



Camp Counselor and Faculty Questionnaire for Minors

Instructions: This questionnaire MUST BE FILLED OUT COMPLETELY prior to your serving as a volunteer faculty or counselor at Lake Springfield Christian Assembly. Please sign the bottom of the form. Please also complete the health information on the back of this page and sign the medical release. *You must have the medical release on the back of this page signed by a parent or guardian.*

Name: _____

Home Phone: _____ **Parent/ Guardian work or cell #:** _____

Age range: ___ 13–15 ___ 16 – 18

Address: _____

City _____ St _____ Zip _____

Church: _____ How long have you been a member? _____

Are you an immersed believer in Christ? _____ List any church activities or ministries that you've been involved in the past year? _____

Session(s) working at LSCA:	Recruited By:
_____	_____
_____	_____
_____	_____

Have you at any time ever:

Been arrested for any reason?	___ Yes	___ No
Been convicted of, or pleaded no contest to any crime?	___ Yes	___ No
Engaged in, or been accused of, any act of child molestation or abuse?	___ Yes	___ No

Are you aware of:

Having any traits that could pose any threat to children, youth or others?	___ Yes	___ No
Any reason why you should not work with children, youth or others?	___ Yes	___ No

If you have never served as a counselor at LSCA before ?

Please list 2 references below:

Name	Phone	Relationship to you?
_____	_____	_____
_____	_____	_____

Please read and sign below:

The above information is true to the best of my knowledge. I understand and agree that, to the extent permitted by Illinois law, Lake Springfield Christian Assembly may secure criminal history information about me. I am a committed Christian and I will do my best to conduct myself in a manner as to cause no question to the name of Christ or to the ministry of Lake Springfield Christian Assembly. I agree to uphold a representation of camp that adheres to a conservative Biblical interpretation and the cultural implications therein. Furthermore, as I minor, I understand that I am not to leave the camp grounds, from the start of the above camp session until the end, unless accompanied by a parent or guardian, or my parent or guardian has made prior arrangements with the dean and camp manager.

Your Signature: _____ Date: _____

Guardian Signature: _____ Date: _____



Camp Counselor and Faculty Medical Questionnaire, Release and Consent Form

Name: _____

Mailing Address: _____

City/St/Zip: _____

Home Phone: (____) _____

Gender: M / F

Age: _____

Grade (if applicable): _____

Immersed: _____

Parent / Guardian Information (if under 18)

SIGNATURE REQUIRED AT BOTTOM OF PAGE

Father: _____ Phone _____

Mother: _____ Phone _____

2nd Household (if applicable)

Father: _____ Phone _____

Mother: _____ Phone _____

Medical History and Consent

My Child has:

Epilepsy

allergies to...

Penicillin

Asthma

Bees

Diabetes

Food Listed

(Other) _____

(Other) _____

Other special needs that I (my child) have (has)... (attach note if needed/ list additional allergies)

Date of last Tetanus: ____/____

Medicine: My child may receive, if needed:

Tylenol

Tums

Advil

Triple Antibiotic Ointment

Caladryl

Benadryl or Benadryl Cream

____ (parent or guardian—please initial) I understand that I am responsible to give First Aid Staff any medications the camper (or volunteer under 18) must take, in original containers with proper dosage clearly marked.

My Health Insurance Co. Name: _____

Policy #: _____

Alternate Contact Person: _____

Relationship: _____

Family Physician: _____

Camper's Physician: _____

Camper's Dentist: _____

Group #: _____

Phone #: _____

Phone #: _____

Phone #: _____

Phone #: _____

IN CASE OF EMERGENCY:

- I hereby give permission to the physician selected by the Camp Management to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named on this sheet in case of an emergency. I understand, however that every effort will be made to contact me in case of such an emergency and, if possible, before any such medical treatment is administered.
- I hereby give permission for my child to take part in the recreational and swimming program, and agree to be bound by all camp policies in force.
- I realize that camp insurance is secondary to my personal insurance after the first \$500.
- I hereby release the camp from any responsibility other than normal supervision and care. In case of an accident, I will not hold Lake Springfield Christian Assembly or its Staff members, management, officers or all other volunteers liable unless guilty of negligence.
- I hereby state that I have accurately completed my child's Medical History Information.

Signature (parent or guardian)

Date

____ I DO NOT give permission for any photos taken of my child during the camp session to be used in promotional literature or for website purposes.



Camp Counselor and Faculty Questionnaire, Agreement and Expectations Form

LSCA's Statement of Faith

God is one being in three persons—God the Father, God the Son, and God the Holy Spirit. He is the source of all creation (Gen. 1:1, John 1:1-2), which He sustains (Col. 1:17) and is in the process of redeeming (Rom. 8:19-22). God the Father loves us and desires that we have fellowship with Him as His children (I John 1:3).

