



**Sonshine Christian
Youth Camp
July 16-22, 2023**

STAFF APPLICATION

For additional information and updates, check *scycbandina.com* and *facebook.com/SCYCBandina*

Staff Applications are considered complete when the ENTIRE application has been submitted.

Completed applications must be submitted by:

MAY 14TH

STAFF INFORMATION

Staff members must be an active member of a Church of Christ congregation.

Staff must be 18 years old and have been out of high school for at least a year.

To Apply: Please complete the following forms and submit with the **\$60** staff fee.

Applications must be submitted by May 14th.

Applications can be submitted by email to registrar.scyc@gmail.com or mailed to the address below.

SCYC

402 Center Way

Lake Jackson, Texas 77566

Make checks payable to – *Sonshine Christian Youth Camp, Inc.*

*The director will contact those that have been selected by text or email by **May 24th**.*

Positions applied for are not guaranteed. Staff will be assigned where needed.

Each staff member must take the Abuse Prevention **training and test**.

The test can be taken and submitted online. There will be a link on scycbandina.com when it is available.

Check-In: Staff are encouraged to arrive on Saturday, July 15th if possible.

Camper check-in is 3:00-4:30pm on Sunday, July 16th.

All available staff should be checked in and in their cabins before the campers arrive.

If you will be arriving with a group on Sunday, please help the medical staff by assuring that your campers have their medications labeled, bagged and ready to turn in during registration.

Staff members must turn in ALL personal medications: prescription and non-prescription

Check-Out: Camper check-out is at 10:00am, Saturday, July 22nd.

All cabins must be **cleaned** and **approved** by the director before campers or staff will be allowed to leave.

What to Bring:

- Bible and pen (perhaps some writing paper)
- Outdoor clothes (pack **dress code appropriate** shirts and shorts)
- Swimsuits (shirt must be worn to and from river)
- Twin sheets, blanket, sleeping bag, pillow
- Towels, wash cloths
- Personal care items (i.e. toothbrush, deodorant, sunscreen, lip balm, etc.)
- A plastic bucket or container for the oatmeal battle
- If able, bring extras of items campers may forget

Dress Code: All clothing must be modest and in good taste. We trust you will thoughtfully consider the clothing you bring to camp to be sure it is appropriate for the work you will be doing.

- ***All shirts must have sleeves*** (no cut-offs or tank tops).
- ***All shorts must reach mid-thigh.***
- ***No leggings or yoga pants*** will be allowed.
- No jeans/pants/shorts with excessive rips, tears or holes above the knee.
- Shirts must be worn to and from the river at swim time.

Parents of Possible Pre-Campers (those not yet of camp age):

Pre-campers are **discouraged** from being brought to SCYC. Additional resources and personnel are needed to properly supervise pre-campers during the week. Pre-campers will be allowed for families in which both parents/guardians have specifically been invited by the director to serve in designated roles. Pre-camper fee is **\$60**.

-----SCYC WILL BE A CLOSED CAMPUS TO ALL VISITORS-----

This provides the safest, healthiest and most fulfilling environment for our campers and staff.

We will make appropriate exceptions regarding baptisms.

Bandina Christian Youth Camp, Inc. Staff Application

The information obtained in this form is for the internal use of Bandina Christian Youth Camp, Inc.

Please use your full legal name on this application.

New SCYC Staff Member Former SCYC Staff Member Male Female

 First Name Middle Name Last Name

Check here if you have ever used another name(s) or alias(es). Please list these on a separate sheet)

 Mailing address City State Zip Code

(_____) _____ (_____) _____ ____/____/_____
 Cell Phone Business/Other Phone Birth date (mm/dd/yyyy)

 Occupation Employer/School Email Address

Temporary or Educational Residence City State Zip Code

 Church of Christ Congregation where you are currently a member (_____) _____
 Phone (with Area Code)

Note: you must submit the attached letter of reference from an Elder or minister from the congregation where you are a member.

 Reference Name Phone (with Area Code) Position Title

Rank your top 4 positions you want to apply for:

Counselor (5th-6th) _____ Counselor (7th-8th) _____ Counselor (9th-10th) _____ Counselor (11th-12th) _____ Security _____ Support Staff * _____

** Support Staff priority given to graduates from the previous 2 years*

I'm willing to: Teach _____ Lead Singing _____ Lead Boys or Girls Devo _____ Lead/Assist Elective _____ Lifeguard _____

****Medical & Kitchen staff will be directly contacted for their positions****

(Please attach a copy of any applicable certifications/training documents- i.e. Lifeguard, Nurse, EMT, etc.)

T-shirt Size: Adult S Adult M Adult L Adult XL Adult XXL Other _____

Additional Information:

Indicate Yes or No for each of the following questions.

Any individual who fails to disclose a conviction will be precluded from serving on the staff.

a. Have you ever been convicted of a felony or misdemeanor?

(If yes, explain below). YES NO

b. Have you ever been charged with child neglect or abuse?

