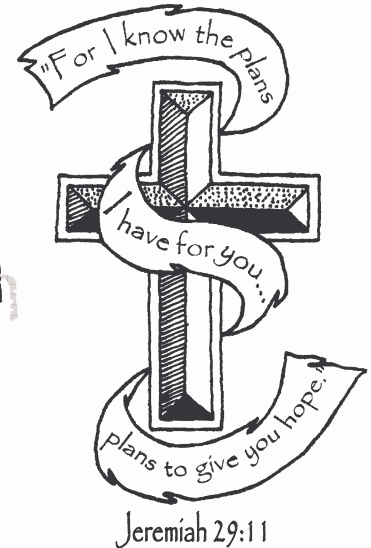


Camp Hope® 2005

A ministry of kidz2leaders, inc.

Volunteer Application

July 9 - July 15



To the valued volunteers of Camp Hope®—Whether you are a returning counselor or a “first-timer,” we welcome you to the Camp Hope® experience. Be prepared to receive tons of blessings as you embark upon this mission field.

- WHO? - We are looking for people who are active in their church, who love the Lord and who are willing to step out in faith and join us in our endeavors to change the direction of these children’s lives.
- WHAT IS CAMP HOPE®? - a camp for the 4th, 5th and 6th grade children of parents who are incarcerated in a state or Federal prison.
- WHEN IS IT? - July 9 - 15, 2005
- WHERE IS IT? - FFA/FCCLA Center in Covington, GA (formerly FFA/FHA Camp)
- NEEDED? - Adult and Teen counselors.
 - Teen counselors are placed in leadership roles. They need to have completed the 8th grade. We use a 1:1 ratio (teen/camper) for the week.
 - Students who have completed the 6th & 7th grades may apply and are used as Junior Counselors in training on an as-needed basis. Their responsibility is to oversee and be the counselors for the children of the adult counselors who work at camp.
 - Adult counselors are used to support the teen counselors during this week in the mission field.
 - Adults are also needed to direct activities such as: worship services, crafts/workshop, field activities, camp nurse and doctor, administration, gofer and so forth.
- HOW Do I Get Involved? - Attend one of the scheduled training sessions. Complete an application and return to the Camp Hope office no later than May 15th, 2005
- COST? - The cost is \$150.00 per person which covers room and board for the week. Return your application with a check, payable to Camp Hope. Some scholarship funds are available, upon request.

Camp Hope® is a ministry of kidz2leaders, inc.
4385 Lower Roswell Road, Marietta, GA 30068 www.camphopeforkidz.org Phone 770.977.7751 Fax 770.977.0552
kidz2leaders, inc. is an IRS approved 501(c)(3) corporation. As such, contributions are tax deductible.

How CAMP HOPE® got started: In the summer of 1999, Rev. Diane H. Parrish had a vision to find a new and exciting way to minister to the families of men and women who are incarcerated. Noting that inmates' children are one of the most overlooked groups of children in North America, she founded a special camp just for them! The purpose of Camp Hope® is to help these children learn that they are precious in God's eyes and to provide a positive, fun-filled week away from the worries of their world. Activities include Kickin' Kidz worship, crafts, outdoor sports, swimming, singing, campfires and MUCH MORE!

Counselor Training Schedule

Unless special arrangements have been made by your church, all trainings will be held at Mt. Bethel UMC:

4385 Lower Roswell Road
Marietta, GA 30068
Room B200 (Upper Room)

- **ALL new counselors must complete one 3-hour training workshop (see below).**
- **Returning counselors must come to one 1/2-hour training session to be held at the beginning of each workshop listed below.**
- **Training dates are as follows:**

Saturday, Feb. 26: 9:30am - 12:30pm
Saturday, March 5: 9:30am - 12:30pm
Saturday, March 19: 9:30am - 12:30pm
Saturday, April 16: 9:30am - 12:30pm
Sunday, March 6: 1:00 - 4:00pm
Sunday, April 17: 1:00 - 4:00pm

About the Camp Facility

- **Camp Hope® 2005 will be held at the FFA-FCCLA facility in Covington, Georgia.**
- **All counselors must provide their own transportation to and from the camp. Once at camp you will not be allowed to drive your car.**
- **Plan to arrive between 1-2 pm on Saturday, July 9.**
- **After the campers leave on Friday, all volunteers will meet for lunch/wrap-up and be dismissed from around 12:30 pm.**

You can contact us at the Camp Hope® office with any questions at 770-977-7751

GENERAL GUIDELINES FOR CAMPERS & COUNSELORS

EVERYONE HAS FUN IF WE FOLLOW THESE RULES:

We found that following these simple requests will make the Camp Hope® experience memorable for all of our campers and counselors.

