

**Redbud Day Camp Youth Counselor
Redbud Day Camp
(Youth: 7th Grade and Up)**

Job Description

Take the time to learn more about yourself and build lasting relationships as a Redbud Day Camp Youth Counselor. A counselor's primary duty is to love and accept their campers unconditionally. Counselors enjoy working with children and respect adult leadership. To be an effective counselor, you must be willing to put aside your own personal desires and needs for a week. Counselors will be supporting adults in teams, stations, and large-group gatherings. Being energetic, excited, and motivated to create a positive camp experience for campers is a must for being a counselor at Redbud Day Camp. Take a break from our connected world and check cell phones, iPods, and electronic devices at your cabin door. Counselors will read, understand, and abide by camp rules and covenants at all times.

Gifts and Skills Needed :

- | | | |
|-------------------------------------------------------------|----------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> getting along with others | <input type="checkbox"/> taking initiative | <input type="checkbox"/> responsible |
| <input type="checkbox"/> ability to lead | <input type="checkbox"/> willingness to compromise | <input type="checkbox"/> good listener |
| <input type="checkbox"/> welcoming to others | <input type="checkbox"/> flexible | <input type="checkbox"/> creative |
| <input type="checkbox"/> ability to be a role model | <input type="checkbox"/> take direction | <input type="checkbox"/> participator |
| <input type="checkbox"/> leave a space better than found it | <input type="checkbox"/> ensure camper safety | <input type="checkbox"/> respectful |

Your Personal Narrative *(Please answer all questions in 1 page or less)*

1. Why do you want to spend a week as a counselor at a Christian Day Camp, specifically Redbud Day Camp?
2. What unique gifts and talents would you bring to the community and mission of Redbud Day Camp?
3. What does living as a Christian mean to you?

If being a Redbud Day Camp Youth Counselor sounds like you, fill out the attached Youth Information Form, complete the personal narrative questions above, and return it to First Presbyterian Church by July 1st. A Redbud leadership team member will contact you and complete the process.

If chosen, you must be available the afternoon of Sunday, July 13 -through Friday, July 18. Counselors serve from 9am to 3pm, Monday through Thursday with Day Camp. Then, also, counselor activities till 7pm Monday through Thursday, with Friday, July 18, being Counselors Day. Returning each to church each day by 7:00 PM.

Redbud Youth Counselor Paperwork

Redbud Trail Retreat Youth Counselor Covenant

In agreeing to be a Redbud Trail Retreat Youth Counselor, I agree to abide by the Redbud rules and covenant while participating as a counselor at all times. A covenant is a promise and acknowledgment of responsibilities as an active member within a group. At Redbud, we depend on Youth Counselors to be helpful, safe, and engaged members of leadership. This is only possible by your agreement to uphold your promises made within this covenant.

If I am unable to uphold my end of the covenant the Redbud Leadership team may a) sit-down and review rules and covenant, b) ask for my cellphone or electronic devise till end of day/exit bus whichever is later and/or c) ask me not return as a counselor for rest of week.

A. Safety:

- a. I will not knowingly enter river or allow children to enter the St. Joe River without adult supervision. St. Joseph river is off-limits 1-2 days after major rain storms.
- b. I will encourage healthy sanitation by hand washing after contact with river and at every opportunity.
- c. I will notify adults of bathroom needs of campers and support the 2 adult rule for all campers in using restrooms for bathroom or changing.
- d. I will notify an adult of emergency situations and be a safety first encourager. All emergency numbers and first aid kits are located in the camp office and will only enter with an adult.
- e. I will not bring to camp firearms, fireworks, alcoholic beverages, illegal drugs or tobacco products.
- f. I will model good self-care for campers by drinking LOTS of water and wear sunscreen.

B. Attentive Presence:

- a. I will return to the patio when large bell rings and will only ring bell if calling everyone together.
- b. If assigned a task by Adult Leadership, I will willingly complete without complaining, arguing, or grumbling.
- c. I will check my electronic devices, including cell phones, iPods, and electric games in cabins and only use during 'off hours.' If temptation to use is too much during day camp or counselor group time, I will leave them at home.

C. Respect for fellow counselors, campers, and nature:

- a. I will not enter without an adult or adult permission: the kitchen, main office, maintenance buildings and/or the back bedroom.
- b. I will respect opposite sex sleeping spaces and view other counselors as brothers or sisters in Christ.
- c. I will respect God's creation by enjoying nature with my eyes and the power of poison ivy by staying within walking paths.
- d. I will also respect creation by caring for wild animals and returning them safely to the wild.
- e. I will keep all food, including candy, in the camp kitchen.
- f. I will wear appropriate bathing suits and respect adults' decisions if asked to wear at-shirt in pool.

By signing below, I agree and understand my responsibilities as a Redbud Trail Retreat Youth Counselor.

X _____ DATE

Printed Name

Please complete the following forms and return all with \$35 payment to the office of First Presbyterian Church, South Bend

**First Presbyterian Church of South Bend
Child/Youth Information Form**

Redbud Day Camp

Child's Name _____ Preferred Nickname _____

Child's Date of Birth ___ / ___ / ___ T-Shirt Size: S M L XL 2XL

School: _____ Grade or Age: _____

Parent/Guardian Name(s) _____

Address _____ City _____

State _____ Zip _____

Phone (H) _____ Phone (W-M) _____ Phone (W-F) _____

Cell Phone (whom) _____ E-mail _____

Non-Custodial Parent (if applicable) _____

Address _____ City _____ State _____ Zip _____

Phone (1-1) _____ Phone (W) _____ Cell _____ E-Mail _____

Emergency Contact _____ Relationship _____

Adults/Family Members Who May Drop Off/Pick Up Child

Name	Relationship
_____	_____
_____	_____
_____	_____

Continued on the next page.

