

March 20, 2017

Dear Pastors, Children's Directors, SDMI President, and Lay persons,

Just around the corner is Rockin' at 908 (kids camp), June 12-15 with Cheryl Crouch.

The SDMI council decided that we will have a 3:8 ratio workers to kids per church for camp. (With a maximum of 2 free-of-charge teen workers per church). An adult is considered 1 year removed from high school or completed freshman year of college. Any teenagers beyond the initial 2 would pay for lodging for camp. Youth workers must have completed eighth grade.

We are thankful for your willingness to minister to the children who attend camp and point them toward Christ. We need volunteers for every area. The sooner you sign-up, the more likely it will be you can choose where you work...so don't delay. Attached you will find a general description of each job's responsibilities.

Every adult needs to have an up-to-date background check. **Every adult and youth worker must go through the Ministry Safe training.** If you have not already gone through Ministry Safe with your church or last year with camp (certification is good for two years), when you register you will be emailed a link with short videos regarding our children's safety. There are a few questions to respond to at the end of the videos. The Louisiana District Office will be sent a notification that you have completed the videos and have responded to the questions. **Again, ONLY those who have successfully gone through Ministry Safe training will be working at camp.** Background checks must be postmarked by May 22nd, and Ministry Safe certification must be complete before coming to camp. Each individual must have his/her own email. Writing your email is required on your form so the link may be sent to you.

All campers must have completed 1st grade through 6th grade (if 6th grade is a part of the local church's children's department).

The price for camp is \$150 per child if the application and complete payment are postmarked by May 22, 2017. The price will be \$175 for ANY registrations after that date, including registration on the opening day of camp. (Please DO NOT mail registrations to my home address after June 5th, please bring with you to camp.) All campers who have insurance must have a copy of their current insurance card attached to their applications. All campers' applications should be signed by a witness, which can be your pastor or children's director.

ONLINE REGISTRATION: Medical Authorization and full payment must be postmarked by May 22nd, to get \$150/camper rate. Mail to: Rick Babin, 2038 Balsawood Dr., Baton Rouge, LA 70816

MAIL-IN REGISTRATION: Completed Application, Medical Authorization, and full payment postmarked by May 22nd. Mail to: Rick Babin, 2038 Balsawood Dr., Baton Rouge, LA 70816

\$75 will be charged for each preschool child who attends camp with an adult worker. This covers the cost of food and lodging. If you desire to have a t-shirt for a preschooler, the cost is an additional \$10. Please note that only camp age children will participate in camp activities.

Please have all t-shirt sizes to us no later than May 22, 2017 to be guaranteed the correct size shirt. You may email us at: rickbabin@cox.net Please email us with the person's name and shirt size.

All campers are expected to stay on the campground and with their group at all times. All campers will be assigned dorm rooms to stay in, campers will not be allowed to stay in the lodge. No campers are allowed to leave the campground or skip activities/worship services to spend time with parents/grandparents or other adults unless there is an emergency that requires a visit to the hospital or a trip home. Please see Rick or Heidi Babin to make them aware of the situation before a child leaves the campground.

*****PLEASE PACK EVERY CHILD IN HIS/HER OWN BAGS, DO NOT PACK KIDS TOGETHER.
WE WILL BE GROUPING DORMS BY AGE/GRADE. *****

What to Bring:

- Bible
- Enough clothing for 4 days---we WILL be getting wet, add extras!
****Clothing must be modest. Shorts: minimum 3" inseam. Shirts: no strapless or spaghetti strap
- Swimsuit (Girls must have one-piece suits or wear a shirt over any 2 piece)
- Twin-size sheet to cover mattress (state-required)
- Sleeping bag or blankets, pillow
- Towels, washcloths, soap, shampoo, toothpaste, toothbrush, deodorant, sunscreen
- Plastic bag for wet clothing, towels, and washcloths

Camp is Monday, June 12 - Thursday, June 15
REGISTRATION IS FROM 10AM - 12PM ON MONDAY, JUNE 13th.
CAMP BEGINS AT 12:00 NOON AND ENDS AT NOON ON THURSDAY.

