

Mt. Zion GROUP LEADER Application

Name: _____ Age: _____ Educational Level: _____

Mailing address: _____ City/Zip: _____

Cell Phone: _____ Please list number where you receive text messages.

Church Membership: _____ Email address: _____

Cost is \$100 for all JR Group Leaders UNDER 16. Group Leaders 16 years old and older are free.

BACKGROUND CHECKS ARE REQUIRED for Everyone over 18. Results will be sent to Mt. Zion Baptist Association. Cost is \$18.95, if you are able and would like to help cover this cost, please attach a check made out to Mt. Zion Association. **If you are a returning group leader, its only required every 2 years.** Have you ever participated in, been accused or convicted of, or pleaded guilty or no contest to any abuse or sexual misconduct? _____

Mark the Camp you are asking to work with. Please complete a different application for each camp.

Girls, grades 4- 6 Boys, grades 4 - 6 Youth & JR High, grades 7-12

WALK-IN GROUP LEADERS ARE NOT ALLOWED. YOU MUST HAVE A BACKGROUND CHECK AND BE APPROVED BY THE CAMP DIRECTOR.

Girls - Friday, June 28 Youth - Friday, July 5 Boys - Friday, July 12

Group Leaders meeting will be announced closer to date of Camps. If you are selected please be prepared to attend this meeting.

List the church activities that you take an active part in:

Mark the activities listed below that you would be willing to lead or help with:

Crafts Music Bible Study Missions Nature Projects Recreation

Other (If other describe) _____

Mt. Zion T-Shirt (circle one) S M L XL XXL XXXL

GUN POLICY: If you have a concealed carry permit, any gun must remain locked in your car. Please lock the gun inside the glove box or console, then lock your car. No guns are allowed at any of our camps.

PASTOR RECOMMENDATION: As this applicant's pastor I recommend this applicant's request to serve as a group leader in the camp indicated above. To the best of my knowledge this person is qualified to work with the age group indicated.

Signed _____

You MUST have your Pastor's recommendation to be considered.

Applicant's Signature: _____

YOU WILL BE NOTIFIED IF YOU ARE SELECTED TO SERVE AS A GROUP LEADER.

Please return this form to the Associational Office

2460 Sunny Meadow Dr

Jonesboro, AR 72404

Phone: 870-935-5134, billie@mtzba.com

Complete the back/next page if you are under 18 years of age:

Parental Permission:

Jr Group Leader has my permission to swim while at camp: **Circle one: Yes No**
I give my permission for my child's picture to be taken and posted on Facebook **Circle one: Yes No**

In case of emergency I grant permission to the physician selected by the camp director if my physician is not available to render necessary treatment: **Circle one: Yes No**

Signed: _____ (Parent or Guardian)

Allergies/ Medication explanation (All Medication MUST be sent in its ORIGINAL CONTAINERS)

: _____

Camp Rules & Regulations

1. Students must dress appropriately and with Christian modest in mind. Appropriate shorts of at least fingertip length will be permitted all day. No tight-fitting apparel are permitted at anytime. Sleevesless is okay to wear as long as the side is not cut out. No clothing will be permitted that exposes your midriff area, promotes tobacco products, vaping, alcoholic beverages or suggestive messages.
2. Students must wear tennis shoes, closed heel sandals, sandals with straps or pool shoes for recreation. Flip flops cannot be worn during recreation.
3. Girls & Guys will wear a t-shirt that has shelves over swim suits at the pools. No shirts that have cutout arm holes to waist. **Please send swim shoes with child, due to the roughness at the bottom of pool.**
4. You must change into and out of your swimsuit in the pool dressing rooms. Leave your wet clothes on the clothes lines after swim times (**Be sure all clothing has your name in it.**) No running to and from the pool. You **MUST** obey the lifeguard during this time.
5. Fireworks, firearms, Skate boards, roller blades, Wheeleys (tennis shoes with roller), electronic games, silly string, MP3/IPod players, TV's, tobacco, alcohol, drugs (except for medication) will not be permitted.
6. **All medication must be given to the Camp Nurse or your group leader, prescription and non-prescription. All medication MUST be sent in its ORIGINAL CONTAINERS, it cannot be given to child unless it comes in its ORIGINAL CONTAINERS. The instructions on the bottle will be followed! Legally we cannot dispense medicines different than what the prescription is, please do not ask us to deviate from the printed prescription. Please ONLY SEND WHAT IS NEEDED FOR THE WEEK.**
7. No one will leave camp, receive visitors, or make phone calls unless approved by the director.
8. **If for any reason you must leave camp, your parents will have to sign you out. Do not leave with anyone before checking with the Camp Director. You may NOT come back to camp unless you left because of an emergency.**
9. **NO FOOD OR DRINK allowed in the upstairs areas. Please do not send food with your child, unless your child has food allergies.**
10. Money for Camp Store should be NO MORE than \$20.
11. **No Refund will be issued once it is past the camp's deadline for registration.**
12. There is a zero-tolerance policy for bullying or any abusive behavior.

My child and I have read the rules, understand and agree to abide by them.

_____ Date: _____
Camper signature

_____ Date: _____
Parents/Guardian Signature