



November 15, 2009

Dear future Counselor-In-Training and Parents,

This letter and packet is being sent to inform and encourage you in becoming a volunteer counselor-in-training (CIT) at St. Andrew's Spirit in the Pines Camp this coming summer. I have addressed this packet to you and your parents so that, they are aware of what becoming a counselor-in-training involves, and that they may guide you along the way as well as provide needed signatures.

Enclosed with this letter you will find:

2010 Counselor-In-Training Application	2010 Counselor/CIT Health Form
2010 Volunteer Reference Form	2010 Counselor-In-Training Requirements
2010 Counselor-In-Training Timeline of Events	2010 Weeks Available Form
2010 Counselor/Counselor-In-Training Responsibility & Code of Conduct Form (2 forms, 1 to keep)	

The application will need an adult reference. Please give him/her the Volunteer Reference Form. You may also want to give them an addressed stamped envelope so that they can just drop it in the mail when they are done. Also, please take your time and answer the questions completely. The application, reference form, health form, immunization record, insurance card copy, code of conduct form, & weeks available form should all be turned in to me or Melissa Williams by February 7, 2010. Applications will begin being accepted on December 15, 2009 and will not be accepted after February 28, 2010. **Everyone who completes a Counselor-In-Training Application and fulfills all training requirements can assume they are accepted and will be a camp counselor or camp assistant as space permits.** Applicants NOT fulfilling all of the CIT requirements will not be considered for camp and will be promptly contacted.

**Space is limited! Returning your application & other forms EARLY is strongly encouraged!**

Please review the Counselor/Counselor-In-Training Responsibility & Code of Conduct form with your parents and have both of you sign it. The Timeline of Events sheet will help you keep track of future meeting dates/places and due dates for the various forms. It is printed on the back of the CIT Requirements sheet.

1<sup>st</sup> Year Counselor & CIT parents are strongly encouraged to attend an informational meeting to briefly walk through the camp counseling/CIT process and to answer any questions. The 45 minute meeting will be held at 5:00 p.m. on Sunday, January 31, 2010 in the Fellowship Hall.

I know we are asking a lot of you, but the better trained & prepared you are to be a counselor-in-training, the better your enjoyment and experience will be (as well as the campers)! I sincerely hope and pray that you will accept this wonderful opportunity to learn counseling leadership skills and to share your gifts with the youth at camp. I guarantee an awesome and rewarding week at camp that will be the hi-light of your summer! Join the over 150 high school and college age volunteers from around the area who will teach, love, and care for campers at **SPRIT in the PINES Camp this summer!**

God's blessings and peace,

Burke W. Hancer  
Camping & Young Adult Minister

# St. Andrew's SPIRIT in the PINES Camp

## Volunteer Counselor-In-Training Application

### SUMMER 2010

All current high school sophomores are eligible to be a counselor-in-training (CIT) for a week or more. Everyone, who completes a Volunteer Counselor-In-Training Application and fulfills all training requirements, will be a CIT, or camp assistant as space permits.

***Please return applications to Burke Hancer or Melissa Williams between Dec. 15, 2009 - Feb. 7, 2010. Returning your application early is encouraged!***

#### **Personal Information**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Street) (City, State) (Zip Code)

E-mail Address \_\_\_\_\_ Do you use and have a Facebook page?  
\_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Male Female Counselor/CIT T-shirt size \_\_\_\_\_  
(Circle One)

School Now Attending ('09 - '10) \_\_\_\_\_ Grade \_\_\_\_\_

St. Andrew Member? Yes No If no, where? \_\_\_\_\_  
(Circle One)

Parent/Guardian Names \_\_\_\_\_

#### **Personal Reference**

Please list the adult reference that will be sending in the **Volunteer Reference Form** for you. Remember that your parents and relatives cannot be used. Reference ideas are teachers, coaches, neighbors, employers, etc.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to You \_\_\_\_\_

#### **Personal Experiences**

1) Please list your involvement at St. Andrew Church this past year. Were you involved at camp also?

How will your church involvement benefit you in being a counselor-in-training at camp?

2) Please list any volunteer opportunities you have participated in this past year.