We look forward to working with you this summer. Please contact us as soon as you can!
God bless you for making the effort to reach out to this special group of people!

Rick & Heidi Babin (Camp Directors)
2038 Balsawood Dr., Baton Rouge, LA 70816

rickbabin@cox.net
225-753-0291 h • 225-603-9850 c



Find us on Facebook!
facebook.com/rockinat908



Louisiana District Church of the Nazarene
Application for Children's Camp (Completed 1st grade - through 6th grade*)
If 6th grade is a part of the local church's children's department.
JUNE 12-15 (Mon-Thurs)

CAMP FEE IS \$150 FOR ALL CAMPERS WHOSE APPLICATION AND *FULL PAYMENT* ARE POSTMARKED NO LATER THAN MAY 22nd. The price will be \$175 for any registrations postmarked after May 22, 2017. You will not be guaranteed a camp T-shirt if registration is not received by above date.

**Please note: camp is Monday, June 12- Thursday, June 15
Registration is from 10am - 12pm on Monday, June 13th.
CAMP begins at 12:00 noon and ends at noon on Thursday.**

****Please pack every child in his/her own bags, do not pack kids together. We will be grouping dorms by age/grade. ****

Please print all information clearly.

CHILD'S NAME: _____ Male () Female ()

PARENT'S NAME(S): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS: HOME (_____) _____
WORK (_____) _____
CELL (_____) _____

E-MAIL ADDRESS: _____

CHILD'S DOB: _____ GRADE COMPLETED 2016-2017 SCHOOL YEAR: _____

T-SHIRT SIZE: YOUTH SIZES ___S ___M ___L ADULT SIZES ___S ___M ___L ___XL

NAME OF CHURCH: _____

HEALTH STATUS

Because we want to give the best possible care to every camper, the camp director must be informed of current health status. Please check those that apply.

_____ Without any known illness or disability.
_____ Has been treated in the last 30 days. Explain: _____

_____ Is now on medication. List medications camper is currently taking: (use back of page if needed)

(Please note: All prescription medication **MUST** be sent in the original prescription bottle, with dosages clearly labeled.)

_____ I give permission for the camp nurse to give my child the following over-the-counter medicines for minor illnesses (check all that apply):

____ Tylenol (acetaminophen) _____ Motrin (ibuprofen)
____ Benadryl _____ Pepto-Bismol (or similar product)
____ Other _____

_____ I do not want the camp nurse to give my child any medication without contacting me first.

Hospital Insurance: Yes _____ No _____

Insurance Company: _____

Policy Number: _____

*****Please attach a copy of your insurance card.*****

The undersigned does hereby give permission for our(my) child, _____ to attend and participate in activities sponsored by our church, _____ Church of the Nazarene and the Louisiana District Church of the Nazarene campground.

I give my permission if it is necessary for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the activities sponsored by the above church and the Louisiana District Church of the Nazarene.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical services rendered to the aforementioned child pursuant to this authorization.

We (I) understand there will be swimming activities. I give my permission for my minor child to participate in the swimming pool activities. I understand a life guard will be on duty and my child will be given a swim test to be able to swim in the deep end of the pool.

- My child knows how to swim _____ Yes _____ No
- My child is allowed to apply sunscreen _____ Yes _____ No

Parent or Guardian Signature Date

Witness Signature Date

Mail this application AND a check or a money order made payable to Louisiana District SDMI. Rick Babin 2038 Balsawood Drive, Baton Rouge, LA 70816

PLEASE DO NOT MAIL ANY APPLICATIONS AFTER MAY 22nd.

Louisiana District Church of the Nazarene
Adult Camp Worker's Application for Children's Camp
June 12-15, 2017 (Mon-Thurs)



**Please note: CAMP IS Monday, June 12 - Thursday, June 15
Registration is from 10am - 12PM on Monday, June 13th.
CAMP begins at 12:00 noon and ends at noon on Thursday.**

Please type or print all information clearly.

