

FPC Day Camp Youth Counselor

FPC Day Camp Youth Counselor at Redbud Retreat, LLC (Youth: 7th Grade and Up)

Job Description

Take the time to learn more about yourself and build lasting relationships as an FPC 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 FPC 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 FPC Day Camp?
2. What unique gifts and talents would you bring to the community and mission of FPC Day Camp?
3. What does living as a Christian mean to you?

If being a FPC 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. An FPC Day Camp leadership team member will contact you and complete the process. Counselor fee: \$50

If chosen, you must be available the afternoon of Sunday, July 12 -through Friday, July 17. Counselors serve from 9am to 3pm, Monday through Thursday with Day Camp. Then, also, counselor activities till 7pm Monday through Thursday, with Friday, July 17, being Counselors Day. Returning each to church each day by 7:00 PM.

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FPC Day Camp Youth Counselor Covenant

In agreeing to be a FPC Day Camp Youth Counselor, I agree to abide by the FPC Day Camp 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 FPC Day Camp, 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 FPC Day Camp Leadership team may a) sit-down and review rules and covenant, b) ask for my cellphone or electronic device till end of day/exit bus whichever is later and/or c) ask me not return as a counselor for the rest of the week.

A. Safety:

- a. I will not knowingly enter the river or allow children to enter the St. Joe River without adult supervision. The St. Joseph River is off-limits 1-2 days after major rainstorms.
- b. I will encourage healthy sanitation by hand washing after contact with the 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 you will only be allowed to 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 wearing sunscreen.

B. Attentive Presence:

- a. I will return to the patio when the large bell rings and will only ring the 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 them during 'off hours.' If the temptation to use is too much during day camp or counselor group time, I will leave them at home.

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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 a shirt in pool.

By signing below, I agree and understand my responsibilities as a FPC Day Camp 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

FPC 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.

FPC Day Camp Youth Counselor

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
FPC 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

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

It is my understanding that the event will be held on **July 13 - 16, 2026**

From **8:00 AM** to **3:00 PM** (date and time). The location of the event will be at the

Redbud Trail Retreat, LLC in 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, 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 FPC Day Camp 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.

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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