3) Please list experiences you have had working with young people. What have you learned from them?

## **Counselor-In-Training Questions**

- 4) Why do you want to be a counselor-in-training (CIT) at St. Andrew's Spirit in the Pines camp?
  
  
  
  
  
  
  
  
  
  
- 5) What do you see as your biggest challenge at camp this summer? Your biggest reward?
  
  
  
  
  
  
  
  
  
  
- 6) What are three characteristics you possess that will help make you a great CIT?  
Explain why for each.
  - 1)
  
  
  
  
  
  
  
  - 2)
  
  
  
  
  
  
  
  - 3)
  
  
  
  
  
  
  
  
  
  
- 7) In your opinion, what is the single most important aspect of being a counselor-in-training? Why?
  
  
  
  
  
  
  
  
  
  
- 8) Explain how your faith affects your life, thoughts, and actions.
  
  
  
  
  
  
  
  
  
  
- 9) What do you feel is important to share with your campers about God and life as a Christian?
  
  
  
  
  
  
  
  
  
  
- 10) What specific things can and will you do to prepare yourself to be a leader for a week at camp?

**Space is limited! Returning your application early is strongly encouraged!**



# Volunteer Reference Form



SPIRIT in the PINES Camp, 13600 Technology Drive, Eden Prairie, MN 55344

**Name of Applicant** \_\_\_\_\_

Thank you for agreeing to serve as a reference for the above named counselor/counselor-in-training applicant. The applicant is applying for a volunteer position at SPIRIT in the PINES Camp, an outreach of St. Andrew Lutheran Church. Please give these questions and evaluations thoughtful consideration and answer them to the best of your knowledge. Your responses and comments will be kept in strict confidence and will provide greatly needed insight and information on the applicant's qualifications and character. We look forward in having those individuals whose personality and abilities will provide a solid basis for a successful and enjoyable experience working with youth for all involved.



How long have you known the applicant and in what capacity?

The applicant will be in a significant leadership role with 2<sup>nd</sup> to 9<sup>th</sup> grade campers in a variety of activities in a Christian camp setting. Have you seen this applicant work with children? What were your observations?

What do you see as the applicant's greatest strengths and greatest weaknesses as they pertain to being a camp counselor or counselor-in-training?

How does this person express and demonstrate her/his beliefs? Are they a positive role model?

How does the applicant relate to others (youth, peers, adults)?

Please rate the applicant on the following qualities. Feel free to add any comments.

*Rating: 1 – Top 5%, 2 – Excellent, 3 – Good, 4 – Fair, 5 – Poor, 6 – Don't know.*

❖ Personal Integrity & Honesty	①	②	③	④	⑤	⑥
❖ Maturity	①	②	③	④	⑤	⑥
❖ Dependability	①	②	③	④	⑤	⑥
❖ Responsible	①	②	③	④	⑤	⑥
❖ Considerate of Others	①	②	③	④	⑤	⑥
❖ Helpful & Caring	①	②	③	④	⑤	⑥
❖ Enthusiasm & Energy	①	②	③	④	⑤	⑥
❖ Works Well With Others	①	②	③	④	⑤	⑥
❖ Works Independently	①	②	③	④	⑤	⑥
❖ Communication Skills	①	②	③	④	⑤	⑥
❖ Ability to take direction & accept Criticism	①	②	③	④	⑤	⑥

\*\*\*\*\*

Would you want this applicant to care for and lead your own child at camp?

Do you know of any reason this applicant should NOT work with children at camp?

\*Please sign this form after completing both sides and mail it to the address on the bottom of this page.

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NAME Phone #

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SIGNATURE DATE

Mail Reference Form to:      Burke W. Hancer  
    St. Andrew Lutheran Church  
    13600 Technology Drive  
    Eden Prairie, MN 55344  
Phone: 952-937-2776 x16  
 FAX: 952-937-2777  
 E-mail: bhancer@standrewlu.org

# 2010 SPIRIT in the PINES Camp

## Volunteer Counselor-In-Training Requirements

The requirements to be a Counselor-In-Training at *Spirit in the Pines* Camp are essential for a positive and rewarding camp experience for all involved. They are designed to teach, train and to build community with the over 150 expected counselors and counselors-in-training representing several high schools and colleges.

