

Camp Mephibosheth

Overnight Camp Volunteer Companion

Session #1 July 8th - 10th - Session #2 July 12th - 14th & Session #3 July 29th - 31st

Dear Volunteer Companion,

It is that time of the year again!!! Make your plans now to join us for a fun filled camp experience. Camp Mephibosheth will be held at The Ark Christian Ministries (formally Rainbow Christian Camp) located in Converse, IN.

Volunteers are needed for:

- **July 8th - 10th** Adult Overnight Camp (ages 16 -70 and up) - Session #1
- **July 12th - 14th** Adult Overnight Camp (ages 16 -70 and up) - Session #2
- **July 29th - 31st** Youth & Adult Overnight Camp - Session #3
- **August 1st, 2nd, & 3rd** Day Camp (all ages) during the hours of 9:00 - 3:00 each day

Team Meetings will be held Saturday 11:00am. The first session overnight campers will arrive Saturday afternoon and stay through Monday evening at 7:00pm. Second session begins Wednesday morning at 9:00 and concludes Friday afternoon at 3:00. At this time, we do not know how many campers we will have for Session #3. If you are interested in serving during Session #3 which will begin Saturday morning and ends late Sunday afternoon, please let me know.

The following forms need to be completed and returned to Mephibosheth Ministries, Inc.

- Volunteer Companion Application** If you did not complete one last year please fill it out and mail it or bring it to the office (or scan it and return via email). If I have one on file from last year there is no need to do that again (unless your information has changed!!).
- Faculty Participation Consent and Liability Release will be signed upon arrival at camp.**
- A check for \$7 to Mephibosheth Ministries** for your background check. We will be conducting background checks on all of our volunteers to honor our commitment to the safety of our campers and our relationship with The Ark Christian Ministries.

You will receive a confirmation packet or email in June with further camp details and a health history form for you to complete and bring with you to camp with your medications.

I sincerely appreciate all your time in serving in this area. I know many of you are taking vacation days from work and appreciate your willingness to do so. While we do not require volunteers to pay, if you would like to make a donation to us in any amount to offset meal expenses, it would be appreciated.

God Bless!

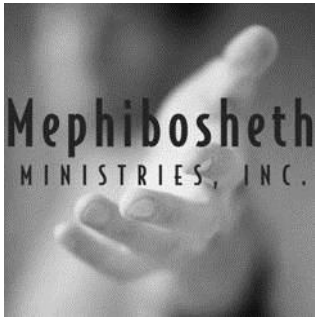
Becky Moore, Director
Mephibosheth Ministries, Inc.



Mephibosheth Ministries, Inc.
1715 Stringtown Pike
Cicero, IN 46034

317-984-4653 #30

www.mm-abilities.org



Date Received: _____

Session Assigned: _____

Confirmation Sent: _____

Final Confirmation: _____

Camp Mephibosheth Volunteer Companion Application Form

Mail completed form to: 1715 Stringtown Pike Cicero, IN 46034

Availability: Staff training Session #1-7/8-7/10 Session #2-7/12-7/14 Session#3-7/29-7/31

Name _____ Male Female Age _____

Address _____ City _____ State/Zip _____

Home Phone (____) _____ Alt. Phone (____) _____ E-mail _____

T-shirt size: Small Medium Large X Large XXL

Parent/Guardian/Spouse _____ Phone (____) _____

Emergency Contact _____ Phone (____) _____

Home Church _____ Phone (____) _____

Address _____ City _____ State/Zip _____

Minister's Name _____

Have you ever attended Camp Mephibosheth? Yes No How many years? _____

If you have attended Camp Mephibosheth the last 2 years, you are not required to complete this section

Have you attended another camp for persons with disabilities? Yes No What camp? _____

1. What experience do you have working with persons with disabilities? _____
2. Leadership experience : _____
3. Special skills/talents that you would be willing to share at Camp Mephibosheth (music, crafts, teaching, etc.) _____
4. Describe your interest in serving at Camp Mephibosheth: _____
5. List any disabilities, allergies, or health limitations you have: _____

List 2 references (non-family members)

1. Name _____ Phone (____) _____ Alt.(____) _____

Address _____ Relationship _____

2. Name _____ Phone (____) _____ Alt.(____) _____

Address _____ Relationship _____

All applicants, please answer the following questions:

- 1. Are you willing to assist a camper, as a caregiver, with daily living activities: Yes No
(Reminders of personal hygiene, assistance while dressing, keeping personal property organized, etc.)?
- 2. Are you willing to share your Christian faith with a camper who is mentally impaired? Yes No
- 3. Do you have any physical or mental impairment which would interfere with your ability to serve? Yes No
If yes, please explain: _____
- 4. Are you able to participate in all camp activities? Yes No
If no, please explain: _____
- 5. Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, please explain: _____
- 6. Have allegations of any type of physical or sexual misconduct been filed or suspected involving you? Yes No
If yes, please explain: _____

The information contained in this application is correct to the best of my knowledge. I authorize references and pastors listed in the application to give any information, including opinions, regarding my character and fitness to work with youth and persons who have developmental disabilities. If 18 years of age or older, I authorize that a criminal records check be conducted on me for the protection of the campers and volunteers. Any information regarding a conviction may be released to Mephibosheth Ministries, Inc. This information will be held confidential. I agree to hold harmless from liability any person or organization that provides or receives this information.

