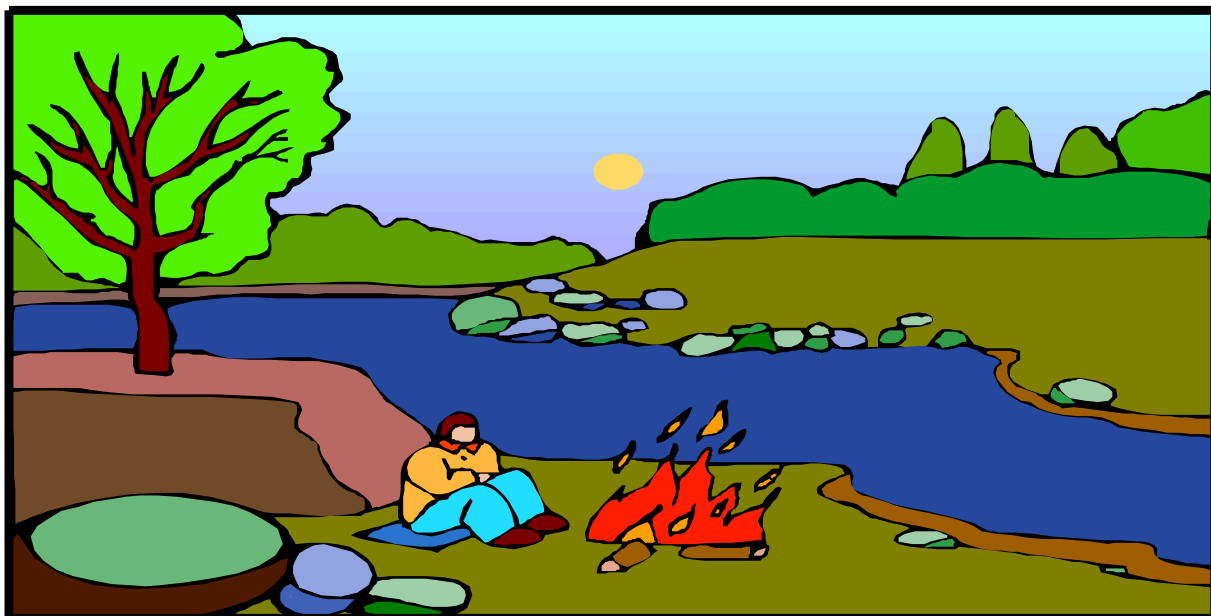
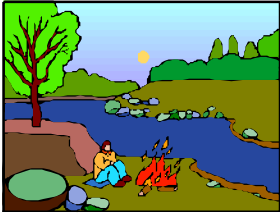


Tar Hollow Christian Adventure Camp
Sidney First United Methodist Church
230 East Poplar Street
Sidney, Ohio 45365

Non-Profit Org
U.S. POSTAGE
PAID
Sidney, Ohio
Permit No. 158

CAMP INFORMATION ENCLOSED



Tar Hollow Christian Adventure Camp
Camp Packet

Friends in Christ,

A Christian Adventure Camp is an experience that youth will cherish, and that could possibly even change their lives! But a good camp experience can only become better if we are able to obtain willing adults with a good Christian calling to shape our youth. This is where YOU come into the picture .

We are currently looking for volunteers to serve as Staff at this year's Tar Hollow Christian Adventure Camp, which will be held August 7th- 14th, 2010. If you are not able to attend the **ENTIRE WEEK OF CAMP**, we will miss you, but please visit us only in prayers and spirit. As you well know visitors are loved, but very disruptive to many aspects of camp, **along with cell phones, camera phones, MP3 players, Radios walkie talkies, etc. Please leave these items at home or in your car. Any of these items being used for any reason will be confiscated and returned at the end of camp.**

Please take your time and complete the entire form thoughtfully and prayerfully. There have been some changes in the form this year.

ALL STAFF WILL BE REQUIRED TO OBTAIN A PASTORIAL REFERENCE EVERY THREE YEARS.

- | | |
|------------------------------------|------------------------------------|
| \ Complete & Sign Application. | \ Complete & Sign Background Form |
| \ Complete Personal Reference Form | \ Pastoral Reference To Pastor |
| \ Complete & Sign Medical Form | \ Complete T-Shirt Form (Optional) |

In addition, you may also be asked to be fingerprinted and receive a background check.