- 1) Students must be currently in 10<sup>th</sup> grade to apply for being a camp counselor-in-training(CIT)
- 2) **Everyone** interested in being a CIT must fill out a Volunteer Counselor-In-Training Application.
- 3) **Everyone** interested in being a CIT must have an adult fill out a Volunteer Reference Form. Ask a teacher, neighbor, employer, coach, etc to fill it out and return it to Burke Hancer at St. Andrew.
- 4) Read and sign, along with your parents, the Counselor/CIT Responsibility & Code of Conduct Form.
- 5) Please complete the Counselor/CIT Health Form and include a copy of your immunization record and a copy of both sides of your insurance card.
- 6) Attend all three (3) of the Counselor/CIT Training Sessions. If a session is missed, please contact Burke Hancer and attend the make-up session on March 21, 2010.
- 7) Attend the Code of Conduct/Sexual Harassment discussion with Pastor Rod and fill out a SPIRIT in the PINES Counselor & Counselor-In-Training Background Check form. This meeting will be part of the regular February 28, 2010 Counselor/CIT Training Session and must be made up if missed.
- 8) Attend the Counselor/CIT camp assignment meeting on Sunday, March 21, 2010. Summer assignments will be handed out at this time along with other important information.
- 9) Pay a one time Counselor-In-Training fee of \$100.00 to St. Andrew.
- 10) All CITs are to attend the Counselor/CIT Retreat on April 17 - 18, 2010 at Spirit in the Pines. If missed, you must attend the Counselor/CIT Retreat make up on Sunday, April 25, 2010.
- 11) Have a personal interview with a member of the camping staff or youth staff before **March 21, 2010**.
- 12) Please complete and return all needed forms by their designated due dates:
  - Counselor-In-Training Application, Volunteer Reference Form, Counselor/CIT Responsibility & Code of Conduct Form, Health Form, Immunization Record & Insurance cards, Weeks Available Form, Background Check Form, \$100.00 CIT Fee by **February 7, 2010**.

**All applications, forms, & money are encouraged to be turned in early to Burke, or Melissa at St. Andrew!**

13) Participate in at least six (6) High Life youth activities\* at St. Andrew before your camp assignment.

\* These activities include; Live Wire (Every Sunday @ 6:00 p.m.), WNYG (Each Wednesday @ 8:01 p.m.), Recharge (Sundays after Live Wire), St Andrew choir or bells. Other activities include various retreats, trips, Mission trip, events, etc. throughout the year.

**If you have any questions, comments, or conflicts, please contact Burke Hancer at [bhancer@standrewlu.org](mailto:bhancer@standrewlu.org), or W) 952-937-2776 x16, or C) 612-239-1212.**

