



RE: Summer Camp

Hello Leader!

We are excited to announce that we are returning to Rumney Bible Conference again this year. The theme for Summer Camp this year is SUMMER GAMES.

Just like last year, we will be limiting the number of volunteers we accept this year. The registration deadline is **MAY 31, 2024**, but we ask you send in your application ASAP. Any applications sent after that date will not be accepted. You can register online by going to www.nnenext.com/summer/. Go to the bottom of the page and click on the "Staff Online Registration" link.

Please specify on your application which camp you are hoping to serve at.

Here are the details

KIDS CAMP
July 10-13, 2024
Ages 8-12

TEEN CAMP
July 15-19, 2024
Ages 12-17

Here's what you need to do if you want to serve:

- Send in your application along with a \$50 (by 5/31) or \$100 (after 5/31) registration fee
- Receive email confirmation that we received your application
- Request the time off work
- Go to Camp

For The Three,

Travis Nichelson
District Youth Director

2024 Camp Staff Application Information

REGISTRATION:	Deadline for applications is <u>MAY 31, 2024</u>. Staff applications are accepted on an as needed basis. The NNED Camp Director reserves the right to refuse an application based on lack of need or failure to meet specific criteria.
REGISTRATION FEE:	\$50 by 5/31; \$100 after 5/31.
LOCATION:	Camps will be held at Rumney Bible Conference in Rumney, NH. The physical address is 31 Gilford Ave, Rumney, NH 03266. DO NOT SEND YOUR APPLICATION TO THIS ADDRESS.
STAFF TRAINING:	All staff/Leaders must attend the All-Staff Training held via Zoom. You will be notified when training is by email.
CAMP DATES:	Kids Camp: July 10-13 Teen Camp: July 15-19
MEDICAL:	All staff applicants must fill out the Statement of Health Form and sign at the bottom of the form.
VISITORS:	No visitors are allowed during camp.
OPENING & CLOSING OF CAMP:	All Staff/Leaders must register upon arrival. It is imperative that you arrive at the camp no later than 5 pm on the day of orientation. We ask that all staff remain on campus until dismissed by the Camp Director.
CABINS & ROOM ASSIGNMENTS:	Upon arrival, you will be assigned a team name and bunk area including beds for your campers
WHAT TO BRING:	Bible, notepad, pen, flashlight, towels/washcloths, camera, bedding, pillow, jacket, sneakers (two pairs in case sneakers get wet), personal care items, sunscreen, bug repellent, sleepwear, swimwear, alarm clock, fan.
DRESS CODE:	Swim Suits for ladies are to be one piece (Tankini style is acceptable if stomach is covered or two-piece swimsuits can be worn with a dark t-shirt over it). Swimsuits for men must be boxer-style. Sneakers must be worn during the games. Shoes, sandals or sneakers must always be worn. NNED AG Camp reserves the right to ask campers/leaders/staff to change into more appropriate clothing.
RULES & GUIDELINES:	Specific rules will be given at all staff trainings and are available in the staff manual. Any infraction of the rules and guidelines will result in expulsion from the camp at your expense.
LEADER'S MAIL:	Leader's mail can be received by addressing to: Leader's name/NNED AG Camp, c/o Rumney Bible Conference, PO Box 599, Rumney, NH 03266-0599
BACKGROUND CHECK:	A criminal background check will be run on each Staff and Leader. Your social security number and date of birth are required for this purpose.
CONTACT US:	travis@nnedym.com - Travis Nichelson, DYD nnedkmb@gmail.com - Karen Boudreau Northern New England Next Gen Ministries 501 Riverside St. Portland, ME 04103-1034 District Office Phone: (207) 878-2777 District Office Fax: (207) 878-2779 www.nnenext.com/summer/



NORTHERN NEW ENGLAND DISTRICT COUNCIL
2024 CAMP STAFF APPLICATION

Conf: _____
Immunization Record Physical
Signatures Background Check
Shelby Staff Badge

501 Riverside St. | Portland, ME | 04103-1034 | Tel: (207) 878-2777 | Fax: (207) 878-2779

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It is being used to help the district provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

PLEASE PRINT OR TYPE CLEARLY:

Full Legal Name: _____ Date of Birth _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Soc. Sec. #: _____ Driver's License #: _____

Present Occupation: _____ Email Address: _____

Have you used a name other than above? Yes No If yes, give name and explain: _____

Name you would like to have printed on your Staff Badge: _____

T-SHIRT SIZE: S M L XL 2X

APPLICATION FOR: KIDS CAMP (July 10-13) TEEN CAMP (July 15-19)

REGISTRATION FEE: \$50 by 5/31 | \$100 after 5/31

POSITION DESIRED:

- Rec. Staff Group Leader Asst. Group Leader Leader in Training (Kids Camp - must be at least 15)

Lifeguard List certifications: _____

Nurse RN License #: _____ State where Certified: _____

(Must be Licensed in either Maine or New Hampshire)

Have you previously served on N.N.E.D. staff? Yes No If yes, when: _____

Would you be willing to help with a donation towards the cost of camp? Yes No If yes, please enclose a check made payable to NNED AG.