Completed applications are due by July 1st. This includes the pastor's recommendation form. When Staff positions are filled, we will establish a waiting list.

We will continue to include the price of T-Shirts in the fees for all of the campers. These shirts will be given to all of the campers at camp. Staff is not required to purchase a T-Shirt, however if you desire one, they must be preordered and will **not** be available for purchase at camp.

The following is a list of job description for the available positions at Tar Hollow. Please consider each position and fill out the application that follows. (All positions could be staffed by either men or women).

***KITCHEN WORKERS** - Need 12-14 people for food preparation.

***INSTRUCTORS** - Need 15-18 people responsible for leading a small discussion group after the Keynote presentation and for teaching an elective to campers; i.e. crafts, Bible studies, vocal groups, theater, outdoor activities, etc.

***COUNSELORS** - Need 26 + people who will be responsible for caring, nurturing, encouraging, and friendship of 6-8 youth.

***HILL SUPERVISORS** - Need 4 people who will be responsible for the supervision, safety and coordination of the cabins on their hill.

***NURSE/EMT** - Need 2+ to provide emergency and daily health care of the camp. Also responsible for the dispensing of prescribed medications.

***MUSIC DIRECTOR** - Need 1-2 people to coordinate music for all functions during camp, using campers whenever possible, and working with key staff members.

***WATERFRONT DIRECTOR** - Need 1-2 people, responsible for maintaining water safety and providing a Certified Lifeguard on duty during open waterfront times. Also responsible for planning of waterfront competitions.

***RECREATION DIRECTOR** - Need 1-2 people who will be responsible for availability and care of athletic equipment/games, and also coordinating various tournaments throughout the week.

Anyone who would like to, can and is encouraged to lead an Elective, Please mark other, so we can notify you.

In Christ,

The Tar Hollow Committee

*You will be notified by postcard the week of July 15th therefore, we need all applications on time!! Staff meeting will be July 24th. Time and place will be on postcard.

**Please make a copy and pass it along to a friend.*

TAR HOLLOW CHRISTIAN ADVENTURE CAMP

2010 Staff Application

Sidney First United Methodist Church
230 East Poplar Street
Sidney, OH 45365

Phone: 937.492.9136
Fax: 937.492.1409
Email: lwhittenberger@sidneyfirst.com
www.sidneyfirst.com

Name: _____ Age: _____

Summer Address: _____

Phone: (____) _____ Summer E-mail _____

Male: _____ Female: _____ Home Church: _____

Have you previously attended Tar Hollow? Yes: _____ No: _____

If yes, please indicate whether you were a: Camper: _____ Staff: _____

*Please note your first (1) and second (2) choice of Staff Positions for which you are interested and qualified:

Nurse/EMT _____	Music Director _____	Kitchen _____
Recreation Director _____	Instructor _____	Waterfront Director _____
Hill Supervisor _____	*Counselor _____	Certified Lifeguard Yes _____ No _____
		Other (please specify) _____

*Please rank in order from most (1) to least (3) the age group with whom you would prefer working:

Grades 7 & 8 _____ Grades 9 & 10 _____ Grades 11-Grads _____

I have read and understand the rules of the Camp and, if accepted as a staff member, I agree to participate fully in the program, obey rules and regulations, and to remember that we desire to exemplify Christ in every way, which includes our conduct, our behavior and our dress. Therefore, I agree to conduct myself and dress in such a manner **“THAT WOULD NOT ALLOW SOMEONE TO STUMBLE”** (Romans 14:21)

Signature

Date

Thank you for considering giving of your time this week at Tar Hollow. Our service for Christ's Kingdom is a very important matter to us requiring much prayer, careful thought and obedience. Please complete this application prayerfully, making sure to answer each question honestly and thoroughly. **MAKE SURE YOU TURN THIS IN BY JULY 1ST. TO THE ABOVE ADDRESS. Your Pastor's recommendation form must also be in by that date. When Staff Positions are filled, we will establish a waiting list.**

TAR HOLLOW CHRISTIAN ADVENTURE CAMP

2010 PERSONAL REFERENCE

NAME _____

1. Why do you want to be a staff member at Tar Hollow?

2. What responsibilities and/or experiences have you had which you feel qualifies, or has prepared you for working with youth? Be specific.