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS: HOME (_____) _____

WORK (_____) _____

CELL (_____) _____

E-MAIL ADDRESS: (Required) _____

DATE OF BIRTH: _____

T-SHIRT SIZE: ___S___M___L___XL___XXL___XXXL (*Please add \$5 for XXL & XXXL shirts)

Every adult needs to have an up-to-date background check. Every adult worker must go through the Ministry Safe training. If you have not already gone through Ministry Safe with your church or last year with camp (certification is good for two years), when you register you will be emailed a link with short videos regarding our children's safety. There are a few questions to respond to at the end of the videos. The Louisiana District Office will be sent a notification that you have completed the videos and have responded to the questions. **Again, ONLY those who have successfully gone through Ministry Safe training will be working at camp.** Background checks must be postmarked by June 1st, and Ministry Safe certification must be complete before coming to camp. Each individual must have his/her own email. Writing your email is required on your form so the link may be sent to you.

Church History and Prior Children's Work Name
of church where you are a member:

How many services do you attend each week?

How long have you attended this church?

(Note: You must have attended this local church for at least 6 months before you will be considered for a camp worker position.)

List (name and address) other churches you have attended regularly during the past five years: List all previous work involving children (list name and address of church, type of work, dates)

List all previous non-church work involving children (list each organization's name & address, type of work, dates) Use back if needed.

Have you ever worked in a Children's Camp before? ___ YES ___NO

If yes, when? _____

If yes, what were your responsibilities?_____

Please indicate which type of work you prefer:

___ Dorm Leader

___ Dorm Sponsor

___ Team Leader/Counselor

___ Crafts

___ Dining Hall Clean-up LEADER

___ Night Security

Please indicate your sleeping preference:

___ PLEASE let me stay in the dorm!!

___ I will stay in a dorm if I'm needed.

___ I would prefer to stay in the lodge.

___ I MUST stay in the lodge!

___ I will bring a camper/motor home.

If it is necessary for you to bring your preschool child to camp with you, he or she must stay in the lodge with you. You will need to pay the cost of lodging, and food, which is \$75. If you would like to purchase a t-shirt for your preschooler, there will be an additional \$10 fee. Please note that only camp age children will participate in camp activities.

Please indicate name(s) and age(s) of your preschool child(ren) who will be with you at camp:

If you would like to purchase a t-shirt, please indicate the size(s) below:

___XS (4-6) ___S (6-8) ___M (8-10)

AREAS OF SERVICE - WHICH ONE IS RIGHT FOR YOU?

Dorm Leader: (must be at least 23 years old)

- Responsible for all children and dorm sponsors in your dorm
- Make sure all children are in or out of dorms at appropriate times
- Will be responsible for locking and unlocking the dorm doors (per the schedule)
- Must make sure there are always 2 adult in dorms at all times when children are present
- Report ALL issues or problems to camp director
- Lead a nightly prayer with your kids
- Make sure dorm is cleaned at end of week

Dorm Sponsor:

- Assist Dorm Leader
- Help maintain control of dorm
- Be in dorms when children are present (unless other jobs keep you from being there) Make your dorm leader aware of the time overlaps.

Team Leader/Counselor:

- Counselors are with the children throughout the day. We will work to see that you have at least one hour of rest (without children) on Tuesday, Wednesday, and Thursday. The rest of the day you will be with the children - attending services, eating meals, supervising activities.
- Some counselors will stay in the dorm with the children and others will stay in lodge rooms. Those who stay in the dorms will get more than one hour of rest during the day since they will probably not get as much rest at night. All counselors are a vital part of the camp program.

Crafts:

- Assist the Craft Leader with the children's project.