The rules & regulations for Camp Hope® and for the FFA-FCCLA Camp will be posted in each cabin and in other areas throughout the camp. These rules will be strictly enforced.

- Counselors always stay with your camper.
- Lights out & no talking in the cabins promptly each night at 10:00 pm.
- Each morning beds should be made and all clothing packed away.
- Be on time—counselors will have a daily schedule.
- Always wear your nametag.
- Proper clothing must be worn at all times while at camp.
- Campers must remain with teen counselors while in line for and during meals.
- During Flat on Back time, all campers must be in their bunks.
- During Random Acts of Fun time, all campers must stay with their counselor.
- During Field Activity times, all campers must follow the rules of the activity of the day.
- During Special Events, all campers & counselors must listen closely to the guest speaker.
- During Kickin' Kidz worship, no hats are to be worn. All campers should go to worship with their counselor, sit with their counselor and their cabin mates.
- Profanity of any kind is not allowed.
- Hiding from either teen or adult counselors is not permitted.
- Roughhousing will not be tolerated.
- Campers & counselors are not allowed to make excessive noise during lights out, mealtime, worship or other activities.

WHAT NOT TO BRING:

Absolutely **NO** weapons of any kind, including knives, guns or any type of sharp or pointed object which could be construed as a weapon (i.e. screwdriver).

Absolutely **NO** drugs of any kind, including aspirin or any other over-the-counter drugs.

Absolutely **NO** alcoholic beverages, or tobacco products.

Girls will **NOT** be permitted to wear strapless shirts or strapless bathing suits. Bathing suits may only be worn during designated swim times and all shorts and swimming trunks **MUST** be School regulation length.

NO firecrackers or other explosive materials.

NO radios or other audio or visual equipment. **NO** cell-phones or pagers.

NO jewelry of any kind. **NO** makeup. **NO** food from home. **NO** matches.

NO money.

Camp Hope® is a ZERO TOLERANCE zone.

NOTE: Failure to comply with the rules will result in the IMMEDIATE dismissal from the camp and guardians will be required to pick their child up from camp immediately.

"The purpose of Camp Hope® is to help children learn that they are precious in God's eyes and to provide a positive, fun-filled week away from the worries of their world."

Camp Hope® 2005 Volunteer Application (to be filled out by ALL Camp Hope volunteers)

Complete both sides of this application and return to the Camp Hope office:

Name _____ Date of Birth _____
Address _____ Apt. # _____ Social Security # _____
City _____ County _____ Zip _____ Driver's License # _____
Home Phone (____) _____ - _____, Cell Phone: (____) _____ - _____ Male Female (circle one)
Email Address _____ Fax Number _____
Current Employment _____ Work Phone: (____) _____ - _____
Church Home _____ Senior Pastor _____
City, State _____ Church Email or Web page _____

Are you a returning Camp Hope counselor? Yes No T-Shirt Size (circle one) Sm Med Lg X-Lg XXL

Position you are applying for (check one):

Teen Counselor Sr. Teen Counselor Adult Counselor Jr. Counselor Other _____

PERSONAL MOTIVATION:

Why are you interested in Camp Hope?

PROFESSIONAL CREDENTIALS

Education – what grade and school? _____

Professional Licenses/Certifications (attach photo copy) _____

REFERENCES:

List at least two persons who know you. One reference should be your pastor or youth minister. Other references may include your employer, co-worker, teacher, faculty advisor, etc. Either provide a letter of reference or let the person know that we will be contacting him or her by phone.