3. Besides church attendance, what other Christian activities are you involved in?

4. Write a short testimony of your relationship with Christ.

5. What is God currently teaching you about Himself?

6. What would you say to a camper who asks why you believe in God and Jesus Christ?

PERSONAL EVALUATION

With '1' as the lowest or poorest end of the scale and '5' as the highest or best, please complete the following:

A. PROMPTNESS	1	2	3	4	5
B. FOLLOWS INSTRUCTION	1	2	3	4	5
C. SPIRITUAL DEPTH	1	2	3	4	5
D. FRIENDLY TO YOUTH	1	2	3	4	5
E. TRUSTWORTHY	1	2	3	4	5
F. LEADERSHIP ABILITY	1	2	3	4	5
G. TEMPER CONTROL	1	2	3	4	5
H. TEAM PLAYER	1	2	3	4	5
I. MATURITY	1	2	3	4	5

TAR HOLLOW CHRISTIAN ADVENTURE CAMP

2010 Pastoral Reference

Tar Hollow Committee
PO Box. 64
Sidney, OH 45365

Phone: 937.492.9136
Fax: 937.492.1409
Email:
lwhittenberger@sidneyfirst.com

CONFIDENTIAL

Name of Applicant _____ Name of Pastoral Reference _____

Church Name _____

The applicant named is applying for a Staff Position with Tar Hollow Christian Adventure Camp. Please take a few moments to complete the following application. I know that these can be an inconvenience for you, but please help us assist in God's Kingdom work by honestly evaluating this applicant. Please return this application to the central committee at the address above in **full confidentiality** BEFORE July 1st.

1. Is this person a member of your church?
2. Does this person attend your church regularly?
3. Is this person involved with any activities in your Church? If yes, please specify.
4. How long have you known this applicant?
5. Please comment on the applicant's spiritual life.
6. Is there anything else that you wish to tell us that would affect our decision regarding this applicant? (Use back of page)
7. Would you trust your own son or daughter spiritually with this applicant?

Signature of Pastoral Reference *Position* *Date* *Phone*

Address *City* *State* *Zip*

THIS IS IMPORTANT ~ PLEASE READ!!

Dear Potential Staff-Camper Member:

In the event of injury or illness to an individual while attending Tar Hollow Christian Adventure Camp, it is important that we receive a complete and accurate medical history on each person attending. Please provide the information requested on the attached "MEDICAL INFORMATION FORM."

IT IS ESSENTIAL THAT WE HAVE THE DATE OF THE YOUR LAST TETANUS INJECTION! If you do NOT have an up-to-date tetanus injection, we strongly urge you to obtain one prior to attending camp.

All the information is treated **confidentially** and will only be released to medical personnel or other camp staff as required, **ONLY IN THE EVENT OF AN EMERGENCY SITUATION.**

For the protection of the campers and staff, **ALL** prescription medications as well as over-the-counter medicines, **WILL BE HELD BY CAMP MEDICAL PERSONNEL FOR THE DURATION OF THE CAMP.** Exceptions will be made in the case of EMERGENCY heart or asthma medications or similar situations. Notify camp medical staff of such medications. Required medications will be distributed appropriately by the medical staff as regularly scheduled. "As needed" or "In case of" medications will be made available upon your request from the medical staff.

PLEASE LEAVE **ALL** MEDICATIONS, BOTH PRESCRIPTION AND OVER-THE-COUNTER, IN THEIR **ORIGINAL** CONTAINER, AND MARK THEM CLEARLY WITH THE FULL NAME OF THE STAFF OR CAMPER FOR WHOM THEY ARE INTENDED. All unused portions will be returned to you at the end of camp.

NO ONE will be permitted to attend this camp without the "Medical Information Form" being signed and on file with the camp staff along with your application **BEFORE FIRST DAY OF CAMP! CAMPER FORMS MUST BE NOTARIZED!! THIS IS AN ABSOLUTE REQUIREMENT!**

If you have any questions or concerns, please contact the camp staff through the Sidney First United Methodist Church at (937) 492-9136 as soon as possible.

Thank you for your cooperation in this matter.