Dining Hall Clean-up Crew LEADER: (completed after each meal) Lead the teen cleaning crew in the following areas:

- Wash dishes/pans
- Clear and wipe off tables
- Take out trash
- Mop floors around drink and food serving areas
- Spot mop where necessary
- Sweep floors
- Set up tables and chairs at beginning of week
- Take down chairs and tables at the end of week (must be clean when stored)

Night Security:

- Help escort children to dorms once nightly activities are completed and they are dismissed back to dorms. (Stay out on campus until all lights are out.)
- Canvas campgrounds to make sure all kids are in the dorms after curfew
- Report any violators to camp director

AND NOW FOR THE LEGAL STUFF:

Have you ever been convicted of or pleaded guilty to a crime? ___ Yes ___ No

If yes, explain (use back if needed) _____

Applicant's Statement:

The information contained in this application is correct to the best of my knowledge. I authorize my references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children's camp work. In consideration of the receipt and evaluation of this application by the Louisiana District Church of the Nazarene, I hereby release any individual, church, children's organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should my application be accepted for children's camp worker, I agree to be bound by the Bylaws and policies of the Louisiana District Church or the Nazarene and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGALLY BINDING AGREEMENT, WHICH I HAVE READ AND UNDERSTOOD.

Applicant's Signature _____ Date _____

Pastor's Name (print legibly) _____

Pastor's Signature _____ Date _____

Please send this application form to:
Rick Babin 2038 Balsawood Drive, Baton Rouge, LA 70816

This application must be postmarked no later than May 22, 2017.

Louisiana District Church of the Nazarene
Teen Camp Worker's Application for Children's Camp
June 12-15, 2017 (Mon-Thurs)



NOTE: A limited number of teens will be allowed to serve as workers. Only teens that have a parent or an adult supervisor working at the camp and are active on the Louisiana District will be considered. In order to be considered, teens must be recommended by their pastors and/or NYI presidents, AND completed eighth grade. Also, please note that this is an application process. Teens will be notified by email if they are accepted as a camp worker. **Any church that sends more than 2 teens as helpers will need to pay \$75 per 3rd, 4th, etc. teen to cover lodging and meals.**

Teenagers who accept the call to volunteer at children's camp are there to minister and serve. All teen workers will stay in dorms. All teens are to be in the dorms by lights out (the same schedule as campers). If caught out of your dorm, you will be sent home. There will be a designated time each day for youth to socialize.

**Please note: camp is Monday, June 12- Thursday, June 15
Registration is from 10am - 12PM on Monday, June 12th. Camp begins at 12:00 noon and ends at noon on Thursday.**

Please type or print all information clearly.

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS: HOME (_____) _____

WORK (_____) _____

CELL (_____) _____

E-MAIL ADDRESS: (Required) _____ DOB: _____

T-SHIRT SIZE: ___S___M___L___XL___XXL___XXXL (*Please add \$5 for XXL & XXXL shirts)

Every youth worker must go through the Ministry Safe training. If you have not already gone through Ministry Safe with your church or last year with camp (certification is good for two years), when you register you will be emailed a link with short videos regarding our children's safety. There are a few questions to respond to at the end of the videos. The Louisiana District Office will be sent a notification that you have completed the videos and have responded to the questions. Again, ONLY those who have successfully gone through Ministry Safe training will be working at camp. Background checks must be postmarked by June 1st, and Ministry Safe certification must be complete before coming to camp. Each individual must have his/her own email. Writing your email is required on your form so the link may be sent to you.

Church History and Prior Children's Work (Use back of form if as needed.)

- Name of church where you are a member: _____

- How many services do you attend each week? _____
- How long have you attended this church? _____
(Note: You must have attended this local church for at least 6 months before you will be considered for a camp worker position.)
- List (name and address) other churches you have attended regularly during the past five years:
- List all previous work involving children (list name and address of church, type of work, dates)
- List all previous non-church work involving children (list each organization's name & address, type of work, dates)
- Have you ever worked in a Children's Camp before? ___ YES ___ NO
- If yes, when? _____
- If yes, what were your responsibilities? _____

JOB DESCRIPTIONS:

Dining Hall Crew/ Daily Activity Assistants: (completed after each meal)

- Wash dishes/pans
- Clear and wipe off tables
- Take out trash
- Mop floors around drink and food serving areas
- Spot mop where necessary
- Sweep floors
- Set up tables and chairs at beginning of week
- Take down chairs and tables at the end of week (must be clean when stored)
- You will be assigned to assist in daily activities (such as crafts, music, swimming, water games, etc.)