Name _____
Phone Number _____
Address _____
City/State/Zip _____

Name _____
Phone Number _____
Address _____
City/State/Zip _____

Have you ever been convicted of a criminal offense? Yes No (circle one) If yes, please explain briefly:

If you will be using your own car to travel to and from the FFA-FCCLA Camp, please provide the following:

Automobile License Plate: Tag # _____ State _____
Automobile Insurance Company _____ Policy # _____
Vehicle Identification Number _____
Make of Vehicle _____ Manufacturer _____ Year _____

By making this application, you agree to the terms of this application and the following:

- I agree to attend one of the required training sessions.
- I agree to have kidz2leaders, inc. do a background check on me.
- I agree to conform to all the rules and regulations established by both k2l, inc. and the FFA-FCCLA Camp.
- I will commit to prayer for the children of the camp.
- I will, at all times, maintain self-control and self-discipline while at the Camp.
- I will come with a servant's heart, a servant's hands, a servant's feet and most importantly, the love of Christ Jesus for these children.

REQUIRED
Please
attach
a current photo
of yourself
here

Signature: _____ Print Name: _____

Parent/Legal Guardian (if minor): _____ Print name: _____



This application must be completed and notarized. It must be received by the Camp Hope office no later than May 15, 2005.

Camp Hope® 2005—Volunteer Medical Release Form

Persons authorized to direct medical attention to the below named person(s) are employees of kidz2leaders, inc., their representatives, counselors, and/or volunteers.

This section is to be completed if consent form is for a minor child:

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child, _____ (Child's Name), in the event of accident, injury, sickness, etc., under the direction of the person(s) listed above, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective from Saturday, July 9, 2005 until Friday, July 15, 2005, inclusive.

- PARENT NAME : _____
- PARENT: HOME PH _____ CELL PH _____ WORK PH _____

This section is to be completed if consent form is for you (an adult of legal age in the State of Georgia):

I, _____ hereby give permission for any and all medical attention to be administered to me in the event of accident, injury, sickness, etc., under the direction of the person(s) listed above, until such time as my designated person _____, phone _____ may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective from Saturday, July 9, 2005 until Friday, July 15, 2005, inclusive.

To be completed for both:

- EMERGENCY CONTACT NAME: _____
- HOME PHONE _____ CELL PH _____ WORK PH _____
- INSURANCE COMPANY: _____ PHONE NUMBER: _____
- NAME OF POLICY HOLDER: _____ POLICY NUMBER _____
- PHYSICIAN: _____
- PHYSICIAN ADDRESS: _____ PHONE: _____
- KNOWN ALLERGIES: _____
- MEDICINES CURRENTLY TAKING _____
- REASON FOR MEDICATION (be specific) _____
- OTHER MEDICAL INFORMATION YOU SHOULD KNOW ABOUT MYSELF OR MY CHILD (if a minor): _____

CONSENT FOR MEDICAL TREATMENT (if a MINOR)—As the parent or legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

CONSENT FOR MEDICAL TREATMENT (if adult of legal age)—I hereby give my consent for emergency medical care for myself as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve my life, limb or well-being.

RELEASE OF LIABILITY - kidz2leaders, inc.. will not assume any liability for any accident of participants in their group while at the Georgia FFA-FCCLA Center. Utmost caution will be made at all times to ensure the safety of all involved. The undersigned releases the Georgia FFA-FCCLA Center and kidz2leaders, inc., their representatives, agents, servants and employees from liability resulting from the cause whatsoever occurring to a participant during the stay at the center, excepting only willful acts of such representatives, agents, servants and employees. I understand that from time to time, pictures and/or video footage of camp activities, which may or may not include me or my child, will be used by kidz2leaders, inc. in various publications, for, but not limited to, camp advertisements. Further, it is my understanding that neither my nor my child's identity will be disclosed in said publications. I do hereby acknowledge that I have received and reviewed a copy of the rules and regulations for Camp Hope® and have shared its contents with my child.

SIGNATURE _____ DATE _____

Sworn to and subscribed before me this _____ day of _____, 2005.

Notary Public, State of _____.

My commission expires _____