Redbud Youth Counselor Paperwork

I grant permission for First Presbyterian Church personnel to administer necessary First Aid and to seek emergency medical attention for my child if needed. _____ YES _____ NO

We follow both Indiana and Michigan Laws as it pertains to Child Abuse.

Is there anything special about your child that you would like us to know, (e.g., custodial arrangements, persons to whom your child should **not** be released?)

Signature _____

Relationship to Child _____

Date

OFFICE USE ONLY:

_____ Medical Form

_____ Paid

_____ Sunscreen/Bug Spray form

_____ Permission Slip

First Presbyterian Church of South Bend
Parent/Guardian Permission Form for Child/Youth Activities
Redbud Day Camp - Summer

This form is required for all children and youth in grades kindergarten through twelve participating in off-site activities, and must be on file with the Church Office/or your child or youth to be included in any such events.

I, _____ (name of parent or guardian) give permission for my son/daughter _____ to participate in

Redbud Day Camp is sponsored by First Presbyterian Church of South Bend.

It is my understanding that the event will be held on **July 14 - 17, 2024** From **8:00 AM** to **3:00 PM** (date and time). The location of the event will be at

Redbud Trail Retreat, Buchanan, MI, which will be reached by **School Bus**

(mode of transportation). * **If riding the bus, please be at the church by 8:20 AM. The bus will return by 3:00 PM.**

I have completed all forms (including Child/Youth Information and Medical Information and Release) as required by the leaders of the event. I have also read all of the information with regard to the itinerary, schedule, and group rules.

Parent or Guardian Signature _____ Date _____

Leader in Charge Signature _____

Date Received _____

The Redbud leadership team reserves the right to limit the number of counselors based on need for the week.

**FIRST PRESBYTERIAN CHURCH OF SOUTH BEND
CHILD/YOUTH MEDICAL INFORMATION AND
RELEASE**

Child's Name _____ Preferred Nickname _____

Child's Date of Birth ____/____/____

Parent/Guardian Name(s) _____ Address __City __State

Zip ____

Phone (H) _____ Phone (W-M) _____ Phone (W-F) _____

Cell Phone (whom) _____ E-mail _____

() I attest that all immunizations required for school are up to date. _____ Date of
last Tetanus Shot

MY Child has the following Allergies (foods, medications, insect bites, etc.)

My Child is taking the following Prescriptions/Reason: (e.g., Claritin/allergies; Ritalin/ADD). ____ _

The program supervisor **may** ____ **may not** administer medications.

Over-the-counter medicines (e.g., Tylenol, Pepto-Bismol) may be administered to my
child for minor ailments. List those allowed

Other health issues concerning my child are:

Should emergency medical treatment be necessary I authorize: **Jennifer Byers, Mike Byers,**

Dana Blanchard, or Whitney Culp,

(name of the group leader and/or leaders) to act on my behalf and approve appropriate treatment.

Continued on the next page.

Redbud Youth Counselor Paperwork

Child's Primary Physician _____ Phone _____

Health Insurance Carrier _____ Policy No. _____

Child's Dentist _____ Phone _____

Dental Insurance Carrier _____ Policy No.: _____

Other Important Health Care Professionals (e.g., eye doctor, orthodontist,
psychotherapist, allergist, etc):

..... Phone

Emergency Contact/Relationship/Phone Numbers (please list at least one person not in
your household: e.g., Joan Smith/neighbor/123-4567). _____

In case of emergency, I hereby authorize the adult leader in charge to select and secure appropriate medical personnel for my child. Further, I authorize those medical personnel to perform and provide all reasonably necessary medical care, including but not limited to, diagnostics (e.g., radiology), hospitalization, anesthesia, surgery, and prescription drugs, advisable for the health of my child/youth.

Parent/Guardian's Signature

Date

Redbud Day Camp Camper form

We are looking forward to a great summer at Redbud! Please make sure that you pack the following for your child each day:

- Lunch (we will provide a drink)
- Bathing suit
- Towel

Bug spray/sunscreen - we will provide this, but if you want a particular brand used, you should supply this item. The bug spray we have will contain DEET. Please indicate below if you will be supplying an item.

It's important to realize that your children **will** be in touch with nature this week, This might include walking in the river (if it doesn't rain), playing on the rope swing, climbing on a tree, and swimming in the pool. We want the best experience possible for your children. We want to encourage you to check for ticks each day on your kids.

Please check the following and sign and date below.

Yes, my child/ren can **No my child/ren can't have bug spray.**

Yes, my child/ren can **No my child/ren can't have sunscreen.**

I will supply my children with bug spray.

I will supply my children with sunscreen.

I _____ of _____
(Parent or Guardian) Camper(s)

Hereby give permission for the staff and volunteers at Redbud camp to apply bug spray and sunscreen on my child/ren as they see needed.

Signature

Date