Great Escape Summer Youth Camp
Volunteer Junior Counselor Job Description

Goal:
To assist the counselors in the daily activities of the Great Escape Summer Youth Camp younger age groups focusing on the Great Escape goals of encouraging relationships, social and spiritual growth, and physical development among campers.

Responsibilities:
1. Assist the counselors leading games, crafts and activities on campus.
2. Help prepare and lead campus day activities.
3. Help prepare and serve lunch.
4. Be attentive to the safety of all Great Escape participants at all times.
5. Contribute ideas for activities, games and crafts to use during the week.

Job Requirements:
- Love for children and ability to communicate with kids.
- Enthusiastic, positive attitude, willing to try new things
- Responsible, a good role model for younger children
- 14 years old or older.

Hours/Schedule:
Volunteer Junior Counselors will work on a weekly basis, Monday through Friday, approximately 6 hours a day. Weeks are assigned on a first come, first served basis. Volunteer Junior Counselor weeks in 2017 will begin the week of June 19.

Accountable to: Great Escape Site Supervisor

To Apply:
Complete the Volunteer Junior Counselor application below and email to greatescape@neighborsplus.org or mail to Great Escape Day Camp Director, 1627 W. Lakewood Blvd, Holland, MI 49424. Positions are limited and unfortunately not all applicants are guaranteed a spot.

Neighbors Plus
Better Together

Volunteer Junior Counselor Application

1627 W. Lakewood Blvd., Holland, Michigan 49424 (616) 399-9190

Personal Information

Name: _____ Date of Birth:_____

Present Address: _____ City: _____

State/Zip: _____ Phone:_____ Email: _____

School Attending: _____ Year of study: _____

Area of Interest: _____ Plans after graduation: _____

I heard about this position from: _____

Church Background

Where do you attend church (name of church, city and state)? _____

Who is the pastor? _____ Are you a member? _____

Briefly explain your faith commitment: _____
_____
_____

List any ministry activities you have been involved in at your church: _____
_____
_____

Personal Information

Please explain any experience you have working with children:_____
_____
_____

Describe your gifts and passions: _____
_____
_____

How do you describe yourself? _____
_____
_____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I understand that this application will be kept strictly confidential.

Should my application be accepted, I agree to be bound by policies of Neighbors Plus and Harderwyk Christian Reformed Church and refrain from unkind, disrespectful, or sinful conduct as I help at camp.

I understand that relationships are an important part of the ministry of this church. I understand that it is important to be reliable, open to suggestions, helpful, and follow the instructions of the Great Escape staff, the camp plans and support my coworkers, as I am able.

Applicant's signature _____

Date _____

Great Escape Day Camp
Volunteer Junior Counselor Parent Permission Slip

IN CASE OF EMERGANCY CONTACT:

First

Name: _____ Daytime Phone: _____

Address: _____

If not available

Name: _____ Daytime Phone: _____

Address: _____

Medical Information: If a medical emergency arises at any time while your child is at the Great Escape we will contact you immediately regarding care and treatment of your child. However, if the staff and/or volunteers deem a situation life threatening, they will seek treatment while trying to reach you concurrently. Please initial that you understand and accept this policy. ***Initial:*** **_____** ***Date*****:** **_____**

(Please complete below in the event of not being able to contact a parent / guardian in an emergency situation)

Insurance Co:_____Policy#:_____Phone#:_____

(Attach a copy of Insurance Card)

No Medical Insurance: ____ Physician's Name & Phone Number:_____

Does your child take any regular medications? ____ Yes ____ No *For safety, medications will be kept in a locked box.*

Please list any allergies of your child/children: _____

_____

Are there any allergies or medical condition that we need to be aware of?

___Yes ___No If Yes, what? _____

_____

See Other Side for Liability Wavier

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NEIGHBORS PLUS GREAT ESCAPE - CHURCH FACILITY WAVIER

In consideration for their participation at The Harderwyk Christian Reformed Church and Pillar Church (churches) facilities in Neighbors Plus programs onsite as well as offsite, the Adult / Parent and Child agree as follows:

Adult / Parent and Child consent to participation and attendance in programs offered through Neighbors Plus which may include participation in off-site events or field trips. Adult / Parent and Child also give staff permission to transport Child to and from the program or activity if needed and to any off-site events. The Adult / Parent and Child represent that they are fully capable of and physically able to participate in the programs as well as any other activities offered by Neighbors Plus. The Adult / Parent or Child represent that they will not be under the influence of alcohol or any chemical substance. Any medication taken on site by campers will be specifically disclosed in writing to the Great Escape Director Angela Stegenga and/or the Site Supervisor.

By participating in the programs and activities, the Adult / Parent and Child realizes the risks of participating in such programs and activities. Neighbors Plus and church partners will take reasonable precautions to ensure that programs and activities at are conducted by qualified personnel in a responsible manner. However, the Adult / Parent and Child further acknowledge and accept that participation in the activities involve inherent risks and dangers. The Adult / Parent and Child understand that risk and injury might result from their own actions, inactions, or negligence; from the action, inaction, and negligence of others, or from the condition of the facility or any equipment used. The Adult / Parent and Child acknowledge that all of the activities are strictly voluntary. It is always the responsibility of the Adult / Parent and/or Child to limit participation in any way he/she deems appropriate.

Adult / Parent and Child give permission to use (including but not limited to taking photographs and making audio recordings or videos), without charge and without reservation, all or a portion my story including my likeness and my voice in promoting Neighbors Plus. Further, Adult / Parent and Child grant Neighbor Plus permission to use, without compensation, Child's image, likeness or voice in connection with any promotional materials including, but not limited to, brochures, advertising and broadcasts. Adult / Parent and Child acknowledge that editorial changes may be made as deemed suitable by Neighbors Plus. Whether or not changes are made, I waive any rights of action I may have and release churches and Neighbors Plus from any and all claims I may have arising from the use, publication, and changes in the content, including any rights to sue for defamation or violation of rights of privacy or rights of publicity.

_____I do not consent to the use of my child's likeness in any media. Parent / Guardian Initials:_____

By participating in programs and activities offered, the Adult / Parent and Child completely waive and release, on behalf of him or herself, and on behalf of his or her children and wards, churches, Neighbors Plus and persons including but not limited to their board members, officers, staff employees, and volunteers, from any and all claims, actions, suits, demands, liabilities, losses, costs, and expenses (including but not limited to reasonable attorney's fees), and damages of any nature arising out of or incidental to their use of church property or participation in Neighbors Plus programs and activities.

The Adult / Parent and Child shall defend, hold harmless, and indemnify churches, Neighbors Plus, its board members, officers, staff employees, and volunteers, from any and all claims, actions, suits, demands, losses, costs, expenses (including but not limited to reasonable attorney's fees), injury, death, or damages caused by or resulting from their use of church property or participation in Neighbors Plus programs.

My signature below also certifies that I have read and have understood this agreement and voluntarily agree to all of its terms.

Name of Junior Counselor _____

*Parent Signature*_____ Date: _____