***Remember: I can't help you succeed if you don't let me know what's going on!***

# 2010 SPIRIT in the PINES Camp

## Counselor & Counselor-In-Training Timeline of Events

<u>Important Dates</u>	<u>Scheduled Event</u>
December 15, 2009	Counselor & CIT Applications and all other forms are starting to be accepted.
January 31, 2010	Counselor/CIT <u>parent</u> meeting at 5:00 p.m. in the Fellowship Hall.
February 7, 2010	All counselor and CIT applications and forms are due by this date: <b>Counselor/Cit Responsibility &amp; Code of Conduct Form Due</b> <b>Counselor/CIT Health Form, Immunization Record, Insurance Card Due</b> <b>Weeks Available Form Due, \$100. CIT/1<sup>st</sup> Time Counselor Training Fee Due</b> <small>(ONLY those who have NOT been a CIT before)</small>
February 28, 2010 Sunday	<b><u>ALL</u> Counselor &amp; CIT Training 7:00 – 9:00 p.m. in the Fellowship Hall</b> <i>This training is for ALL counselors and CIT's and <u>must</u> be made up if missed.</i> Pastor Rod Code of Conduct discussion Background Check Form handed out (All CITs and 18 year olds)
	<b><u>FINAL DAY COUNSELOR &amp; CIT APPLICATIONS ARE ACCEPTED!!</u></b>
March 7, 2010 Sunday	1 <sup>st</sup> Time Counselor & CIT Training 7:00 – 8:30 p.m. in the Fellowship Hall
March 14, 2010 Sunday	<b><u>ALL</u> Counselor &amp; CIT Training 7:00 – 8:30 p.m. in the Fellowship Hall</b> <b>2<sup>nd</sup> YEAR COUNSELOR REPORT DUE</b> Counselor/CIT Retreat details handed out
March 21, 2010 Sunday	Counselor/CIT Make up Training 4:30 – 6:00 p.m. in the Gym <i>If you missed one of the Sunday trainings, you <u>need</u> to be at this one!</i>  Counselor/CIT Assignment Meeting 7:00 – 8:00 p.m. in the Fellowship Hall. Summer Assignment Cards handed out Other important information given
March 28, 2010 Sunday	Summer Assignment Cards are due back, or Burke has been called, e-mailed, or texted with your response ( <a href="mailto:bhancer@standrewlu.org">bhancer@standrewlu.org</a> , 952-937-2776 x16, 612-239-1212)
April 17 & 18, 2010 Saturday & Sunday	ALL Counselor/CIT Retreat @ Spirit in the Pines Camp Cost: \$75.00 8:00 a.m. on Saturday through 7:00 p.m. on Sunday Final Summer Assignments handed out Counselor/CIT T-shirts handed out Counselor/CIT Commissioning during Live Wire
April 25, 2010 Sunday	Counselor/CIT Make up Retreat in the Youth Room. 5:30 – 9:00 p.m. @ St. Andrew Church <i>If you were unable to attend the first retreat, you <u>need</u> to be at this one!</i>
May 19, 2010 Wednesday	Counselor/CIT Final Meeting in the Gym Final large group meeting

**If you have questions, conflicts with the above dates, etc please contact Burke Hancer at [bhancer@standrewlu.org](mailto:bhancer@standrewlu.org), or W) 952-937-2776 x16, or C) 612-239-1212**

# 2010 SPIRIT in the PINES Health Evaluation Form

## Counselor / CIT / Staff

This Health Evaluation Form is **required** and should be turned in to Burke Hancer at the same time you turn in your Counselor/CIT Application. Please fill this form out completely including the "Consent for Non-Prescription Medications" and sign it. **A physical examination is required every 2 years. If your last physical was before June 1, 2008, you must see your doctor prior to attending camp.** A copy of the examination does not need to be included with this form. **A current copy of your Immunization Record must be attached.**

**DATE OF CAMP WEEK** \_\_\_\_\_

Participant's Full Name \_\_\_\_\_ M or F Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Circle one)

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ Work/Cell \_\_\_\_\_  
(Circle one)

Second Parent/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ Work/Cell \_\_\_\_\_  
(Circle one)

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_

### Health Insurance Information

**Insurance Carrier** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Carrier Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Name of Policy Holder** \_\_\_\_\_ **ID #** \_\_\_\_\_

**Birth date of Policy Holder** \_\_\_\_\_ *please attach copy of insurance card*

**IMPORTANT: IN CASE OF MEDICAL EMERGENCY**, I understand that the camp staff will attempt to contact my parent or my Emergency Contact Person. In the event that parents or Emergency Contact Person cannot be reached, I give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for participant, as named above. I understand that I am fully responsible for all payments incurred for such treatment. I also understand that Medical and Hospital insurance is not provided by St. Andrew Lutheran Church or SPIRIT in the PINES Camp. All information on this Health Evaluation Form is accurate and true to the best of my knowledge.

Activities at Spirit in the Pines may include, but are not limited to active outdoor games, swimming, floating raft, canoeing, boating, group building course, and off-site activities. All activities are staffed and supervised to ensure safety. I understand the risks involved in such activities, and give permission for my child to participate in all activities.