Jesus is the incarnation of God the Son. He is the Word become flesh (John 1:14), and He now holds all authority in heaven and on earth (Matt. 28:18). He is Savior and Lord. He made human salvation possible through His life, death on the cross, and resurrection. He ascended into heaven where He is now our high priest and advocate. He is head of the Church.

The Holy Spirit works actively in the world, seeking to glorify Jesus. The Holy Spirit convicts people of sin, righteousness, and judgment to come (John 16:5-11). The Holy Spirit indwells believers individually and completely in the Church. The Holy Spirit develops within the Christian a pure heart which results in Christ-like character expressed in private and public conduct and action.

The Bible, the Old and New Testament scriptures, is the uniquely inspired, infallible, and inerrant Word of God (2Tim. 3:14-17; 2 Peter 1:16-21). The Bible is the rule of faith and practice for Christians. We affirm that Scripture is the authoritative revelation from God by which we know God's will and Christ's authority. We seek to assert what the Scriptures clearly assert and allow freedom in other cases. We seek to understand divine intent, through authorial intent, and we seek to apply its teaching to the contemporary church and culture.

The Church is the body of Christ on earth, the community of believers throughout the world. Upon surrender to Christ, a person is added to the Church. In addition, the priesthood of all believers means each Christian is called to be a serving minister (1 Peter 2:9-10). The Church's mission is the Great Commission (Matt. 28:18-20).

Human beings were created by God to walk in fellowship with Him. However, all (except Jesus) have sinned and fall short of the glory of God (Rom. 3:23) and must rely on God's grace and forgiveness. Every human from the moment of life (conception) is in the image of God (imago dei), a person to be nurtured, protected, and developed. Each person was made intentionally by God, male or female, in His image, without mistake, for the purpose of serving Him. (Genesis 1:27, Psalm 139:13-14 and Ephesians 2:10). In addition, we believe that marriage between one man and one woman is a sacred relationship that paints a picture of God's love for His bride, the Church (Ephesians 5:31-32).

Salvation is by God alone through Jesus Christ alone. One accepts Christ as Savior through a conversion process that includes faith, repentance, confession, and baptism (Acts 2:38, 8:12, 10:47-48, Rom. 10:9)

The Lord's Supper is the celebration of the New Covenant, in which the Christian community remembers Christ and celebrates the covenantal relationship they have with Him and with each other. Congregations in this fellowship typically celebrate the Lord's Supper at least weekly (1 Cor. 11:17-34, Acts 20:7).

The Final Coming of Jesus is a time when Christ will personally come again as savior and judge of the world. At that time, there will be the bodily resurrection of the dead—believers to eternal life with God and unbelievers to eternal judgment. Sin will be no more and believers will live in fellowship with God forever (1 Thess. 4:13-18, Rev. 20:11-15).

LSCA strives to create policies and procedures in programs and operations that will continually reflect these Biblical truths as stated in our Statement of Faith and other truth as supported by scripture. Furthermore, LSCA adheres to a conservative interpretation of the Bible and all of the cultural implications therein.

By signing this form, I am stating that I have read the expectations and guidelines for volunteering at LSCA, I have read LSCA's statement of faith and I agree to uphold a representation of the camp that adheres to a conservative Biblical interpretation and the cultural implications therein.

Faculty Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Camp Counselor and Faculty Questionnaire, Agreement and Expectations Form



ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

By signing this form, I understand that while serving at LSCA as Staff, volunteer child care worker, faculty or dean, I will become a mandated reporter under the Abused and Neglected Child Reporting Act [325ILCS 5/4]. This means that I am required to report **or cause a report to be made** to the child abuse and neglect hotline number at 180025ABUSE whenever I have reasonable cause to believe that a child known to me in my capacity of service at LSCA may be abused or neglected. I understand that there is no charge when calling the hotline and it operates 24 hrs per day, 7 days per week, 365 days per year.

As a minor serving at LSCA, I recognize that I will always be partnered with an adult. If I have any reasonable cause to believe a child may be abused or neglected, I will tell the adult I am partnered with, and together we will make a report to the Dean and Camp Director as LSCA policy requires. The hotline will be called at that time.

I understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled RECOGNIZING AND REPORTING CHILD ABUSE: TRAINING FOR MANDATED REPORTERS. This training is available online 24 hrs per day, 7 days per week. I know that it will be helpful but not required of minors serving in the faculty role.

As it pertains to contact with campers following the session of camp when I serve, I will not friend, follow, text, mail, email, call, or use other social media to maintain contact with a camper based solely on our interactions at this session of camp. I will not accept friend or follow requests from the camper on my social media accounts. I will not give them my cell phone number.

Further, I understand that the policy of LSCA is that I will have completed this training and submitted a copy of the certificate of completion to the office at LSCA prior to my arrival at LSCA for serving. In cases of frequent and repeated serving at LSCA, this training must be completed every other year.

Your Signature: _____ Date: _____

Guardian Signature: _____ Date: _____