Confidential Medical Form

FULL NAME _____

COMPLETE ADDRESS _____

HOME/CELL PHONE (___) _____

Age ___ DATE OF BIRTH ___/___/___

SOCIAL SECURITY # _____

Medical Information: In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate information including scheduled times and dosages of prescription medicines taken:

PRESCRIPTION	TIMES	DOSAGE	PRESCRIPTION	TIMES	DOSAGE
1. _____			3. _____		
2. _____			4. _____		

Over the counter medications permitted to give:

Health Information: Do you have, or have you had:

Recent Serious injury? _____ Yes _____ No

Recent Surgery? _____ Yes _____ No

Chronic Medical Condition? _____ Yes _____ No

Other Health Concerns? _____ Yes _____ No

If **YES** to any of the above, please describe:

Date or last tetanus shot: _____ Immunizations current? _____ Yes _____ No

Allergies: Food? _____ Drugs? _____

Insect stings/bites? _____ Other? _____

NO ONE WILL BE PERMITTED TO ATTEND CAMP WITHOUT THIS FORM ON FILE. MEDICAL HISTORY INFORMATION WILL BE KEPT CONFIDENTIAL BY THE CAMP MEDICAL AND ADMINISTRATIVE STAFF, AND SHARED ONLY TO PROVIDE NECESSARY CARE FOR CAMPERS AND STAFF.

=====

PRIMARY CONTACTS: (PLEASE PRINT)

NAME _____ HOME PHONE (____) _____ CELL (____) _____
RELATIONSHIP _____
COMPLETE HOME ADDRESS _____
WORK LOCATION _____ WORK PHONE (____) _____

NAME _____ HOME PHONE (____) _____ CELL (____) _____
RELATIONSHIP _____
COMPLETE HOME ADDRESS _____
WORK LOCATION _____ WORK PHONE (____) _____

OTHER CLOSE RELATIVE NOT RESIDING WITH (CAMPER ONLY)

NAME _____ HOME PHONE (____) _____ CELL (____) _____
RELATIONSHIP _____
COMPLETE HOME ADDRESS _____
WORK LOCATION _____ WORK PHONE (____) _____

MEDICAL INSURANCE INFORMATION:

Please provide the following information as it appears on the insurance card and provide a photocopy of the front and back of the card.

NAME OF COMPANY _____ POLICY NUMBER _____
PHONE NUMBER: _____
POLICYHOLDER NAME _____
POLICYHOLDER NAME (IF DIFFERENT FROM PARENT/GUARDIAN) _____
ADDRESS _____ PHONE NUMBER _____

PLEASE PROVIDE A PHOTOCOPY OF THE FRONT AND BACK OF INSURANCE CARD AND PRESCRIPTION CARD.

FAMILY DOCTOR _____ OFFICE PHONE (____) _____
AFTER HOURS PHONE (____) _____

.....
PERMISSION TO TREAT

**NO STAFF WILL BE PERMITTED TO ATTEND CAMP WITHOUT THIS SIGNED FORM ON FILE.
NO CAMPER WILL BE PERMITTED TO ATTEND CAMP WITHOUT THIS SIGNED AND NOTARIZED FORM ON FILE.**

I understand that the Camp Nurse or other qualified Medical Personnel will administer any necessary first-aid and/or other over-the-counter medicines for any minor injuries or illnesses that, if a serious injury or illness should occur, emergency medical care may be administered by qualified Camp Personnel and that, if any further medical treatment is deemed necessary, it will be obtained at the nearest Hospital Emergency Room as soon as possible. I further understand that, in the event of a serious injury or illness, every possible effort will be made to contact my primary contact person at the earliest possible time. However, if time does not permit or if circumstances do not allow for this contact, I hereby give my permission to qualified Camp Personnel to provide emergency treatment and for the Attending Physician at the Hospital Emergency Room to provide emergency treatment or surgery as he deems necessary. This permission is in effect from the time he/she enters the Campground area and becomes subject to Camp jurisdiction until the time he/she leaves the Campground area and is no longer subject to the Camp jurisdiction.

My signature here acknowledges that I have read, understand, and consent to the above condition listed both on this form and the Cover Letter as well, and that all information is as complete and as accurate as is possible, to the best of my knowledge.