I also give permission for participant's picture to be taken at camp and used for promotional/keepsake purposes. I understand that participant's name will not be used in conjunction with the photo.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

Parent or Guardian or Participant if age 18 or older  
(Circle one)

(Over)

Date of Last Physical Examination \_\_\_\_\_

1) Does the participant have any allergies? Yes No  
(Circle one)

Please list if "Yes" \_\_\_\_\_

2) Has the participant recently been exposed to any contagious diseases? Yes No  
(Circle one)

Please list details if "Yes" \_\_\_\_\_

*If participant has been ill, please contact Burke Hancer prior to attending.*

3) Is the participant taking any medication which must be continued at camp? Yes No  
(Circle one)

If "Yes", list medication(s) \_\_\_\_\_  
(Attach a separate sheet if necessary)

**The medication must be clearly marked with the participant's name and dose instructions in the original container. Any change to original instructions requires a signed note from the parent/guardian stating those changes. The camp health professional or camp director will dispense all medication.**

*For the safety of all Campers, Counselors and CIT's, and in accordance with Minnesota Department of Health Guidelines, medication must not be packed in luggage. All medications must be turned in at the check-in table at St. Andrew before departing for camp. It is not necessary to bring over-the-counter medications, as they are available at the camp Health Office. (See list of available medications below.)*

6) Are there any health restrictions on the participant's activity? Yes No  
(Circle one)

Please state details if "Yes" \_\_\_\_\_

7) Are there any health restrictions on the participant's diet? Yes No  
(Circle one)

Please state details if "Yes" \_\_\_\_\_

8) Does the participant have any medical/behavioral/social problems the camp should be informed of? Yes No  
(Circle one)

Please list details if "Yes" \_\_\_\_\_

**If Asthma or Food Allergy/Dietary Restriction is listed above, please complete the "Asthma History and Treatment" and/or "Food Allergy Questionnaire" and attach to this form. Visit [www.standrewlu.org/camping/shtml](http://www.standrewlu.org/camping/shtml) to print a copy of the form(s).**

9) Other information helpful to camp staff \_\_\_\_\_

### Consent for Non-Prescription Medication

**I hereby give SPIRIT in the PINES Camp permission to administer any of the following over-the-counter medication(s) that are checked. Medications will be dispensed in accordance with the directions for age appropriate use on the container. Please check all that apply.**

_____ Acetaminophen (Tylenol)	_____ Ibuprofen (Advil)	_____ Sunscreen
_____ Cold Medication (antihistamine/decongestant)	_____ Cough Suppressant	_____ Cough Lozenges
_____ Tums	_____ Pepto-Bismol	_____ Imodium A-D
_____ Eye Drops	_____ Ear Drops	_____ Insect Repellent
_____ Benadryl	_____ Topical Itch Cream (Hydrocortisone)	_____ Poison Ivy Cream

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
or participant if age 18 or older

**Remember to attach a current copy of your Immunization Record  
AND a copy of the Health Insurance Card, both sides.**

Use this form if you have Asthma

# ASTHMA HISTORY & TREATMENT FORM

## SPIRIT in the PINES Camp - Counselor / CIT / Staff

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Address \_\_\_\_\_ Phone (W) \_\_\_\_\_

Physician treating participant's asthma \_\_\_\_\_ Phone \_\_\_\_\_

1. How long has the participant had asthma? \_\_\_\_\_

2. Please rate the severity of his/her asthma. (circle one)

(Not severe) 1    2    3    4    5    6    7    8    9    10    (Severe)

3. What triggers the participant's asthma attacks? (Please check any that apply and describe as fully as possible.)

<input type="checkbox"/> Illness	<input type="checkbox"/> Emotions	<input type="checkbox"/> Medications
<input type="checkbox"/> Weather	<input type="checkbox"/> Exercise	<input type="checkbox"/> Smoke
<input type="checkbox"/> Foods	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Chemical odors
<input type="checkbox"/> Allergies (Please list) _____		
<input type="checkbox"/> Other (Please list) _____		

4. What does the participant do at home to relieve wheezing during an asthma attack? (Please check any that apply.)

<input type="checkbox"/> Rest/Relaxation
<input type="checkbox"/> Drinks liquids
<input type="checkbox"/> Breathing exercises (Please describe) _____
<input type="checkbox"/> Takes medication: _____
(name medication) <input type="checkbox"/> Inhaler _____
<input type="checkbox"/> Nebulizer _____
<input type="checkbox"/> Oral medication _____
<input type="checkbox"/> Other (Please describe) _____
_____

