

FEARLESS.

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SUMMER CAMP 2021

Dear Summer Camp Counselor Applicant,

Thank you so much for your interest in serving as a counselor for this year's Middle School Summer Camp! We are excited to offer this leadership team as an opportunity to serve our 6th-8th grade students and for you to grow in your personal relationship with the Lord. While the actual Summer Camp will be taking place in June of 2021, we will be hosting a series of four Formation Meetings and a Counselor Retreat Day (dates for these nights can be found on the Information page) to ensure that our team is ready to help lead our middle school students.

It is our goal for our Teen Leaders to provide an example of witness and service for all of the middle school students that will be attending camp. For this reason, we will be accepting 7-11 (depending on how many middle school students sign up) current sophomores, juniors and seniors to help us. We hope to foster a spirit of community and servant leadership among our Student Leaders, which is why we ask everyone to commit to our Formation Meetings and Retreat Day. These events will serve the dual purpose of preparing each of our Teen Leaders to serve the middle schoolers while also drawing him or her closer to Christ.

We ask that this application be returned to Isaac no later than March 1st 2021 and please let us know if you have any questions or concerns!

In Christ,

Isaac Weickert

Summer Camp - Counselor Application

APPLICANT'S INFORMATION

Name: _____

E-mail: _____ Date of Birth: _____

Age: _____ Gender: Male Female I am currently: soph jun sen

Home Address: _____

City: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

T-shirt size: small medium large x-large

CATHOLIC/SPIRITUAL FORMATION

NOTE: answering "no" to any of the following questions does not necessarily mean that you will not be accepted as a counselor.

I am baptized: Yes No

If no, please explain: _____

I am confirmed in the Catholic Church: Yes No

If no, when do you plan to be confirmed: _____

For the past 12 months, I have met my obligation of attending Sunday liturgy and Holy Days of obligation: Yes No

If no, please explain: _____

APPLICANT PERSONAL INFORMATION

NOTE: When answering these questions, be yourself. There are no right or wrong answers. These questions are simply vehicles for us to learn more about you.

Why do you want to be a counselor for Summer Camp? What do you hope to gain?

Other than church related activities, what are your hobbies and interests?

Are there any activities (i.e. sports, choir, clubs, etc.) that you are involved in that would keep you from being able to commit fully to our Counselor Team for Summer Camp? Please explain.

Pick one word to describe your faith right now and explain.

What particular gifts or abilities do you have to offer to the service of other people?

Please give yourself a number evaluation based on the following scale:

1- True 2 - Not True 3 - Unsure

_____ I believe I am trying my best to serve Christ every day.

_____ I have a hard time connecting to Christ while at Mass.

_____ My family would say that I am a good witness to the Catholic faith.

_____ My friends would say that I am a good witness to the Catholic faith.

_____ I believe everything the Catholic Church teaches to be true.

_____ I have a hunger to learn more about my faith.

_____ I have a personal relationship with Christ.

_____ I have a consistent prayer life.

_____ I have experienced the power of the Holy Spirit at work in my life.

_____ I am open to whatever God wants for my life.

_____ I am able to lead my peers.

_____ I am able to follow my peer's leadership.

From the above list, please elaborate on one of your strengths:

From the above list, please elaborate on one area of needed improvement:

I attest that the answers I have given are truthful and give an accurate description of my life as it is right now. I understand that any answer I have given will be kept confidential and will be used to evaluate my readiness and preparation to be a Counselor for Summer Camp 2021.

Applicant's Signature _____ Date _____

MSM Summer Camp – Teen Counselor Information

What you can expect:

1. To go deeper in your relationship with Christ and discover more fully what living as a disciple of Jesus means.
2. An opportunity to grow in relationship with one another and other Catholic teens from around the diocese.
3. Meetings/days full of Christ-centered training, vibrant prayer, and small group discussions.
4. A week of living and leading in a fun, upbeat, faith-filled Summer Camp environment!

Specifically we need you to commit to:

1. Refrain from inappropriate language, rude or sexual comments, and swearing.
2. Refrain from the use of alcohol, drugs, or tobacco.
3. Obey all directions of youth ministers and other adult volunteers.
4. Fundraising full the cost of Summer Camp (\$425) by the end of May.
5. Attending the Counselor Trainings, Fundraising Days (as needed), the Counselor Retreat Day, as well as the actual Summer Camp which will be held on the following dates:

Fundraising Days: TBD

Teen Leader Trainings:

Thursday, April 15th | 6PM-8PM @ St. Patrick St. Charles (Crane Rd Campus)

Thursday, April 22nd | 6PM-8PM @ Holy Cross Batavia

Thursday, April 29th | 6PM-8PM @ St. Thomas Elgin

Thursday, May 6th | 6PM-8PM @ St. Peter Geneva

Retreat Day:

Saturday, May 15th | 9AM-5PM @ Location TBD

Summer Camp:

Monday, June 7th 2021 – Friday June 11th 2021

STUDENT AGREEMENT:

I, _____, have read this information sheet explaining the expectations of the Counselors for Summer Camp. I agree to abide by the disciplines of no swearing, smoking, drinking, or use of drugs or tobacco during my participation on the Counselor team. Furthermore, I acknowledge that in signing this form I am committing to fundraise the full \$425 cost of camp and to attend the Counselor Training nights, the Counselor Retreat Day, as well as the Summer Camp itself.