Team Assisants:

- You will be assigned to a designated team to help the team leader. Will include tasks like: getting kids from one activity to another, assisting during activities, crowd control, cheering the kids on, and other similar tasks. You **MUST** stay with the team throughout the day. You will have a break during your team's snack time.

TESTIMONY:

In the space below, please write a description of your current relationship with Jesus Christ. Tell how it began, how it is developing, and what you are currently doing to enhance your relationship.

RECOMMENDATION:

It is important that this applicant's life demonstrates a consistent Christian walk and that he/she is well-suited for this position in ministry. Therefore, the pastor of the applicant's church, NYI president, or the applicant's Sunday School teacher needs to sign below to indicate they recommend him/her for a position as a teen worker at Children's Camp.

I recommend _____ as a worker for the 2017 Children's Camp.

Signature

Position (Pastor, NYI Pres., SS Teacher)

AND NOW FOR THE LEGAL STUFF:

Have you ever been convicted of or pleaded guilty to a crime? ___ Yes ___ No

If yes, explain (use back if needed)_____

Sexual Misconduct Prevention Policy and Procedure Application:

Have you read the Sexual Misconduct Prevention Policy and Procedure? ___ Yes ___ No

Have you submitted the "Application for Youth Work" and "Applicant's Statement" to your pastor?
___ Yes ___ No

Please see attached Sexual Misconduct Prevention Policy and Procedure forms. You MUST complete this form and send to Rick Babin 2038 Balsawood Drive, Baton Rouge, LA 70816.

Applicant's Statement:

The information contained in this application is correct to the best of my knowledge. I authorize my references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children's camp work. In consideration of the receipt and evaluation of this application by the Louisiana District Church of the Nazarene, I hereby release any individual, church, children's organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this

authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should my application be accepted for children's camp worker, I agree to be bound by the Bylaws and policies of the Louisiana District Church or the Nazarene and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

HEALTH STATUS

Because we want to give the best possible care to every camper, the camp director must be informed of current health status. Please check those that apply.

_____ Without any known illness or disability.
_____ Has been treated in the last 30 days. Explain: _____

_____ Is now on medication. List medications camper is currently taking: (use back of page if needed)

(Please note: All prescription medication MUST be sent in the original prescription bottle, with dosages clearly labeled.)

_____ I give permission for the camp nurse to give my child the following over-the-counter medicines for minor illnesses (check all that apply):

- _____ Tylenol (acetaminophen) _____ Motrin (ibuprofen)
- _____ Benadryl _____ Pepto-Bismol (or similar product)
- _____ Other _____

_____ I do not want the camp nurse to give my child any medication without contacting me first.

Hospital Insurance: Yes _____ No _____

Insurance Company:

Policy Number: _____

*****Please attach a copy of your insurance card.*****

The undersigned does hereby give permission for our(my) child, _____ to attend and participate in activities sponsored by our church, _____ Church of the Nazarene and the Louisiana District Church of the Nazarene campground.

I give my permission if it is necessary for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the activities sponsored by the above church and the Louisiana District Church of the Nazarene.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical services rendered to the aforementioned child pursuant to this authorization.

We (I) understand there will be swimming activities. I give my permission for my minor to participate in the swimming pool activities. I understand a life guard will be on duty and my minor will be given a swim test to be able to swim in the deep end of the pool.

- My minor knows how to swim ____ Yes ____ No
- My minor is allowed to apply sunscreen ____ Yes ____ No

Parent or Guardian Signature Date

Witness Signature Date

I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGALLY BINDING AGREEMENT, WHICH I HAVE READ AND UNDERSTOOD.

Applicant's Signature _____ Date _____

Pastor's Name (print legibly) _____

Pastor's Signature _____ Date _____

Please send this application form to:
Rick Babin 2038 Balsawood Drive, Baton Rouge, LA 70816

PLEASE DO NOT MAIL ANY APPLICATIONS AFTER JUNE 5th.