form, Medication Form and Immunization Records. I authorize release of medical information to Dr. David Harding and associates, Camp Bennett's physician, for necessary treatment while attending camp. I also authorize the release of medical information from my child's doctor's office to Camp Bennett. This authorization is valid from June 26 through August 11. I understand that this information is released to help with treatment.

Additional Parent/Guardian Authorizations for participants under 18: The minor child herein described has permission to engage in all camp activities except as noted. I give permission to the camp for the use of camp stocked over-the-counter medications to be administered as ordered by the camp physician. In the event of an emergency, I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for my child.

Signature of parent/legal guardian: x _____

Printed Name: _____ Date: _____

Preference for Camp Sessions: Please prioritize your top 3 choices:

Week 1 June 25-30 _____

Week 5 July 23-27 _____

Week 2 July 2-6 _____

Week 6 July 30-Aug 3 _____

Week 3 July 9-13 _____

Week 7 August 6-10 _____

Week 4 July 16-20 _____

Have you attended or served at Camp Bennett in the past? When and in what capacity? _____

Other camping experience: _____

Awards and Certifications: (Note expiration dates on ARC, NSC and NRA)

National Safety Council _____ Wilderness first Aid

American Red Cross ___ CPR for Professional Rescuer ___ Life Guarding ___ Advanced Life Saving

Specific Camping/Recreational skills you can teach: _____

Some information about you...

What is your church home, and what is your participation there? _____

Have you ever been hospitalized or has it been recommended for physical/emotional reasons?
_____ Yes _____ No

Do you have physical/emotional limitations or problems **(please include any allergies)?**
_____ Yes _____ No

If your answer is yes to either of the above two questions, please explain: _____

The following questions are important for your acceptance as a CIT.

Please take your time in answering them.

(If you need additional space to answer, please use the back pages with additional space on this application.)

What does it mean to be a counselor and what qualities would a counselor have? _____

What would you like to accomplish as a counselor in training? _____

What role does God play in your life?

From your perspective, what is the Bible?

Have you ever been subject to school discipline? If yes, please describe:

Why do you want to be a CIT at Camp this summer?

References

Please list two adult references below. Do not use parents, relatives, or Central Union Mission/Camp Bennett employees. At least one of these references should be from your church.

Name/Relationship	Mailing Address	Phone #
1) _____	_____	_____
2) _____	_____	_____

Please put your initials in each blank if you are in agreement with the statement.

Rumors, backbiting, and unresolved interpersonal issues soon tear apart the people of God. Matthew 18: 15-17 is clear about how to handle disagreements, misunderstandings and troubled feelings. Do you agree to talk only with the person/persons who have offended you about the offense, and not talk to anyone else about the offense until you have worked through the problem in the proper biblical steps? _____

Do you agree to welcome a person that you have offended who comes directly to you to resolve the issue, and if the issue is not resolved, proceed through this biblical process? _____

I understand that the Camp Director and camp leadership is are in place to provide a safe and nurturing environment for campers and staff, as well providing smooth camp operations. I agree without hesitation to abide by all camp rules and the leadership of the senior camp staff. _____

Central Union Mission Statement of Faith

We hold the Bible to be God’s Holy Word in its entirety. It is inspired in every part by the Holy Spirit (II Timothy 3:16, II Peter 1:21).

We hold that man was created in the image of God, holy and innocent; that of his own choice, he sinned, and as a result, brought death upon all humanity (Romans 3:23, 5:12, 6:23).

We hold that Jesus Christ is God, born of a virgin, that He gave His life on the cross where He, who knew no sin, was made sin for us; that He was buried and rose from the dead and afterward ascended into Heaven, from whence He will come again (John 5:39, II Corinthians 5:21, I Corinthians 15:4, Acts 2:9-11).

We hold that we are saved by grace through faith, apart from works; that the sinner who repents and personally accepts the finished work of Christ on the cross, becomes a child of God; is made a new creature and is indwelt by the Holy Spirit (Ephesians 2:8-9, John 1:12, II Corinthians 5:17, John 14:17).

We hold that Jesus is coming again for His church, to establish His kingdom on earth, to judge the wicked and the lost, cast death and hell into the lake of fire, and dwell with the saints forever (John 14:3, Titus 1:13, I Thessalonians 5:16-17, Revelation 20:6, 15, 22:1-5).

We hold that through preaching, teaching, and ministering, Central Union Mission must use its resources and activities to bring men, women, and children under the power of the Gospel; that they may have victory over sin, come into fellowship with God and live Spirit-filled, fruitful lives in Christ.

I am in agreement with the above Statement of Faith, except as noted here:

By signing below, I believe my responses in this application are a fair and clear statement of my situation, feelings, and beliefs at the present time and that I believe I am fitted for service at Camp Bennett in the position applied for.

Signature: _____ **Date:** _____

Please have parent or legal guardian sign below.

I have read this application. I affirm the truthfulness of answers given to the best of my knowledge, and I understand what is expected of my above-mentioned dependent at Camp Bennett.

Signature _____ **Date** _____
Custodial Parent/guardian

Signature _____ **Date** _____
Custodial Parent/guardian

Please Note: In cases of joint custody, signatures of BOTH parents/guardians is required

Please check below:

_____ I have submitted with this application **cash or money order for \$20** (payable to Central Union Mission) to cover my registration fee, and I understand this payment is non-refundable.

_____ I have submitted with this application my Birth Certificate **(Required)**

_____ I have submitted with this application my immunization records **(Required)**

_____ I have submitted with this application the **Health Information sheets** required.

Please mail applications to:

Kevin Hollowell, Director of Camp Bennett
20501 Georgia Ave.
Brookville, MD 20833

Cell: (202) 437.5643

Email: khollowell@missiondc.org

→ All applications should be sent at least 3 weeks prior to preferred camp date

→ Kevin Hollowell will follow up with accepted CIT participants.