SIGNATURE OF STAFF MEMBER DATE NOTARIZATION

SIGNATURE OF PARENT/GUARDIAN (REQUIRED FOR CAMPER ONLY) DATE

SIGNATURE OF WITNESS TO ABOVE (REQUIRED FOR CAMPER ONLY) DATE

STAFF RULES

Friends are not permitted to visit the camp during the week.

Attend and report to meals and special events on time.
Check to make sure all your campers are accounted for, if not notify the director.

Observe the camp schedule.

First responsibility is to be a counselor to your cabin, nothing should interfere with that without first notify the director, co-counselors are to follow the same rules as single counselors.

Get acquainted with the young people of your cabin as they arrive at camp. There will be time for you and your campers to take luggage to your cabins and explore the camp together. There will be a mass meeting for further orientation later.

Cabin Devotions should be done nightly before any other in cabin activities. Consider ways in which a worship center can be used to enhance your cabin Devotions, involve as many cabin members as possible. Have session with the young people to discuss the significant things of the day. Make sure campers are familiar with tomorrows schedule.

Insure all your campers are at morning watch on time, if not, go back up the hill and find them, give yourself time so they can be on time.

Do not go up the hill at night without all your campers with you, if you must leave one or more down the hill, notify the director.

Camp activities should involve all the cabin members including the counselors.

Check on health, hygiene and well being of all cabin members constantly.

Counselors should not leave their cabin when campers are required to be in the cabin.

If you or a camper must come down the hill at night for an emergency, notify the hill supervisor before starting down, if the H.S. cannot be located, notify the next counselors so they can watch your cabin.

All cabin members, including counselors, are to help with hoppers.

Keep cabin clean and in order, including the grounds around the cabin.

Watch for young people with get acquainted problems.

Turn lights out on time and observe the quiet time.

Do not keep campers from assigned place without prior approval from the director. (ministers and instructors included.)

At meals stay seated in the lodge until everyone is dismissed.

Smoking is permitted at designated smoking areas, and only at your free time, not before dismissal of meals and never on a hill.

Because of past problems with cell phones, camera phones, MP3 players, walkie talkies, radios, etc., Please do not use these during camp. Any of the above items being used for any reason will be confiscated and returned at the end of camp.

**SIDNEY FIRST UNITED METHODIST CHURCH
CHILD/YOUTH PROTECTION PROGRAM
CODE OF ETHICS AND RULES**

In the protection of our children and youth, the following rules of behavior and ethics are to be adhered to by all volunteers and staff members in our child/youth programs.

- 1) Awareness of and adherence to all procedures and guidelines specified in our Child / Youth Protection Policy.
- 2) Smoking or using tobacco products in the presence of minors is prohibited.
- 3) Using, possessing, or being under the influence of alcohol, illegal, or illicit drugs will not be tolerated.
- 4) Do not use or tolerate the use of profanity in the presence of minors.
- 5) Those working with children and youth shall not abuse such minors, including:
 - Any direct observations or evidence of sexual activity in the presence of or in association with a minor;
 - Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards a minor;
 - Sexual advances or sexual activity of any kind between any person and a minor;
 - Sexual advances or sexual activity of any kind to a minor;
 - Infliction or physically abusive behavior or bodily injury to a minor;
 - Physical neglect of a minor, including failure to provide adequate supervision;
 - Mental or emotional injury to a minor;
 - The presence or possession of obscene or pornographic materials at any church-related function;
 - The presence, possession, or being under the influence of any illegal, illicit drugs;
 - The consumption of or being under the influence of alcohol while leading or participating in a church.
- 6) Access to any locked records will be limited to appropriate Staff.
- 7) Update Volunteer Information Form when requested.
- 8) Be willing to submit to background check and/or drug screen upon request.
- 9) Treat all people of all races, religions, ages, and cultures with respect and consideration.



2010 LOGO
SHIRT PRE-ORDER FORM

**We have includes the price of T-Shirts in the fees for all of the campers. These shirts will be given to the campers at camp. Staff are not required to purchase a T-Shirt, however all shirts must be preordered & prepaid and will not be available for purchase at camp.