5. In which sports can the participant fully participate?

Use this form if you have Asthma

6. What medications does the participant take and how often?

Every day \_\_\_\_\_

Just for wheezing/attacks \_\_\_\_\_

Before exercise \_\_\_\_\_

Certain times of the year or when ill \_\_\_\_\_

7. What, if any, side effects does the participant have from his/her medication?

8. Does the participant understand asthma and what he or she should do to manage it?

9. Approximately how often does the participant have an acute episode?

10. How do you want SPIRIT in the PINES staff to treat an episode of asthma if it should occur?

11. If the participant does not respond to medication what action should the SPIRIT in the PINES staff take?

COMMENTS:

Signature of Parent/Guardian or participant if age 18 & over \_\_\_\_\_

Use this form if you have a food allergy.

# Food Allergy Questionnaire--Counselor / CIT / Staff

## SPIRIT in the PINES Camp

The purpose of this questionnaire is to assist the camp staff in ensuring the safety of participants who have food allergies, as well as to assist in food/kitchen management. **Please provide an EPI-PEN at camp, if needed.**

PARTICIPANT NAME \_\_\_\_\_ CAMP DATE \_\_\_\_\_

List food allergy and types of food(s) to avoid; provide additional ingredient list if needed.

What are preferred food substitutions, if any, as in the case of dairy/lactose allergy?

What, if any, modifications are necessary in the camp kitchen?

What is the participant's reaction if ingested, please describe as fully as possible.

How should the staff treat an episode/reaction if it occurs?

Will other types of contact cause a reaction? If so, please describe fully.

Please describe the last time a reaction occurred, providing detail on what caused it, the reaction, the treatment, and how long ago it occurred.

In the case of a peanut allergy, can the participant eat foods such as M & M's which are processed in the same facility as peanuts? Please provide any additional detail which will be helpful. Use the back side if needed.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
or participant if age 18 or older

# 2010 Spirit in the Pines Camp

## Counselor/Counselor-In-Training Responsibility & Code of Conduct

Counselors and counselors-in-training are relied upon with a great deal of responsibilities. You are responsible for the well being of the campers, keeping them safe, having fun, and helping them connect with each other and with God. You have a tremendous influence with the campers! Your actions in the community reflect not only on yourself, but also on Spirit in the Pines Camp and St. Andrew Church. It is extremely important then that you act in a positive Christian manner with the campers, the staff, and each other throughout the year. The success of Spirit in the Pines Camp and more importantly, the camper's experience of camp, depend on it!

**PLEASE REVIEW THIS DOCUMENT WITH YOUR PARENTS AND HAVE BOTH OF YOU SIGN & RETURN IT.**

### **Each counselor & counselor-in-training participant shall:**

- Fulfill their counselor or counselor-in-training requirements including classes, retreats, applications, etc.
- Be a positive role model treating everyone with respect and compassion using kind words and actions.
- Inform the Camping Minister promptly of any difficulties or concerns they have with or about the campers.
- Conduct themselves in a responsible manner during transportation to and from camp. Provide guidance and leadership in supporting & assisting the bus drivers for a safe and positive experience for the campers.
- Dress appropriately (including modest 1 piece swimsuits) and excluding vulgar, alcohol/drug/tobacco, or sexually related clothing, etc.
- Participate fully in any and all camp activities with enthusiasm while encouraging the campers to join in.
- Respect each others possessions and personal space including to never enter cabins of the opposite sex.
- Observe all camp rules including lights out and remaining in their assigned cabins throughout the night.
- Respect the Spirit in the Pines facility and grounds by keeping it clean and encouraging campers to join in.
- Follow the leadership and direction of the Camping Minister and camp staff for a positive, rewarding, safe and fun camp leadership experience.

### **Three Strike Policy**

I understand that any inappropriate and/or disruptive behavior or language will not be tolerated and will be handled quickly by the Camping Minister using the Three (3) Strike Policy. Disruptive behavior which would result in a strike includes, but is not limited to: inappropriate language, comments and/or dress, non-participation, being in a cabin of the opposite sex, uncooperativeness, combativeness, safety issues, not following the camp rules, etc.

