

2021 Cabin Leaders for Girls Camp

Date: July 8 (arrival 3pm) through July 11 (2:30pm)

Where: Camp Wo-Me-To, 1200 Knopp Rd, Jarrettsville, MD 21084

Who: Young ladies 15 yrs. and older

Application deadline: **May 8, 2021**



Please mail complete form and send to: Jancy Glisson, 1712 S. Kaywood Drive, Salisbury, MD 21804.

For additional information please contact: Jancy Glisson, 443-944-6158, raisinpie@comcast.net

Cabin Leader: No one under the age of 18 requires a background check. Every cabin leader/adult attending over 18 years old **must have the appropriate background check submitted by the May 38, 2021 deadline.** Please use the following link for background check. <https://ministryopportunities.org/BaptistCM>. **You must be rescreened every year. Background checks from other organizations will not be accepted. There are no exceptions.**

PLEASE PRINT CLEARLY

Staffer's Name _____ Age _____ DOB _____

Home address _____ City _____ State _____ Zip _____

Email address _____

Preferred Phone Number _____ (Circle one) home /cell _____ Last grade completed _____

Parent/Guardian Name _____ Email _____

T-shirt size (choose one) **YS YM YL YXL AS AM AL AXL A2XL**

Names of parents/guardians authorized to pick up staffer under 18: _____

Are you a Christian? _____ Church member? _____ Church's name? _____

Is there anything that would prohibit full participation in the camping program? _____ If yes, please list specifics: _____

Please list any other special information we need including sleepwalking, bedwetting, and food allergies. Please note if staffer has a vegetarian, vegan or gluten free diet.

Snacks & Gift Shop: The snack shack and gift shop will be open at scheduled break times. Participants will want to bring extra money for purchasing snacks as well as gifts.

Cell phone use limited to camp communications. Emergency calls will be placed by camp director, Jancy Glisson. Incoming calls will be checked often and returned as soon as possible. The camp office number is 410-557-6296.

Early departure: Staffers under 18 must have a signed note and be picked up by an authorized parent/guardian. It must be sent in advance to the camp director or given to the camp director during the on-site registration.

Checkout from Camp: All Cabin Leaders **MUST** checkout with the program director before leaving camp. Cabin Leaders under 18 must depart with an authorized parent/guardian.

Personal Medical Information

Please attach a copy of the FRONT and BACK of your insurance card. Insurance information required for Camp admission.

Staffer's Name _____

List any medical difficulties for which staffer is currently being treated: _____

Check and give dates for conditions which the staffer has experienced. asthma _____ seizures _____

ear infections _____ hay fever _____ diabetes _____ dizziness _____ tetanus shot _____

Current medications: Fill out **attached** staffer's medication form and send with registration. If no medication is needed, please sign the **Authorization for Swimming** at the bottom of the form and return with registration.

Emergency contacts:

Name _____ Phone _____

Name _____ Phone _____

Primary Care Physician _____ Phone _____

Permission for treatment (if under 18). If my child becomes sick while attending any camp function, I give permission for the camp's health/safety representative to issue the following non-prescription medications:

- | | |
|-------------------------------|------------------------------|
| ___ Acetaminophen (Tylenol) | ___ Antihistamine (Benadryl) |
| ___ Ibuprofen (Motrin, Advil) | ___ Mild laxative (Ex-lax) |
| ___ Imodium AD | ___ Antacid (Mylanta) |
| ___ Calamine lotion | ___ Sore Throat Lozenge |

****Staffer/Parent (if under 18) signature** _____ **Date** _____

Authorization (if under 18) for medical treatment, sunscreen use and application, and media release.

Due to COVID-19, a screening will be conducted prior to registration. Any camper with symptoms, cannot be registered for camp. **IN CASE OF EMERGENCY,** I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injection of medications for my child.

Sunscreen containers must be clearly labeled with the camper's name and must be provided to camp staff at check-in. We highly recommend SPF 30 spray sunscreen. Campers should apply the sunscreen on their own. If assistance is needed it will be provided by camp staff ONLY if specifically authorized.

I hereby give WMU of MD/DE and Camp Wo-Me-To permission to use any photographs or video recordings, statements and testimonial notes of my child or myself for any media, advertising, publicity, commercial, Facebook posting or any other business purposes conducted by the WMU of MD/DE and Camp Wo-Me-To. I agree to allow them to use any images or declarations and waive all right to compensation or ownership of the materials.