PERSONAL INFORMATION:

Marital Status: Married Single Gender at Birth: Male Female

Health Status: _____ Do you use tobacco? _____ Drink alcoholic beverages? _____

Have you any physical handicaps or conditions preventing you from performing certain types of activities? Yes No

If yes, please explain: _____

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? Yes No

If yes, please explain: _____

Have you ever been convicted of child molestation? Yes No If yes, please explain: _____

Have you ever been accused of child molestation? Yes No If yes, please explain: _____

CHURCH ACTIVITIES

Are you a Christian? Yes No When Saved? _____ Baptized in the Holy Spirit (Acts 2:4) _____

How often do you pray? _____ How often do you read your Bible? _____

Name of church presently attending: _____ City/State: _____

List names and addresses of other churches you have attended regularly during the past five years:

List all previous church work involving children/youth:

PERSONAL REFERENCES (REQUIRED) - Please PRINT CLEARLY

(Please furnish complete names and MAILING ADDRESSES / Do not list former employers or relatives.)

Name:	Name:
Address:	Address:
City / State / Zip:	City / State / Zip:
Email:	Email:

Name:
Address:
City/State/Zip:
Email:

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references of churches listed in this application to give you any information (including opinions) they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by the Northern New England District, I hereby release any individual, church, youth 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.

In addition, I give permission for NNED to run a background check through Volunteer Select, or for my local church to send in a copy of their current background check.

Should my application be accepted, I agree to be bound by the Constitution and Bylaws and the policies of the Northern New England District Council of the Assemblies of God, and to refrain from unscriptural conduct in the performance of my services on behalf of the District Council.

Applicant Signature: _____ **Date** _____

Witness: _____ **Date:** _____

****Application will be denied if not signed by applicant's pastor below.****

PASTORAL CERTIFICATION FOR CAMP STAFF:

I am personally acquainted with the applicant, and in my opinion he/she is a competent and qualified children's/youth worker. I know of no facts or allegations that raise any question concerning this person's suitability for working with minors in a camping ministry.

- The applicant **has completed a screening application** that is on file with this church.
- The applicant **has not completed a screening application** that is on file with this church.
- Our church **has run a background check** on the staff applicant (please send a copy to the District Office).

Pastor's Signature of Affirmation: _____ **Date:** _____

SUMMER CAMP ∇ STATEMENT OF HEALTH



PERSONAL INFORMATION:

Full Name _____ Birth date ____ / ____ / ____ Gender at Birth: Male: Female: Age _____

A physical within two years of the start date of camp is required. I have a current physical on file: Yes No

If no, the Physician's Statement of Examination (next page) or a copy of your most recent physical from the Doctor must be submitted to the District Office.

HEALTH HISTORY: Do not leave any lines blank. If not applicable, write "N/A".

Nose Bleeds: Yes No **ADD/ADHD:** Yes No **Bed Wetting:** Yes No
Seizures: Yes No Type: _____ **Aura:** _____
Diabetes: Yes No **How Controlled?** Insulin Oral Hypoglycemic Diet

ALLERGIES (It is very important to list medication, environmental and food allergies and what you have for a reaction):

Medication Allergy: _____ Type of Reaction: _____
 Environmental Allergy _____ Type of Reaction: _____
 Food Allergy: _____ Type of Reaction: _____

Head Aches **Migraines** Treatment: _____
Asthma: Yes No **Inhaler(s):** Yes No
 Type(s) of Inhaler(s) and when used: _____

Hearing Disability: Yes No **Hearing Aids:** Yes No
Visual Disability: Yes No **Correct With:** Glasses Contact Lenses Other: _____

HEALTH PROBLEMS:

Bone/Joint: Yes No **Stomach:** Yes No **Heart:** Yes No
Kidney: Yes No **Lungs:** Yes No **Bowel:** Yes No
Blood Pressure: Yes No **Other:** _____ **Previous Injuries?** _____
Activity Restrictions? Yes No **Reason:** _____

IMMUNIZATION RECORD

This Patient been immunized against the following (Please indicate the dates of immunizations or attach a copy of immunization record):

DPT: _____ **HepB:** _____ **OPV:** _____ **MMR:** _____
(Diphtheria, Pertussis, & Tetanus) (Hepatitis B) (Oral Polio Vaccine) (Measles, Mumps, & Rubella)

DT: _____ **Td:** _____ **TB:** _____
(Diphtheria & Tetanus) (Booster for Tetanus & Diphtheria) (Tuberculosis)

PRESCRIBED MEDICATIONS (Please have the medications in their original bottle, in a zip lock bag with your name clearly on the bag):

Name of Medication	Reason Prescribed	Dose Prescribed	Time(s) To Be Given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:

Special Instructions:

π**AUTHORIZATION FOR TREATMENT:**

To my knowledge, the information contained in this health history form is correct and the person herein described has permission to engage in all prescribed camp activities, except as noted.

I hereby give my permission to the medical personnel, selected by the camp director, to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for the person named above. The completed form may be photocopied for trips out of camp.

