

# EVANGELICAL CHURCH JR CAMP STUDENT HELPER APPLICATION



## Evangelical Church O F B E R M U D A

Location	Grace Island
Dates	July 5 -12, 2025
Deadline	April 30, 2025

**NOTE:** All student helper applicants must be 14 years old (by the end of the year) and be faithful attenders of both A.M.P. and ECB's church services. There are only a certain number of spaces available for our student helpers and the submission of this form does not guarantee anyone a place.

Camp is for the campers and although there will be times when you may be able to participate in some of the activities (e.g. tubing), this is not the norm and should not be expected. You may be required to help in an area that you did not sign up for and we expect you to be willing to assist with a good attitude. We all work together as one team and you would be a part of that.

Following your submission of this application you may be asked to attend an interview.

### PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Male  Female

Age: \_\_\_\_\_ Date of Birth: (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_

School attending: \_\_\_\_\_ Grade just completed: \_\_\_\_\_

Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt Size: **Child** \_\_\_\_\_ **Adult** \_\_\_\_\_

Parent or Guardian 1: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Parent or Guardian 2: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

## **PERSONAL TESTIMONY:**

*Please share your testimony on how you came to know Christ. Use additional paper if needed.*

**Date of Salvation:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Life Before Christ:** *What was your life like before you came to know Him?*

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**Turning Point:** *What circumstances or events led you to trust Christ as your Saviour?*

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**Life After Salvation:** *How has your life changed since accepting Christ?*

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**Do you have a consistent habit of daily quiet time with God?**

*Check the box below:*

- Every day
- Most days
- Sometimes
- Once in a while
- Never

**What other spiritual disciplines do you also practice? (Check all that apply)**

- Bible reading
- Christian growth/biography books
- Christian Services
- Other: \_\_\_\_\_

## **CERTIFICATIONS & TRAINING:**

*Please attach a copy of any certifications to this application.*

### **SCARS CERTIFICATION**

**Date Completed:** \_\_\_\_\_

### **LIFEGUARDING CERTIFICATION**

**Date Completed:** \_\_\_\_\_

### **FIRST AID CERTIFICATION**

**Date Completed:** \_\_\_\_\_

### **Other Certifications:**

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### **I am willing to have any training needed for this camp worker role**

Check the box below:

NO

YES

## **ROLES & INTERESTS:**

**I would like to help with Evangelical Church summer camp because:**

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### **Which areas are you most interested in serving? (Check all that apply)**

<input type="checkbox"/> Camp Counselling	<input type="checkbox"/> Dining Room (Clean/Set up for each meal, Sweep & Mop, etc)
<input type="checkbox"/> Lifeguarding - <i>a lot of time in the water</i>	<input type="checkbox"/> Crafts
<input type="checkbox"/> Program (Activities & Games Coordination) - <i>very physical</i>	<input type="checkbox"/> Audio Visual
<input type="checkbox"/> Kitchen (Meal Prep, Washing Dishes, Serving Food)	<input type="checkbox"/> Music (Song & Actions Leading)
	<input type="checkbox"/> I am willing to help anywhere

## **CAMP CONSIDERATIONS:**

**Are you comfortable living on Grace Island for the duration of camp?**

No       Yes

**Are you comfortable with early mornings, late nights, and physically active work?**

No       Yes

**What type of swimmer are you?**

Beginner  
 Intermediate  
 Strong  
 Other: \_\_\_\_\_

## **HEALTH & MEDICAL INFORMATION:**

**Do you have any medical conditions or allergies we should be aware of?**

No       Yes

If yes, please list below:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Do you have any dietary restrictions?**

No       Yes

If yes, please list below:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

## **REFERENCES:**

Please provide one or two references who can speak to your character and suitability for this internship. (Perferably a pastor, mentor, or teacher).

### Reference 1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Reference 2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Waivers and Conditions of Application**

1. The Camp Director reserves the right to dismiss a helper, who in his opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of camp. Transportation in such cases shall be provided by the parents or guardians. The parent/guardian certifies that the applicant is normal in condition and habits and is amenable to necessary camp discipline.
2. The use of tobacco products, non-prescription drugs and alcohol are strictly prohibited.
3. Personal contact with members of the opposite sex is prohibited, unless married or engaged to be married.
4. Applicant will agree to attend all chapel services, events and meals, unless otherwise given special permission by the Camp Director.
5. Applicant agrees to abide by the dress code of the camp. Girls – full coverage, modest swimsuit (eg. No midriff showing). Boys – must wear a shirt during all activities. T-Shirts advertising anything which is not consistent with the church standards is prohibited.
6. While every precaution is taken for the safety and good health of our camp staff and campers, Evangelical Church of Bermuda Camp, its directors and staff members, are hereby released from any and all liability in the event of an illness, accident or misfortune that may occur to the applicant intern. Each applicant must be covered by Health or equivalent medical insurance.
7. The signature of the parent/guardian on this application shall give the Camp Director the right to arrange for any special services or other requirements necessary for the best interest of the applicant and shall give the Camp Director the right to approve and obtain medical attention necessary for the applicant's welfare and good health including injection, anesthesia or surgery. In such situation, the camp will attempt to notify the parents as soon as possible.
8. The signature of the applicant on this form indicates that the applicant has read the waivers and conditions of ECB Summer Camp and agrees to abide by said rules and conditions. Failure to sign this agreement will disqualify the applicant from acceptance into the summer camp program.
9. The Evangelical Church Camp reserves the right of photography during camp for advertising purposes.

***By signing below, I have read and hereby agree with the waivers and conditions:***

***Parent's/Guardian's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***By signing below, I confirm that the information provided is accurate and that I am willing to commit to the responsibilities of this position. I understand that this position requires teamwork, a positive attitude, and a heart for serving. I have read and hereby agree with the waivers and conditions:***

***Applicant's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

## **Jr Camp Helper Consent Form**

### **Communications:**

I consent to The Evangelical Church of Bermuda Jr Camp ("Jr Camp") contacting me by:  
(Choose all that apply)

- Email**
- Physical Mail/Post**
- Phone**

### **Photos/Videos:**

I consent for my image to appear on the Evangelical Church of Bermuda ("Church") website, promotional material and/or social media pages (such as Facebook and Instagram).

**Yes**  **No**

I consent for my image to appear on the Evangelical Church of Bermuda Jr Camp social media pages (Facebook and Instagram). [Note: this is used to provide parents/guardians regular camper updates throughout the week.]

**Yes**  **No**

If I take part in activities at the front of the church, I consent to the publication of video containing out image(s) on the Church website, social media pages, the Church App, and Youtube.

**Yes**  **No**

### **Information Retention**

I consent to the retention of my information as applicable to the Jr Camp database for the duration of time that I may be helping in the Jr Camp program.

**Yes**  **No**

You can grant consent to all the purposes; one of the purposes or none of the purposes. Where you do not grant consent, we will not be able to use your Personal Information for those purposes, except in certain limited situations, such as where required to do so by law or to protect persons from harm.

If you are executing this consent form on behalf of a spouse, you confirm that you have their consent to disclose their personal information as indicated above.

If you do grant consent, please note that you can withdraw your consent to all or any one of the above purposes, in writing, at any time by contacting the Jr Camp ministry (jrcamp@ecb.bm) or the church Privacy Officer (pipa@ecb.bm) or calling the church at 441-236-2294. Please note that communication(s) and or publishing of your Personal Information will cease once you have withdrawn consent, but this will not affect any Personal Information that has already been processed prior to this point.

### **Confirmation**

Print Name: \_\_\_\_\_ Date (M/D/Y): \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_