(Circle one)

Short Sleeve T-Shirt S M L XL XXL XXXL \$11.00

Long Sleeve T-Shirt S M L XL XXL \$14.00

9oz SWEAT SHIRT S M L XL XXL XXXL \$19.00

9 oz HOODIE S M L XL XXL XXXL \$26.00
 (Choose color below for Hoodies Only)

_____ Ash Grey _____ Gold _____ Burnt Orange
 _____ Red _____ Purple _____ Royal

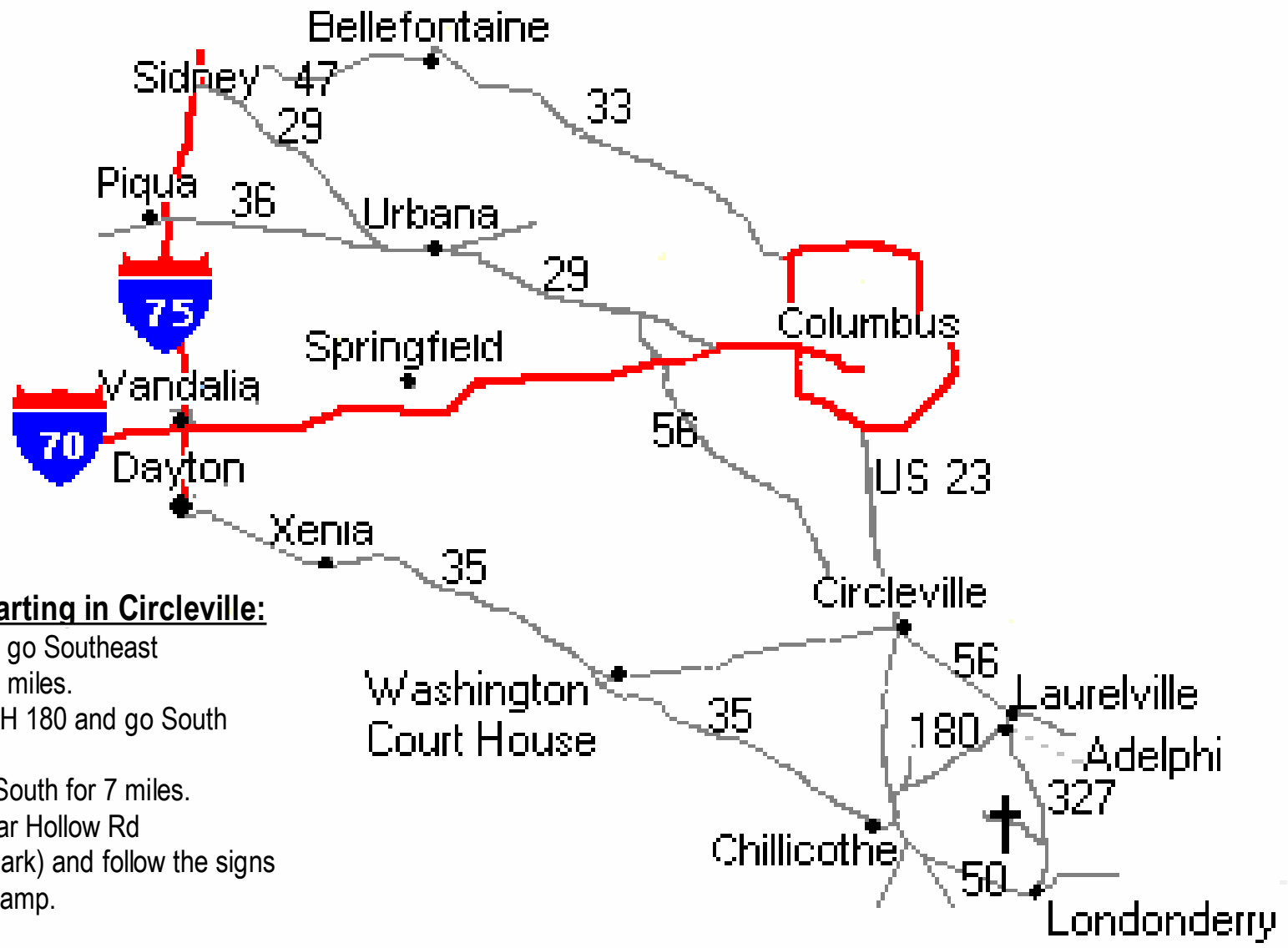
Staff Polo Shirt S M L XL XXL XXXL \$18.00
 (Choose color below for Polo Shirt Only)

