

# CHRIST CONGREGATIONAL CHURCH

*United Church of Christ*  
*9525 Colesville Road, Silver Spring, Maryland 20901*  
*301-585-8010*



2011 Retreat House Summer Camp

Staff Forms

Youth Volunteers  
(under age 18)

**CCC CAMP YOUTH VOLUNTEER STAFF  
APPLICATION CHECKLIST**

**APPLICATION DEADLINE FEBRUARY 15.**

**ALL FORMS MUST BE ON FILE NO LATER THAN MARCH 1**

1. Application Form
2. Photo permission/release Form
3. Transportation Permission Form (minors only)
4. Covenant
5. Medical Form  
***IMPORTANT NOTE:** The date of the last physical examination must be no more than 12 months prior to the camp ending date.*
6. Medical Permission Form (for Medication)
7. Staff Training Retreat Permission Form (minors only)  
*NOTE: The form herein is an example. Ideally, we will hold a retreat for staff training in April or May. If we do this, a finalized permission form will be provided with information filled in. If we are unable to do it as an overnight, the training will be held on a Saturday at CCC.*

**PLEASE NOTE: ALL STAFF ARE EXPECTED TO ARRIVE AT CAMP ON SATURDAY, A DAY EARLIER THAN CAMPERS.**

**CHRIST CONGREGATIONAL CHURCH, UCC  
RETREAT HOUSE CAMP VOLUNTEER APPLICATION, 2011**

**FOR VOLUNTEERS UNDER THE AGE OF 18**

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**Name:**

**Date of Birth (MM/DD/YYYY):**

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**Gender:**  Male  Female

**Address (street, city, state, zip):**


**Day Phone:**

**Evening Phone:**

**Cell Phone:**

**E-mail:**

**CAMP WEEK (check all that apply):**

Elementary School (completed 3<sup>rd</sup>-5<sup>th</sup> grade)

July 10<sup>th</sup> - July 16<sup>th</sup> - **\$240**

Middle School (completed 6<sup>th</sup> - 8<sup>th</sup> grade)

June 19<sup>th</sup> - June 25<sup>th</sup> - **\$240**

High School (completed 9<sup>th</sup> - 11<sup>th</sup> grade)

June 26<sup>th</sup> - July 2<sup>nd</sup> - **\$240**

**Do you have any special medical needs?**

YES  NO (please indicate 'yes' if there is any need for monitoring.)

**Do you have any special dietary needs?**

YES  NO

**REFERENCE 1**

**Name:**

**Address (street, city, state, zip):**


**Day Phone:**

**Evening Phone:**

**Cell Phone:**

**E-mail:**

**REFERENCE 2 (optional)**

**Name:**

**Address (street, city, state, zip):**


**Day Phone:**

**Evening Phone:**

**Cell Phone:**

**E-mail:**

**EXPERIENCE (List experience working with children, especially in a camp setting.)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**CHRIST CONGREGATIONAL CHURCH, UCC  
RETREAT HOUSE CAMP TRANSPORTATION PERMISSION  
FORM, 2011**

*This form must be completed for all CCC campers, youth camp staff, and youth retreat participants and covers CCC-arranged carpools, retreats, camp daytrips, and emergencies.*

Christ Congregational Church has my permission to transport my child in a vehicle driven by a single adult volunteer. I understand that these volunteers are eligible to serve in this capacity according to current CCC guidelines for working with children and youth, are licensed drivers over 25 years of age, are insured, and have submitted to a background check.

I understand that my child may be transported one-on-one with this volunteer, that I will be informed of the time of departure and the expected time of arrival, and that I will be provided with the driver's cell phone number.

Youth/Camper Name (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Print Parent/Guardian Name

Phone Number

<input type="text"/>	<input type="text"/>
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**CHRIST CONGREGATIONAL CHURCH, UCC  
CAMP PHOTO/VIDEO WAIVER FORM, 2010**

Christ Congregational Church has my permission to use my or my child's photograph, video, likeness and such in future church publications, web pages and other promotional materials produced, used by and representing Christ Congregational Church. I understand the circulation of these materials may be extensive and that there will be no compensation to me for this use.



