

Brooklife Church • 857 S. Rochester St. Suite 300 • Mukwonago, WI 53149
Phone: 262-378-4470 • Fax: 262-378-4588

2017 Camp Venture Leadership Reapplication

Brooklife provides a variety of summer programs for children. Seasonal full-time and part-time summer staff is needed for these programs. Staff members will have specific teaching and leadership responsibilities. Hours vary based on needs. Pay will be determined based on age, experience and responsibilities.

Important Dates:

February 25th

June 6 – 8 11:00 – 3:00

June 12 - August 4

Venture One Day

Staff Training Days

Summer programs (not the week of 7/3-7/7)

Please complete the following application and return to Taylor Davis by March 10, 2017. If you have any further questions, please feel free to e-mail us at tdavis@brooklife.org

Because Jesus Loves His Kids,

The Summer Leadership Team

Personal Information (please print clearly)

Name:

Last First Middle

* Identity must be confirmed with a driver's license or other photo ID, such as a state ID card*

Present Address

Street

City State Zip Code

Date of Birth: _____ Grade: _____ Age: _____

Social Security Number _____ - _____ - _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Marital Status: _____ T-Shirt Size _____

Children:

Name: _____ Age: _____

Name: _____ Age: _____

Occupation: _____ Length of Employment: _____

Place of Employment: _____

If you are or will be age 16 or younger during camp, please check here: _____
(A work permit will be needed for employment. Please request a work permit letter from camp administration.)

Have you ever been charged, convicted or pled guilty to a crime? Yes _____ No _____
If yes, please explain; including time and place. (Attach additional sheet if needed.)

Have you ever been charged, convicted or pled guilty to indecent exposure, child abuse, or a crime involving actual or attempted sexual abuse or assault of a minor? Yes _____ No _____
If yes, please explain; including time and place. (Attach additional sheet if needed.)

Other than the above, is there any fact or circumstance involving you or your background that would cause questions regarding you being entrusted with the supervision, guidance or care of children, youth or handicapped? Yes _____ No _____

Church History:

Brooklife Church member? Yes _____ No _____ Regular Attendee? Yes _____ No _____

Member or regular attendee of another church?

Name of church

Why do you want to return to camp?

What do you think we could do to bring camp to the next level?

What camp responsibilities would help you take your next step in leadership development?

How would you like to see yourself personally grow this summer? (professionally, in your faith, new experiences?) What can you do to make this happen?

In what ways do you plan to improve your performance from past summers? How can I (Taylor) support you or help with this?

What ideas do you have for our “Space Bugs” theme, stage design, and puppet?

What activity groups interest you most? (see brochure or venture.brooklife.org for full listing and for new activity groups)

Do you possess any special skills? (music, drama, creativity, running super fast, sports, etc.)

Please circle responsibilities that interest you:

Key Leader

SLT Coordinator

Puppet

Game Master

Set Design

Administrator

Operations

Please list any dates that you need off for approval—staff are typically allowed one week off for mission trips, family vacations, etc.:

Code of Ethics

1. I desire to model Christ-likeness in all my behavior, especially as I serve in ministry to youth and children at Brooklife Church/Camp Venture. I aim to demonstrate my love for the Lord Jesus, my gratitude for His grace and forgiveness and testify to the power of the Holy Spirit working in me.
2. I desire to demonstrate respect, loyalty, patience, courtesy and maturity.
3. I will treat children of all races, religions and cultures with respect and consideration.
4. I will not abuse children/youth, in any way, including but not limited to:
 - a. Physical abuse – ex. strike, spank, shake, slap
 - b. Verbal/Mental abuse – ex. humiliate, degrade, threaten
 - c. Sexual abuse – ex. inappropriate touch or exposure
5. I will not possess or use illegal drugs, alcohol, or tobacco in the context of ministry.
6. I will not use or tolerate profanity in the presence of children.
7. I understand that any violation of this Code, in all respects, may be grounds for dismissal, discipline, or other action by the Church.

I recognize that, as a condition to my service, any references will be contacted and a criminal history check will be conducted, and I willingly consent to all checks. I further authorize my references to give you any information they may have regarding my character and fitness for working with children and/or youth. I release Brooklife Church and all such references from any and all liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I may have to inspect references provided on my behalf.

I understand that if I have questions about this Code of Ethics, any church policies, or any other aspect of my service with Brooklife Church/Camp Venture, I will contact the Pastor or Administrative Assistant for clarification and guidance.

By signing below, I indicate that I have carefully read the foregoing release, know and understand the contents. I also acknowledge that all of the information I have provided is true and complete.

Applicant's Signature: _____

Date: _____ / _____ / _____

Adult Witness Signature (if under 18): _____

Date: _____ / _____ / _____

Emergency Contact

Mom's/Dad's Name _____ Mom's/Dad's Phone: _____

Emergency Contact Name & Relation _____ Phone: _____

Medical & Health and Liability Release

Please list any medical concerns, allergies, medications, or conditions the camp leadership should be aware of:

Brooklife Church's policy is that families are responsible for any medical or health related issues or emergencies that arise during camp. We encourage you to:

1. Ensure that your health insurance is up to date.
2. Understand that you are responsible for any medical or health related issues.
3. Sign this form releasing Brooklife Church/Camp Venture and indicating your responsibility for these issues.
4. The purpose of this medical release is so that in case of any minor mishap, the individual could be given immediate medical attention rather than requiring parental permission before care is given. Attempts will be made to call parents should hospitalization or medical treatment be required.

FULL NAME - By entering your full name below, you have read and agree to the Medical Release statement. If under age 18, this must be signed by a parent or guardian.

(print) _____

(sign) _____

I/We release Brooklife Church/Camp Venture and its representatives from and in connection with any claim brought by anyone arising out of all sponsored activities, trips, and or on/off premises meetings and events.

I/We further give permission for any medical treatment deemed necessary while said

student is under the care of Brooklife Church/Camp Venture and its representatives as a participant. If participant is under 18 years of age, please have parents complete the following.

FULL NAME - By entering your full name below you have read and agree to the Release From Liability statement. If under age 18, this must be signed by a parent or guardian.

(print) _____

(sign) _____