N STAFF/GUARDIAN SIGNATURE _____ **Date** _____

Insurance Company/Address: _____

Policy #: _____ **Group #:** _____

PHYSICIAN'S STATEMENT OF EXAMINATION

Mandatory New Hampshire State law requires All Campers and Camp Staff to have a physical within 2 years of the start date of camp!
Current physical must be on file at the District Office.

Patient's Name _____ Date of Birth _____

Special Medications _____

Allergies _____

Type of Reaction _____

Treatment Given _____

Physical Handicaps, Disorders, Diseases _____

Restricted Activities _____

Reasons _____

IMMUNIZATION RECORD

This Patient been immunized against the following (Please indicate the dates of immunizations):

DPT: _____ HepB: _____ OPV: _____ MMR: _____
(Diphtheria, Pertussis, & Tetanus) (Hepatitis B) (Oral Polio Vaccine) (Measles, Mumps, & Rubella)

DT: _____ Td: _____ TB: _____
(Diphtheria & Tetanus) (Booster for Tetanus & Diphtheria) (Tuberculosis)

New Hampshire statutes require the student to have documentation of immunizations to attend camp, except in the case of a Medical Exemption or an appropriate parental objection. If either is the case, please attach a signed statement stating the exemption or objection to this form.

****A copy of the immunization record from the doctor's office is also acceptable.****

FEMALES ONLY:

Has this person menstruated? YES NO If YES, is her history normal? YES NO

Special Considerations _____

Physician's Name _____

Address: _____ City _____ State _____ Zip _____

Phone: (_____) _____ Fax: (_____) _____

Physician's Signature _____ Date _____

PLEASE COMPLETE AND RETURN TO:
NORTHERN NEW ENGLAND DISTRICT AG | ATTN: NEXT GEN MINISTRIES
501 RIVERSIDE ST. | PORTLAND, ME | 04103-1034
FAX: (207) 878-2779 | EMAIL: nnedkmb@gmail.com

Northern New England District Summer Camps

**ADULT STAFF AND LEADER
(18 AND OVER)
WAIVER/RELEASE**

I _____, understand that participation in camp activities with the Northern New England District Camp Ministry brings with it a certain amount of risk. I understand what those activities are as outlined in the camp registration forms and camp manual.

Release and Indemnification

In consideration of the risks involved, I am under the understanding that the Northern New England District and Rumney Bible Conference have taken the necessary precautions to ensure the safety and well-being of all. I hereby release and waive any and all claims against the Northern New England District, Rumney Bible Conference, and its staffs arising from my participation in the Northern New England District Camp. In the event of an emergency, I hereby give permission to the physician to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.

Staff Signature

Signature of Witness

Please Print Name

Please Print Name

Telephone Number

Telephone Number

Date Signed

Date Signed

**PLEASE MAIL BY MAY 31, 2024 TO:
NNED NEXT GEN MINISTRIES | 501 RIVERSIDE ST. | PORTLAND, ME 04103-1034**

Northern New England District Summer Camps

Parental Consent and Waiver/Release Form
For Students Under 18 serving in Kid's Camp

I _____, understand that participation in camp activities with the Northern New England District Camp brings with it a certain amount of risk. I understand what those activities are as outlined in the camp registration and give my child _____ permission to participate in all activities. Should there be any activity for which I wish for my child to abstain from, I will notify the Northern New England District Camp in writing at the time of registration.

Release and Indemnification

In consideration of the risks involved, I am under the understanding that the Northern New England District Camp Ministry and Rumney Bible Conference have taken the necessary precautions to ensure the safety and well-being of my child. I, hereby, give my consent for my child to participate in the Northern New England District Camp and all activities therein. I hereby release and waive any and all claims against the Northern New England District Camp Ministry and Rumney Bible Conference, and its staffs arising from his/her participation in the Northern New England District Camp.

In the event of an emergency, I hereby give permission to the physician to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent/Guardian Signature

Signature of Witness

Please Print Name

Please Print Name

Telephone Number

Telephone Number

Date Signed

Date Signed

**PLEASE MAIL BY MAY 31, 2024 TO:
NNED NEXT GEN MINISTRIES | 501 RIVERSIDE ST. | PORTLAND, ME 04103-1034**

Certification in Lieu of Background Check
For Students Under 18 serving in Kid's Camp

Parent or Legal Guardian,

Your child has applied to participate as a Leader In Training during the 2024 Northern New England District Summer Camps. Per New Hampshire statutes governing the operation of camps in the state, the parent or legal guardian of any staff member who is younger than 18 years old are required to sign and submit the following certification in lieu of a criminal background check as required for other staff members. Your child's application will not be considered complete until we have received this signed form at the camp office.

I certify that _____ does not have a criminal conviction for any offense involving the following:

- Causing or threatening direct physical injury to any individual
- Causing or threatening harm of any nature to any child or children; or
- Unlawfully taking the property of another, whether through force or threat of force, or through deception.

I understand this certification will be relied on by the operators of the 2024 Northern New England District Camp in determining whether to allow the above-named individual to work directly with campers

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

**PLEASE MAIL BY MAY 31, 2024 TO:
NNED NEXT GEN MINISTRIES | 501 RIVERSIDE ST. | PORTLAND, ME 04103-1034**