

PRESENTED IN PARTNERSHIP WITH CAMP TOMAH SHINGA



"SINCE, THEN, WE HAVE SUCH A HOPE, WE ACT WITH GREAT BOLDNESS." 2 CORINTHIANS 3:12

HOLLIS CROSSINGS SUMMER DAY CAMP 2019

BEGIN. OWN. LEARN. DO.

YOUTH VOLUNTEER OPPORTUNITIES

WHAT IS HOLLIS CROSSINGS?

Hollis Crossings Summer Day Camp is a fun, active and faith-filled week during the summer for children grades K-5. During the week, kids run, play, jump, explore the outdoors and make new friends... while experiencing God love for all. Hollis receives both staff and program from Camp Tomah Shinga, an accredited camp with Lutheran Outdoor Ministries.

WHY IS HOLLIS CROSSINGS UNIQUE?

50% of our campers each year are children who would otherwise not have a camp experience. Through generous scholarships from Atonement Lutheran, Salem Lutheran, Trinity Lutheran and many individuals about 20-25 children will have a camp experience this year. If you would like to apply for a scholarship please contact the Hollis office. Past organizations that have benefited from the scholarship program are ReStart, Catholic Charities (International Refugee Program), LUMA, Metro Lutheran Ministries, and Rosedale Development Association.

WHAT IS THE BIBLE STUDY THEME?

The Bible study theme for summer 2019 is **BE BOLD**
"Since, then, we have such a hope, we act with great boldness"
- 2 Corinthians 3:12

WHO CAN ATTEND?

Children grades K-5. Campers who have completed Kindergarten through 5th grade are welcome to attend.

WHEN IS CAMP?

Session #1: June 10-14

Session #2: July 8-12

Camp runs 9 AM to 3 PM, Monday through Friday.

WHERE IS CAMP LOCATED?

Hollis Renewal Center, Bonner Springs, which is located just south of the Kansas Speedway & Legends shopping center off of 110th Street & I-70. Our physical address is 11414 Kansas Avenue Kansas City, KS 66111. Campers meet at the Hollis Lodge each morning.

I WANT TO VOLUNTEER

We would love the help! We are now accepting volunteer staff applications from youth & Hollis Crossings Alumni who want to volunteer for the week of camp, who at minimum have completed 6th grade. If interested, please fill out the following volunteer application and submit via email. We will review, and contact you to discuss your volunteer position. Note, in order to provide volunteers with shirts and snacks, we ask for a donation of \$20 for the week.

Email questions and applications to info@holliscenter.org

WHAT DO VOLUNTEERS WEAR & BRING?

Volunteers wear clothes they don't mind getting dirty, closed-toe shoes like tennis shoes (no sandals or flip flops) sunblock and bug spray. Bring a sack lunch each day except Thursday; snacks and drinks are provided daily.



HOLLIS

*Offering Christian hospitality
in this place since 1988.*



MAILING ADDRESS

PO Box 402
Bonner Springs, KS 66012

P: (913) 441-0451

PHYSICAL ADDRESS

11414 Kansas Ave
Kansas City, KS 66111

info@holliscenter.org

www.holliscenter.org



Select Camp Week (one or both)

☐ Session #1: June 10-14

☐ Session #1: July 8-12

Volunteer Name _____ ☐ Male ☐ Female Birth Date: _____

Grade (2018-2019) _____ T-shirt Size: ☐YMD ☐YLG ☐YXL ☐SM ☐MD ☐LG ☐XL

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Church _____

Adults Living with Volunteer (If under 18) Parent/Guardian)

Name _____ Day Phone _____ Cell Phone _____

Name _____ Day Phone _____ Cell Phone _____

E-mail Address _____

Emergency Contacts/Alternative Persons Authorized for Participant Pick-up

In case of an emergency, we always try to contact the guardian(s) listed above first. If that is not possible, we will also need the names of at least three other contacts (relatives/friends). **Only the adults listed below will be eligible for picking up the participant without a legibly written note signed by the parent/guardian.**

| | | |
|-------------------------|-------------|-------------|
| Name/Relationship _____ | Phone _____ | Phone _____ |
| Name/Relationship _____ | Phone _____ | Phone _____ |
| Name/Relationship _____ | Phone _____ | Phone _____ |

Medical History:

Known Allergies (medication, food, other)

Medications being taken OTC (list dosage & time taken)

Medical History

| | |
|-----------------------------------|--|
| Recent Injury, illness or disease | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Frequent Headaches or head injury | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Glasses/Contacts | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Chest Pain After Exercise | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Heart Murmur | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Joint Problems | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Asthma | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Diabetes | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Epilepsy/Seizures | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Emotional Difficulties | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Behavior Concerns | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Orthodontic Appliances | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Surgery | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Please explain any "Yes" answers

List any Chronic/Recurring Illness

Medical Insurance Company _____ Policy # _____

Date of Last Medical Exam _____

Family Doctor _____ Phone _____ Preferred Hospital _____

Additional Information (*i.e. physical limitations, restriction on camp activities, disabilities, special diet, etc.*)

Authorizations:

Permission to administer over-the-counter medications:

I (parent/guardian) give permission for Hollis Renewal Center(HRC) /Camp Tomah Shinga (CTS) to provide routine healthcare and administer over-the-counter medications if the health care staff deems necessary. I understand the Hollis staff will administer medications per instruction in the CTS medical treatment plan, which is approved by a physician, that dosages will be administered according to the directions on the bottle unless a physician directs otherwise, and that health history forms will be reviewed for allergies and parental recommendations prior to administration of the over-the-counter medications.

Date _____ Parent/Guardian Signature _____

Permission to participate, authorization for treatment, photo/video:

This health history is complete so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted, including hiking the trails. AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by Camp Tomah Shinga (CTS) to order X-rays, routine tests, treatment and necessary transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by CTS to secure an administer treatment, including hospitalization, for the person as named above. PHOTO/VIDEO RELEASE: I also give Camp Tomah Shinga (CTS) & Hollis Renewal Center (HRC) permission to use any photograph/video of my child taken at Day Camp in the future promotions of CTS& HRC.

Date _____ Parent/Guardian Signature _____

Volunteer Authorization:

With my parents/guardian, I have completed the above information and will assume the responsibility for my medications and for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety and well-being while at camp.

Date _____ Volunteer Signature _____

To help make your child's time at Day Camp successful, it is vital that we are aware of any unique needs or special concerns they may have. Please explain any special learning considerations, family circumstances, relevant experiences, activity restrictions or anything that would help us better prepare for your child's upcoming camp experience. In the event of an emergency or serious illness/injury, parents will be notified by camp staff.