- A first strike results in a 1 to 1 conversation with the Camping Minister.
- A second strike results in calling the parents and discussing at length the first two strikes.
- A third strike will cause the person to be sent home immediately and will forfeit any future camp weeks for the summer. There will also be a follow-up meeting with Pastor Rod, the Camping Minister, the reprimanded individual and their parents.

Spirit in the Pines camp is a designated peace site. Therefore, guns, knives, alcohol, tobacco products, fireworks, illegal drugs or anything that may be harmful to yourself or others is strictly forbidden and will result in all three strikes being given at once and the immediate dismissal from camp. In addition, extreme negative and/or inappropriate behavior will also result in three strikes at once and the immediate dismissal from camp.

\*\*\*\*\*

**I have read and will abide with this Counselor/Counselor-In-Training Responsibility & Code of Conduct document including the Three Strike Policy. I have also read the Counselor or CIT Requirement sheet and Timeline and understand the expectations asked of me and will fulfill them to the best of my ability.**

**Counselor/Counselor-In-Training Signature** \_\_\_\_\_

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

## **2010 Spirit in the Pines Camp**

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### **Three Strike Policy**

I understand that any inappropriate and/or disruptive behavior or language will not be tolerated and will be handled quickly by the Camping Minister using the Three (3) Strike Policy. Disruptive behavior which would result in a strike includes, but is not limited to: inappropriate language, comments and/or dress, non-participation, being in a cabin of the opposite sex, uncooperativeness, combativeness, safety issues, not following the camp rules, etc.

- A first strike results in a 1 to 1 conversation with the Camping Minister.
- A second strike results in calling the parents and discussing at length the first two strikes.
- A third strike will cause the person to be sent home immediately and will forfeit any future camp weeks for the summer. There will also be a follow-up meeting with Pastor Rod, the Camping Minister, the reprimanded individual and their parents.

Spirit in the Pines camp is a designated peace site. Therefore, guns, knives, alcohol, tobacco products, fireworks, illegal drugs or anything that may be harmful to yourself or others is strictly forbidden and will result in all three strikes being given at once and the immediate dismissal from camp. In addition, extreme negative and/or inappropriate behavior will also result in three strikes at once and the immediate dismissal from camp.

**Please keep this copy for your records**

## 2010 CIT Weeks Available

Please check each week you would be available to volunteer at camp. This doesn't mean you will get all of the weeks marked. This will allow Burke some flexibility for scheduling purposes. If too many people sign up for the same week, a fair method will be used to decide who goes. Every effort will be made to get you up to camp.

June 15 - 18 \_\_\_\_\_  
3<sup>rd</sup>, 4<sup>th</sup> & 5<sup>th</sup> Grade

June 20 - 25 \_\_\_\_\_  
6<sup>th</sup> & 7<sup>th</sup> Grade

June 23 - 25 \_\_\_\_\_  
2<sup>nd</sup> & 3<sup>rd</sup> Grade

June 27 - July 2 NO CIT  
8<sup>th</sup> & 9<sup>th</sup> Grade

July 6 - 8 \_\_\_\_\_  
2<sup>nd</sup> & 3<sup>rd</sup> Grade

July 11 - 16 \_\_\_\_\_  
4<sup>th</sup> & 5<sup>th</sup> Grade

July 18 - 23 \_\_\_\_\_  
6<sup>th</sup> & 7<sup>th</sup> Grade

July 25 - 30 NO CIT  
8<sup>th</sup> & 9<sup>th</sup> Grade

August 1 - 6 \_\_\_\_\_  
4<sup>th</sup> & 5<sup>th</sup> Grade

August 8 - 13 \_\_\_\_\_  
6<sup>th</sup> & 7<sup>th</sup> Grade

How many weeks would you be willing to volunteer at camp? Again, this doesn't mean you will be assigned that many weeks. This will allow Burke some flexibility for scheduling purposes.

\_\_\_\_\_ How many weeks would you like to be assigned to?

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Please return this form to Burke by February 7, 2010. Thank you for your interest!**

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