I hereby grant Mephibosheth Ministries, Inc. and The Ark Christian Ministries the right to use my name, image and likeness, and sound recordings taken of me while at Camp Mephibosheth for publicity purposes. The right to use these images and recordings are understood to include the right to make and use reproductions and to copyright and distribute the materials as a whole or in part.

By submitting this application, I hereby confirm my commitment to serve in Camp Mephibosheth. *I realize that the number of campers permitted to attend is contingent upon the dependability of the faculty to be there for them. Should it be impossible for me to fulfill this agreement, I will notify Mephibosheth Ministries, Inc. promptly by telephone or email, with a written cancellation to follow.*

Applicant's Signature _____ Date _____

Please review this application for completion, then mail to:
Mephibosheth Ministries, Inc.
1715 Stringtown Pike
Cicero, IN 46034

If you have further questions contact Mephibosheth Ministries, Inc. 317-984-4653 ext#30
E-Mail: becky@mm-abilities.org

Camp Mephibosheth

Faculty Participation Consent & Liability Release

Full Name of Faculty _____

Birth Date _____

- I certify that the information provided on the application is true and accurate to the best of my knowledge. I assume full responsibility for all property and personal belongings. I will not hold Mephibosheth Ministries, Inc., The Ark Christian Ministries, or any Camp Mephibosheth staff responsible for any damage to or loss of said property.
- I authorize references and pastors listed in the application to give any information, including opinions, regarding my character and fitness to work with youth and persons who have developmental disabilities.
- If 18 years of age or older, I authorize that a criminal records check be conducted on me for the protection of the campers and volunteers. Any information regarding a conviction may be released to Mephibosheth Ministries, Inc. This information will be held confidential. I agree to hold harmless from liability any person organization that provides or receives this information.
- I hereby consent to participation of myself or the person named above in the described Camp Mephibosheth events. I have read the informational material related to Camp Mephibosheth and understand the risks involved in the planned activities. I am aware that in addition to activities such as Bible study, worship, transportation, and meal functions, the faculty also may participate in various camp activities that may involve additional risks, such as swimming, fishing, canoeing, hiking, crafts, group initiative rope course and other recreational activities.
- I request that Mephibosheth Ministries, Inc. and/or The Ark Christian Ministries obtain necessary emergency medical treatment for the above-named faculty as needed. I understand that I, and /or my medical insurance provider will be responsible for all medical costs incurred for such emergency medical care required during Camp Mephibosheth.
- I hereby give permission for the above-named faculty to appear in photographs or video recordings made during Camp Mephibosheth. This permission also extends to the use of those photographs or video recordings in promotional presentations made by Mephibosheth Ministries, Inc.

Volunteer Companion Covenant

- *I will come prepared to focus my attention on the camper assigned to me and always show them respect as though they were Christ, Himself.*
- *I realize that the information I receive on my camper is confidential and is not to be shared with anyone else.*
- *I will gladly participate in all scheduled activities and activities that interest my camper.*
- *I will honor those God has called to be the leaders of this event and joyfully follow their instruction.*
- *I will conduct myself in a manner that brings honor to God and will not use tobacco, alcohol, or any drug that is not dispensed by the camp nurse.*
- *For the protection of the campers attending, it is necessary for all volunteers and campers to turn in all medications. I agree to allow the camp nurses to administer all my medications, both prescription and over the counter.*
- *I agree to abide by all camp procedures, and work to the best of my ability to be a good companion to my camper.*
- *I will grow in my understanding of being a servant of Christ and remember that I came as a servant, not a savior.*

I accept that, as a Volunteer Faculty member, I will be the representation of Jesus Christ to the camper assigned to me. I realize that I may be the first representation of Christ that my camper has ever encountered. I hereby commit to making this experience a time of spiritual growth for my new friends. I further agree to follow Christ's example in Luke 9:23, daily placing my desires aside, giving complete dedication to the needs of the campers.

“If anyone would come after me, he must deny himself and take up his cross daily and follow me.”

Signature is required to attend Camp Mephibosheth.

Applicant's Signature

Date