MSM Summer Camp – Teen Counselor Permission Form

YOUTH INFORMATION

Name: _____
(First) (Middle Initial) (Last)

Male/Female: _____ Date of Birth: _____ Year of Graduation: _____

Current Email: _____ T-Shirt Size: _____

Phone # (____) _____

PARENT/GUARDIAN INFORMATION

Name: _____ Relation to child: Parent/Guardian

Address: _____ City: _____ State: ____ Zip: _____

Telephone: Home: (____) _____ Daytime:(____) _____

Cell: (____) _____ Email: _____

CONSENT - I grant permission for my child, _____, to attend and participate in Summer Camp and all Counselor Trainings, Counselor Retreats, Fundraising Days, and Summer Camp itself herein referred to as ("Activity") to be held at the locations at the dates and times listed below.

Thursday, April 15th | 6PM-8PM @ St. Patrick St. Charles (Crane Rd Campus)

Thursday, April 22nd | 6PM-8PM @ Holy Cross Batavia

Thursday, April 29th | 6PM-8PM @ St. Thomas Elgin

Thursday, May 6th | 6PM-8PM @ St. Peter Geneva

Saturday, May 15th | 9AM-5PM @ Location TBD

Fundraising Days: TBD

Summer Camp: Monday, June 7th 2021 – Friday June 11th 2021 @ Lutherdale Bible Camp, Elkhorn, Wisconsin

STUDENT COOPERATION - My child agrees to abide by all the rules of aforementioned Activity and to obey the staff in charge of this Activity. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity at my expense and without refund to me of the costs paid for the Activity.

FIRST AID / EMERGENCY TREATMENT - I authorize the School, Parish, and Diocese and its employees and volunteers to administer first-aid to my child if deemed necessary and appropriate to preserve the life, limb or well-being of my child. I authorize the Parish, School, and Diocese to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment.

PERMISSION TO USE IMAGE & LIKENESS - I acknowledge that I am aware that representatives of the Parish and/or the Diocese of Rockford intend to document this Activity through [but not limited to] video, audio, photo and printed word, including its travels and activities, and may use images and quotes from the Activity in promotional materials. I hereby grant the Parish and/or the Diocese of Rockford permission to use my own and/or my child's

image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I understand and agree that these promotional materials will become the property of the Parish

and/or the Diocese of Rockford and will not be returned. I hereby irrevocably authorize the Parish and/or the Diocese of Rockford to edit, alter, copy, exhibit, publish or distribute my child's image or likeness for purposes of publicizing or promoting the Parish and/or the Diocese of Rockford programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. I hereby hold harmless and release and forever discharge the Parish and/or the Diocese of Rockford from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf, my child's behalf, or on behalf of my estate have or may have by reason of this authorization.

TRANSPORTATION - I hereby give my consent for designated driver(s) (approved by St. Patrick Parish, St Peter Geneva, St. Thomas Elgin, or Holy Cross Batavia) to transport my student to/from the Activity.

DRESS CODE - In keeping with the nature of Youth Ministry events, all participants are to dress in a modest fashion. This includes the following: All shorts and skirts must be fingertip length. No leggings or Yoga pants allowed. No sleeveless, cut off or midriff tops are allowed. All tops will have sleeves and be crew neck. No strap tops allowed. Shirts and Blouses must be worn in an appropriate manner. Undergarments must not be visible at any time. No offensive or inappropriate language on clothing, no language or symbols of any kind on the rear of shorts, pants, etc. Bathing suits: Girls must have a Modest 1 Piece and Boys should follow shorts guidelines.

CODE OF CONDUCT -

Camp Attendees agree to the following:

- Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around them through language, dress, and behavior
- Refrain from inappropriate touching and verbal harassment
- Respect other persons and/or property
- Refrain from actions that could result in injury and/or damage to property
- Adhere to stated curfew
- Attend all scheduled activities, arriving promptly, and staying for the entire event
- Be aware of noise levels in sleeping areas, especially later in the evening
- Maintain the spirit of the camp
- Report problems of any kind to a trusted adult member of the retreat team
- Pray for themselves and other team members on a regular basis
- Travel in groups of three, avoiding situations where they are alone with other retreat attendees and adults
- Always tell an adult leader from the retreat where they are going to if they leave the main retreat area.

Camp Attendees agree to not: (Diocese & Sponsors have "ZERO TOLERANCE")

- Possess weapons or fireworks of any kind
- Purchase, possess, consume, or distribute alcohol
- Purchase, possess, consume, or distribute illegal drugs or tobacco products
- Engage in any form of sexual activity or peer sexual harassment
- Use profanity, degrading language of any kind.

- Visit or gather in sleeping areas of the opposite gender

Parent/Guardian:

I agree to instruct my child to abide by all rules and regulations as outlined in the Participant Code of Conduct (the "Code").

I understand that it is my duty to review the "Code" (above) and to have reviewed it and explained it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the camp and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection therewith from the Camp, et al., Sponsor et al., Diocese et al.

Initials of Parent/Guardian: _____

Youth: As a participant in the camp, I understand and agree to conform to the Code. I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from the retreat and that I will be sent home at my parent's/guardian's expense. Among other things, being found with any alcoholic beverages, drugs, tobacco or weapons is cause for automatic dismissal from the Camp.

Initials of Youth: _____

RELEASE - I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer while my child is attending and/or participating in the Activity, unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees. If I have provided medication for my child to take during this Activity, I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer as a result of the administration of or lack of administration of or assistance in or lack of assistance in the administration of said medication to my child, whether by my child and/or an adult employee and/or an adult volunteer; unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees.

Parent/Guardian Signature: _____

Date: _____

Please Print Name: _____

Parent Email: _____

Parent Phone: _____