YES NO

c. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? YES NO

(If yes, please attach additional documents to explain)

I understand that:

a. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or

organization that may have information concerning me. I hereby authorize the session director to perform a criminal background and sex offender registry check on me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Bandina Christian Youth Camp, Inc. and the officers, employees, and volunteers thereof.

b. In signing this application, I have received and read the attached Safe Environment Policy information and apply for a volunteer staff position with Bandina Christian Youth Camp, Inc. I agree to comply with the Bylaws and the Policies and Procedures of Bandina Christian Youth Camp, Inc. I affirm that the information I have given on this form is true and correct. I will follow the Safe Environment Guidelines.

 Signature of Applicant Date

Approval for Staff: We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to procedures and this applicant meets the qualifications to serve on the staff of Bandina Christian Youth Camp, Inc.

 Signature of Session Director Date

Bandina Christian Youth Camp – Staff Medical Information Form

Please Print Neatly

This Box For Camp Administration Use Only

Staff Member Name: _____

Emergency Notations: _____

Date of Birth (mm/dd/yyyy): _____ Gender: _____

Location on Campus: _____

Address _____

Emergency Contact Name: _____ Daytime Number Phone (w/area code) _____

Emergency Contact Address: _____ Cell Phone (w/area code) _____

Medical History – Please answer **Yes** or **No** to each. If yes, please explain.

Severe allergic reaction?	Y	Neurological, Mental, Emotional	Y	Current Immunizations
Medication, food, other allergies?	Y	Stomach/Intestine/Liver	Y	Measles Y N
Heart Problems	Y	Communicable Disease	Y	Mumps Y N
Lung (i.e. asthma, etc.)	Y	Tetanus Shot in last 6 months	Y	Chicken Pox Y N
Diabetes	Y	Surgery in the last year	Y	Diphtheria Y N
Thyroid	Y	Have or Use an Epi pen?	Y	Whooping Cough Y N
Kidney or Bladder Problems	Y	Physical Limitations?	Y	Other (COVID) Y N

If yes to Any, Please Explain: _____

Known Allergen(s): _____

Type of reaction (e.g. rash, difficulty breathing, etc.)? _____

Will you bring medication to camp? Y N **List all medications (prescription and non-prescription).**

Name of Medication	Strength (mg)	Time to be Taken	Condition Requiring Medication

State Regulations require that ALL medication be in original containers, have an original, intact prescription label affixed with the patient’s name, be stored in a secure location not accessible to campers, and can only be dispensed under the direction of the Camp Health Officer (CHO). [see 25 TAC §265.15(l)] Staff Members are required to maintain ALL medications in a secure location not accessible to campers.

I hereby acknowledge and grant permission for the following:

- I am at least 18 years of age.
- Pre-existing conditions, injuries or illnesses occurring or existing prior to arrival at the camp will not be covered by camp insurance, and the staff member’s personal insurance is primary and camp insurance is secondary.
- The Camp Director, the CHO or other qualified staff may take me to the hospital, to the doctor, or seek other reasonable and appropriate emergency treatment in case of an accident or sickness.
- Medical and surgical treatment may be conducted as needed in the judgment of treating physicians.
- The medical information provided is intended for the use of camp personnel and any attending medical personnel and will be shared on a limited basis with those needing to know, but will otherwise be maintained as confidential.
- **Staff members may participate in swimming or water-related activities, but based on the conditions present at the water-front, they may be required to passing a swimming proficiency test administered by a certified lifeguard.**

Staff Member Signature: _____

Date: _____

****This form to be completed by one of your church elders or ministers.****

Sonshine Christian Youth Camp 2023 Staff Applicant Recommendation

Name of SCYC Staff Applicant: _____

Name of Elder or Minister: _____

Leadership Position (please circle one): Elder Minister

Elder/Minister's Contact Info:

Phone: _____ Email: _____

Name of Church: _____

Please answer the following:

• How long have you known the applicant? _____

• The applicant has shown *consistent* participation at our church *during the last 8 months*.
Yes _____ No _____ Contact me ____

• The applicant has been *actively* involved in the ministries and/or activities of our church.
Yes _____ No _____ Contact me ____

• What specific ministries or church activities is the applicant involved in at your church? _____

• I believe the applicant is spiritually equipped to lead and mentor the youth of SCYC.
Yes _____ No _____ Contact me ____

• I believe the applicant is *qualified* and *prepared to fully serve* SCYC.
Yes _____ No _____ Contact me ____

As a spiritual leader or minister of the above mentioned church, I wholly support the recommendation that the applicant is an active and faithful member of our congregation. I personally know the applicant and believe that he/she is a capable and qualified individual who is prepared to serve Sonshine Christian Youth Camp in any capacity deemed necessary by the camp director.

Signature of Elder/Minister

Date



Sonshine Christian Youth Camp Staff Conduct Agreement

Sonshine Christian Youth Camp (SCYC) is a ministry that seeks to demonstrate the love of Christ to all involved. We expect our staff to model Christ-like behavior to the campers, their parents and fellow staff members at all times. Foremost, our staff exists to guide and protect the campers both spiritually and physically.

As a volunteer staff member of SCYC, I agree to observe and obey the guidelines and regulations that have been established for this camp session. If selected as a staff member of SCYC, I willingly agree to accept the role assigned to me. Furthermore, I agree to fulfill the duties expected of me to the best of my ability. Failure to adhere to these expectations may lead to my immediate and/or future dismissal as a staff member of SCYC.

Print Applicant's Name

Date

Applicant's Signature