I hereby give WMU of MD/DE and Camp Wo-Me-To permission to use my email as a contact for upcoming events.

****Staffer/Parent (if under 18) signature** _____ **Date** _____

Print name _____

Medication Form for: _____

Cabin number (completed by nurse only): _____

Medicine	Dosage	Morning	Noon	Evening	Other	As Needed

Inhalers and EpiPen will remain with campers at all times.

Prescription medicines must be in original pharmacy packaging and will only be dispensed per doctor's instructions.

Non-prescription medicines must be in original packaging and will only be dispensed per package instructions.

Authorization for Swimming

The Camp Wo-Me-To pool has a shallow water section and a deep water section. Campers who want to swim in the deep water **must** pass a swimming test by our lifeguards. There are lifeguards on duty at all times. No camper will be allowed in the pool area without a signature below.

Check one: Advanced Swimmer Average Swimmer Non—Swimmer

_____ is granted my permission to go swimming while attending camp.

**** Staffer/Parent (if under 18) signature** _____ **Date** _____

Name: _____

Check the following items you can assist with. Circle those you can lead.

Drama

- _____ Skits
- _____ Puppets
- _____ Mime
- _____ Creative Movement
- _____ Human Video

Sports

- _____ Softball
- _____ Volleyball
- _____ Field games
- _____ Canoeing
- _____ Creek walking
- _____ COPES

Music

- _____ Sing
- _____ Solos
- _____ Ensemble
- _____ Lead group singing
- _____ Play piano
- _____ Play guitar
- _____ Other instrument

Sign Language

- _____ Signing to music
- _____ Signing scripture

Please list your hobbies and leisure time activities: _____

Girls Camp Staff

Cabin Leader: Cabin leaders are required to be at least 17 years old by June 1 or a high school graduate. Each cabin leader is responsible for 10-12 girls. She will be involved in planning activities for the girls (under direction of the Program Director) and seeing that those activities are creatively implemented. Being a cabin leader requires a great deal of maturity, patience, and an understanding of children. Cabin leaders receive complimentary room and board with a small stipend.

Cabin Leader-In-Training: Cabin Leaders-In-Training are required to be 15 years old by June 1st (completed 10th grade) for younger girls and 16 years old by June 1st (completed 11th grade) for older girls. She will work closely with the cabin leader and the campers and will assist in the camping program. She should have a mature attitude and a sincere desire to work with her cabin leader. Cabin leaders-in-training receive complimentary room and board with a small stipend.

1. Indicate the staff position for which you are applying. Clearly mark the first and second choice.

_____ Cabin Leader

_____ Cabin Leader-In-Training

_____ Music Director

_____ Recreation Director

_____ Tech Support/Photographer

Will you be available for an interview? Yes/No

2. Have you had previous experience as a camp staffer? _____ If so, please list where and when:

3. Briefly describe how you became a Christian: _____

4. Please share about your involvement in *Acteens* or *Women on Mission*: _____

5. List activities and/or specific responsibilities you have/have had in your church or school: _____

6. At the present time what are some goals that you have and what is your understanding of God's plan for your life? _____

7. Please explain why you want to work at Camp Wo-Me-To: _____

8. What does mission's education mean to you? _____

9. Do you have any specialized training that may be useful? CPR ____ AED ____ Lifeguard ____ Childcare ____ Other _____

References:

1. Pastor's Name: _____

Pastor's Church: _____

Address: _____

2. WMU Director/Acteens Leader's Name: _____

Address: _____

3. Adult Friend's Name: _____

Address: _____

Mail application to: Jancy Glisson, 1712 S. Kaywood Drive, Salisbury, MD 21804, raisinpie@comcast.net

MARYLAND - DEPARTMENT OF HEALTH

AMENDED DIRECTIVE AND ORDER REGARDING YOUTH CAMP PROGRAMS

Youth Camp Operations/Preventions

- ✓ Temperatures will be taken at registration and every morning before breakfast; any camper who has a temperature will not be able to stay for the camp. If a camper has a temperature anytime for the duration of the camp, the camper will have to be picked up by parent, guardian etc.

- ✓ Social distancing (6 feet physical distance whenever possible).

- ✓ Hand hygiene

- ✓ Cough and sneeze hygiene

- ✓ Campers age 5 and older should wear face coverings when interacting with staff, parents, and other campers and practice proper use, removal, washing and disposal of face coverings.