_____ Ash Grey _____ Gold _____ Burnt Orange
 _____ Red _____ Purple _____ Royal

PLEASE RETURN THIS FORM AND THE MONEY FOR YOUR ORDER
ALONG WITH YOUR REGISTRATION

Name: _____

Phone Number: _____ Amount Enclosed: _____



Directions starting in Circleville:
 From Circleville, go Southeast
 on OH-56 for 15 miles.
 Turn Right on OH 180 and go South
 for ½ mile.
 Follow OH 327 South for 7 miles.
 Turn Right on Tar Hollow Rd
 (into the State Park) and follow the signs
 to the resident camp.

WHAT STAFF SHOULD TAKE TO TAR HOLLOW

- Clothes If it is hot, you will want a couple of changes of clothes each day. Bring a jacket, sweater, etc., for evening and a blanket for you and your cabin to sit on.
- Bedding Best is a sleeping bag and a sheet, as well as your favorite pillow (Teddy is optional).
- Toiletries Along with toothbrush, toothpaste, comb, plenty of deodorant, sunscreen, bug spray, and any other toiletries you may need, be sure to bring **PLENTY OF TOWELS**. Because of the high humidity, things do not dry well. Also if you are planning to bring your best perfume or cologne, the bees will love to hang around you.
- Bible This is a Christian Camp and it would not look good if you had to borrow one from your campers.
- Flashlight Extra batteries would also be smart.
- Money
- A) Staff can charge at the concession stand, but bills must be paid by Friday Morning.
 - B) A group picture will be taken and sold at camp. The photographer sets the price, but we estimate \$7.00.
 - C) A \$30.00 donation would be appreciated to cover the cost of your food while at camp if you can afford it. This is not a requirement to attend camp, but we would appreciate it.
- Music **Sheet music, instruments, etc. We always encourage the campers to share their talents, but if there is time, you may have a chance as well.**
- Alarm Clock You are responsible for getting your campers up and ready **On Time**.
- Table Decorations We will have a staff “hop” night and you will need to bring decorations for a table of 8 or 16. We always have a lot of tables to decorate, so if you choose to go in with other staff members, please plan for a table of 8 for each staff member in your group. You do not need to spend a lot of money on your decorations, the most imaginative tables seem to be the most popular.
- Cookies We ask that each camper brings 2 dozen cookies, but this is optional for the staff. However, if you want to be able to raid the kitchen for some good homemade cookies, please bake some.
- Luggage If you want yours taken to camp, it must be at the Sidney First United Methodist Church by 9:00 the Saturday of camp. However, we are always **VERY** limited in space and ask that if you can take your luggage on your own, that you please do.

**Do not arrive to camp before 1:00 on Saturday,
but we ask that you are there and unpacked by the time the camp meeting begins at 3:00.**

I have a valid driver's license? True Not True

State where driver's license issued _____ Driver's license number _____

With respect to my driving record, I have not had my license suspended or revoked within the last five years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance.

True Not True

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying? Yes No

If yes, please provide a brief explanation.

I have been advised I will be subject to a criminal records check and may be required to provide a set of fingerprints pursuant to R.C. 109.575.

The covenants between persons seeking employment or sanctioned volunteer positions in the church require honesty, integrity, and truthfulness for the health of the church. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination I have provided if I come to know that the response or information was incorrect when given or though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between employees or volunteers and the church they seek to serve. To that end, I authorize Sidney First United Methodist Church and/or its agents to make inquiries regarding all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background and character. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements made in good faith and without malice.

Sidney First United Methodist Church's hiring and authorized volunteer recruitment process involves the distribution of information regarding applicants with those person in a position to recruit, secure, and supervise the position I am seeking to fill. To that end, I authorize Sidney First United Methodist Church and its agents to circulate, distribute, and otherwise share information gathered in connection with this application to such persons for these stated purposes. I understand that Sidney First United Methodist Church will share with me information it has gathered about me, if I request it to do so.

Signature _____

Parent's or guardian's signature for applicants under 18) _____

Date _____