

2022 Camp Counselor & Counselor in Training (CIT) for Girls Mission Camp



Date: July 10 (arrival 3 pm) through July 15 (2:30 pm)
Where: Camp Wo-Me-To, 1200 Knopp Rd, Jarrettsville, MD 21084
Who: Young ladies 15 yrs. and older
Cost: Counselor (17yrs. and older): No Fee
Counselor-in-Training only (15 yrs. and older) \$335.00
Application deadline: June 18, 2022

Please mail complete form with full payment to: Camp Wo-Me-To, P.O. Box 160, Jarrettsville, MD 21084
For additional information please contact: Spring Lee, 443-691-1642, springer71704@gmail.com

Counselor: Every counselor/adult over 18 years old **must have the appropriate background check submitted by the June 18, 2022 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

Counselor's (or CIT'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 A3XL**

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.

Refunds and Cancellations: *A refund will be granted only if for medical necessity accompanied by a doctor's note.*

Early departure: Staffers under 18 must have a signed note if they need to leave camp early for any reason. 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 Counselors **MUST** checkout with the program director before leaving camp. Counselors under 18 must depart with an authorized parent/guardian or have a signed note to drive home.

Personal Medical Information

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

Counselor's (or CIT'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 counselor (or CIT) 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.

****Counselor (or CIT) /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

Camp Counselor: Counselors are required to be at least 17 years old by June 1 or a high school graduate. Each counselor 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 counselor requires a great deal of maturity, patience, and an understanding of children. Counselors receive complimentary room and board for the week.

Counselor-In-Training: Counselors In-Training are required to be 15 years old by June 1st (completed 9th grade) for younger girls and 16 years old by June 1st for older girls. She will work closely with the camp counselor and staff. She should have a mature attitude and a sincere desire to work with her counselor and campers.

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

_____ Counselor

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

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

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

6. What does missions education mean to you? _____

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

8. Attach a written testimony. Include what your life was like before knowing Christ, how you came to know Christ, and what changes you have seen the Lord do in your life since you accepted Him into your life.

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: Spring Lee, 101 N. Essex Avenue, Baltimore, MD 21221, springer71704@gmail.com

COVID Guidelines

In order to limit the possibility of COVID-19 entering Camp-Wo-Me-To property, we will be screening all guests before entry for all camps/programs. This will include:

1. All campers, chaperones, counselors, and staff will be required to show a negative PCR COVID test done within **72 hours** of arriving at camp.
2. All campers and adult participants will sign an electronic complete a health questionnaire and medical release within **24 hours** prior to arriving at camp stating that they exhibited no symptoms associated with COVID-19 during the 14-day period leading up to their arrival at Camp-Wo-Me-To. This includes a statement that also verifies that they have not been a close contact with a positive case of COVID-19 within the past 14 days. The Health Questionnaire and Medical Release form is located on the website. ***Camp registration is not considered complete until registration is paid in full.***
3. All participants staying at camp will have a daily temperature check in the morning. Anyone with a temperature higher than 100.3 or possible symptoms will be isolated and not be allowed to remain at camp.

These guidelines are subject to change in alignment with the CDC and MD Health Department recommendations.