\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature (of Parent/Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name (if under 18)

**CHRIST CONGREGATIONAL CHURCH, UCC  
RETREAT HOUSE CAMP STAFF MEDICAL FORM**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell)  
If under 18, Name of School Attending in the Fall \_\_\_\_\_

**Parent/Guardian or Emergency Contact:** \_\_\_\_\_  
**Telephone(s):** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Primary subscriber named on policy:** \_\_\_\_\_  
**Policy #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Physician office address:** \_\_\_\_\_

**Medical Information**

**Date of last physical exam:** \_\_\_\_\_ **Date of last tetanus booster:** \_\_\_\_\_  
All vaccinations/immunizations are current.  Yes  No  
If no, please list: \_\_\_\_\_

**Allergies (foods, insects, environments, medicine, etc.):** \_\_\_\_\_  
\_\_\_\_\_

\*Current prescription medication: \_\_\_\_\_

\*Current over the counter medication: \_\_\_\_\_

*\*If under 18, must complete medication permission form on backside of this sheet.*

Currently under medical or psychiatric care.  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any restrictions that limit activity?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

If under 18, please complete the following:

I give my permission for my child to volunteer for this program, including fieldtrips if applicable. I will not allow my child to attend if he/she becomes exposed to any contagious disease, or if for any reason, I do not consider him/her to be in good physical condition. I give my permission for my child to receive necessary medical attention at a hospital, clinic, or from a designated adult supervisor.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL PERMISSION**

My child, \_\_\_\_\_, takes the medications listed on this form. The designated Christ Congregational Church adult leader of this program/activity has my permission to administer the listed medication(s) to my child as directed by me.

**Medication:** \_\_\_\_\_

Purpose: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Taken \_\_\_\_\_ orally \_\_\_\_\_ topical \_\_\_\_\_ nasal \_\_\_\_\_ with meals \_\_\_\_\_ empty stomach

Comments:

Note any reaction or side effects:

Prescribed by physician: \_\_\_\_\_ Office Number ( ) \_\_\_\_\_

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**Medication:** \_\_\_\_\_

Purpose: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Taken \_\_\_\_\_ orally \_\_\_\_\_ topical \_\_\_\_\_ nasal \_\_\_\_\_ with meals \_\_\_\_\_ empty stomach

Comments:

Note any reaction or side effects:

Prescribed by physician: \_\_\_\_\_ Office Number ( ) \_\_\_\_\_

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**Medication:** \_\_\_\_\_

Purpose: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Taken \_\_\_\_\_ orally \_\_\_\_\_ topical \_\_\_\_\_ nasal \_\_\_\_\_ with meals \_\_\_\_\_ empty stomach

Comments:

Note any reaction or side effects:

Prescribed by physician: \_\_\_\_\_ Office Number ( ) \_\_\_\_\_

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**CCC CAMPER AND STAFF COVENANT  
Elementary School**

*CCC Retreat House camp leaders and campers covenant together to create a safe and supportive environment for everyone wherever we are. We will practice what we preach and value, including being a community of Christian faith that honors all people and cares for all creation.*

*To help us in this covenant we agree to the following:*

*We care for ourselves, we care for each other, and we care for our environment.*

- *Physical violence is not permitted. The only living things we will hit are biting insects!!*
- *Verbal violence is not permitted. Sarcasm, teasing and put downs dishonor rather than honor persons. We will treat each other with love. We will help one another.*
- *Along with treating one another with respect, we will treat property and creation with respect. We will not mark on furniture, walls, floors, or trees. We have plenty of art supplies for us to express ourselves! We will not litter. We will keep our area clean.*

*Personal boundaries will be honored. Sleeping areas are off limits to the opposite gender. At least two adults will lodge in the same unit with campers, a CCC Safe Church Policy requirement.*

*Inappropriate physical behavior such as harassment and inappropriate physical touching is not permitted. Behavior that makes another person uncomfortable is not allowed. Loving words and acts of kindness are encouraged.*

*Adhering to the law is an expectation. The code of conduct printed elsewhere shall be followed. Highlights: Qualified, insured adult drivers are the only persons authorized to drive vehicles for CCC sponsored events, and everyone must use a seatbelt. Possession or use of the following are prohibited: alcoholic beverages, tobacco products, controlled substances, firearms, other objects intended as weapons, fireworks.*

*Everyone will stay near the Retreat House. When out of sight of the house (the ford, the creek, or elsewhere), an adult must be present.*

*Campers will not have cell phones or other personal electronic devices.*

*Because we value each person and the many gifts God gives, anyone choosing to break this covenant is choosing to go home early. Parents will be called and asked to come and take home their child if a disrespectful attitude or behavior persists.*

*I hereby agree to the purpose and invitation of this covenant. I will be part of creating a safe and supportive community for everyone.*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*If under 18, Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

# CCC Camp Staff Training Retreat

## Permission Form

(Mandatory for youth camp staff)

\_\_\_\_\_ has my permission to attend the CCC Camp Staff Training Retreat at the CCC Retreat House.

I understand that transportation to and from the retreat is provided by private vehicles driven by adults.

The camp staff will leave CCC Saturday, \_\_\_\_\_ at 7:00 AM.

They will return Sunday, \_\_\_\_\_ by 2:00 PM.

I can be reached during this time at:

phone #'s

\_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

Date \_\_\_\_\_