



DAY CAMP LEADER APPLICATION



General Information

Name: _____

Birthdate: ____ / ____ / ____ * Grade in Fall ('21): _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Home Phone: _____

Your Email: _____

Parent's Email: _____ (Circle One: mom/dad/ guardian)

Parent's Phone Number: _____ (Circle One: mom/dad/ guardian)

Serving Information

☐ I am bilingual (English & Spanish).

Do you attend Mariners Church? (Circle One: YES / NO)

How long have you attended? ☐ ____ year(s) ☐ ____ month(s)

Where do you attend if not Mariners? _____

Are you active in our mcc|youth programs?

☐ Yes, very active. ☐ Occasionally active. ☐ Not active.

Reason for not being active: _____

What week(s) would you like to serve? ☐ Week 1 (July 19-23) ☐ Week 2 (July 26-30)

☐ Virtual Camp ☐ All

What session would you like to serve? ☐ Mornings (9am-12pm) ☐ Afternoons (2pm-5pm)

What area are you applying for? **Please note: you must be headed to 9th grade to be a Crew Leader.**

☐ Crew Leader ☐ AV/ Tech ☐ Actor

☐ Station Helper

Please Circle which station: Games Imagination Station Bible Discovery KidVid Cinema

***If 18 years or older by the end dates of Day Camp, you MUST be background checked to serve as a leader.**

Volunteer Ministry Information

If applicable, please list one or more members in current leadership who know you (ie: Life Group leader, Youth Director, Pastor, etc.): _____

Please describe previous experiences you have had working with children. Please describe any gifts, training, education, or other factors that would apply to your ministry to children:

What motivates you to become involved in our Summer Day Camp? _____

How many times have you attended our camps in the past? As a camper or a leader?

Explain what you like about our Day Camps and what you hope to get out of this experience:

Salvation Information

Please summarize your current relationship with Christ. Be sure to include where you are Spiritually (ie: Seeking, saved, unsure, etc.) Where would you say you are on your own spiritual walk?

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Medical & Photo Release Form

Emergency Contacts: 1) _____ Best Phone Number: _____

2) _____ Best Phone Number: _____

Allergy Information (including food) or Medical Alert that staff would should be aware of:

Medical Provider/ Policy Number: _____

☐ Yes, my image can be used for Mariners Church advertising purposes only.

As the parent/ legal guardian of _____ (minor), I give permission for said minor to participate in Mariners Community Church (M.C.C.) Day Camp, transportation (provided by contracted bus company and/or volunteers in private cars) to and from the events on July 19th-23rd and July 26th- 30th 2021.

I hereby give my permission to the physicians or dentist selected by the activity leader to hospitalize, secure medical treatment and/or to order x-ray examination, injection, anesthesia, or surgery for mu child as deemed necessary. I understand that this authorization is given in advance of any specific diagnosis or treatment being required, and is given to provide authority and power to render care which aforementioned physician, in his or her best judgment may deem advisable. I further authorize Mariners Community Church to receive physical custody of minor upon completion of any treatment. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

I understand all reasonable safety precautions will be taken at all times by Mariners Community Church and its agents during the event. I understand the possibilities of unseen hazards and know the inherent risks. I agree not to hold Mariners Community Church, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries occurred by minor.

In signing this, I also agree that in the case that my child is sent home due to failure to comply with the discipline and standards of Mariners Community Church, I will be responsible for all transportations costs.

Print Parent/Legal Guardian name(s):

Signature of Parent(s)/Legal Guardian(s)

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Day Camp Leader Covenant

Because I want to make this Day Camp a great one and I understand that I will be changing the lives of the kids in our community, I realize my actions may affect the safety and enjoyment of this Camp. Because of this, I make the following commitments:

1. I understand I have the privilege to work and share the gospel with these campers and
2. I understand my need to limit my public displays of affection (PDA).
3. I understand that foul language is not acceptable language, and I will watch what I say.
4. I understand that where the kids are, I need to be as well unless directed by a Mariners Church Staff Member.
5. I understand that it is always important to listen to the Children's Director and other members of the Mariners Church Staff.
6. I understand that there is an important leader/ child ratio and I will not leave the site for lunch, appointments, or without reason without permission from a member of staff.
7. I understand that I will not be able to use my Cell Phone, iPod, or other electronic devices while there are campers are present.
8. I understand that the materials are for the kids and not for me.
9. I understand that for my safety and the others around me, I will wear a face mask at all times while I am serving.
10. I understand that there's no wrestling or body contact sports allowed for my own safety and that of others.
11. I understand that fighting with other leaders is strictly prohibited.
12. I understand I am expected to be at all trainings and meetings (July 14th 6-9pm, Morning devotion times and debriefs before and after each camp session).

Consequences:

- 1-9 These actions will be confronted by leaders and staff. We will use a four-level method:
- Level 1: A warning from a leader
 - Level 2: A conversation with the Children/ Youth Director
 - Level 3: A conversation/ consequence with Youth Director
 - Level 4: Asked to leave camp for the week(s)
- 10-12 These actions will result in being sent home immediately and asked not to return.

I will follow the above guidelines and Mariners leadership. I understand the consequences if I choose not to follow them.

Student's Signature

Date

I understand that my student serving children is a great opportunity to improve their leadership skills and if they choose not to adhere by the above statements, my student may be asked to leave.

Parent's Signature

Date

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