



CAMP JUBILEE SUMMER MISSION TEAM

Summer Mission Team-June 18 - July 23 2011

Starts at 5:00 PM on Monday with the evening meal, registration and worship service. Be sure to have all paper work in before June 13th.

\$200.00 per Team Member is requested to help cover food and insurance for the month. Bring spending cash for trips to town, for personal supplies, and eating out with the group. We will eat out on Sundays while traveling to different churches. Some churches will provide a meal and some do not. **Please do not arrive until opening time.**

*Exodus 15:2 The LORD is my strength and song, And He is become my salvation; He is my God, and I will **prepare** Him an habitation, My father's God, and I will prepare him an habitation.*

*Deuteronomy 6:5 And thou shall **love** the Lord your God with all thine heart, with all thy soul, and with all thy might.*

To Those Who Are Giving Recommendations:

As pastor and/or church leader we are asking you to take your recommendations seriously. The Summer Mission Team program is not a program to reform youth with behavior problems or addictions. We realize there is a great need in the world for a program to help troubled youth, but the Summer Mission Team is not that program.

Each year we try to be gracious with the staff who have abused our codes and disobeyed rules. We have tried to work with them in an effort to keep from being forced to dismiss anyone. However, it is time to make our goal and purpose clear. Our main goal is to present the gospel to children and youth who come to camp. Staff members should already be grounded in their faith in Christ, rooted in their belief, and in control of their behavior before agreeing to serve as a Summer Mission Team Member.

A Summer Mission Team Member should be someone who has displayed a love for Christ, a love for children and youth, an ability to work with adults, a willingness to follow instructions, and a desire to see the lost saved. We need people who are willing to work and work hard at preparing for the opportunity to share Christ on a day to day basis with campers. We do not just dress up pretty and stroll around looking good and smelling good, carry our Bibles and talk about Jesus. We spend long hard hours cleaning, scrubbing, sweeping, preparing, and setting up each building, getting ready for campers to come. Then we clean up, eat, and fellowship before lights out. The next day we start all over. Be sure volunteers and their parents/guardians know hard work is involved. Each SMT volunteer should have a reputation known to the church and surrounding community as being a Christian. We need youth that you would choose to be around your own children. Youth with confidence in themselves and what they believe. Someone who will be a strong Christian role model for children, youth, and other SMT members. I regret that it is necessary to be this direct in our search for SMT members, but it is far better to be selective than have to send someone home. **Please prayerfully consider your recommendations. Thank You!**

I _____ understand that my appearance is important as a Christian and as a member of the Summer Mission Team. Girls shorts should be no shorter than 5 inches above the knee. Boys will not go without a shirt at any time or wear shorts that are more than 5 inches above the knee. (Measure your shorts before you come-please don't make us do it.)

I _____ understand that each rule has been set due to past experiences.

I _____ understand that to maintain a Christian based program rules have to be set and enforced.

I _____ understand that if I abuse a rule I leave Brother Ronnie or Sister Judy no alternative but to dismiss me from the SMT Staff of Camp Jubilee. This will be done in a private and loving manner, but it will be done.

I _____ have read and signed each of the above with full understanding and agreement. I _____ have joined in prayer with _____ who witnessed me signing each of the above and who will be in prayer with me and for me as I serve on the staff at Camp Jubilee this summer.

I _____ have prayerfully considered this agreement and I will except all responsibility for my behavior. I understand that if I choose to break this agreement I will be dismissed from the staff. At such time my parents/guardian will be phoned (if under 18) and will be asked to pick me up by the next day. I will be immediately relieved of all duties from that point on. If a SMT member is over 18 and has driven to camp alone, but still lives at home, the parents will be notified of dismissal and the departure time to ensure safe arrival back home.

Please do not put us in the situation where this must be done.

Parent/Guardian: _____

Church Leader: _____

Pastor: _____

*We will not excuse inappropriate clothing. Anyone who wears shorts that are too tight will be asked to change. This will also apply to adults who wear their clothing too short or tight. Inappropriate will be up to our discretion.

Commitment Pledge For Summer Mission Team Members:

I _____ pledge to faithfully serve in any assigned area as a member of the Summer Mission Team Staff of Camp Jubilee.

I _____ pledge that during my time at or on the road representing Camp Jubilee that **I will not smoke, use inappropriate language, chew tobacco products or dip, partake in any types of drugs, dress inappropriately, etc.** I understand that if I choose to break this pledge I will be dismissed from the Summer Mission Team.

I _____ pledge that if I am aware of the use of tobacco products, drugs, inappropriate language, etc., by anyone associated with Camp, **I will in Christian love come directly to Brother Ronnie and Sister Judy and disclose such information.** Such behavior is detrimental to the ministry of Christ and Camp Jubilee. It is your responsibility as a Christian to protect the campers and the reputation of this ministry as a member of the Summer Mission Team..Your name will never be disclosed as to any report you feel you should make, without permission from you to do so.

I _____ pledge to behave myself in a Christian manner at all times. **I will not at any time with anyone (my own age or adults) encourage a relationship.** Camp Jubilee is not a “Meet Your Mate” facility. **This rule will be strictly enforced!** From day one, if we feel your behavior is inappropriate-you will be dismissed! **If you feel you cannot control your emotions** and behave from 3-6weeks, **please do not come.**

I _____ pledge that **I will not leave Camp at any time day or night without permission to do so.** Regardless of your age, while you are serving as a member of the Summer Mission Team your whereabouts are to be accounted for. If you are reported as to leaving at anytime, day or night without letting the directors know, you will be dismissed.

I _____ pledge that **my soul interest is in serving Christ and having the opportunity to share Christ** through the ministry of Camp Jubilee. I pledge to have my mind on Christ, the intentions of my heart pure, and my goal set to serve Christ at all times.

I _____ pledge that I will not be alone with anyone of the opposite sex, during free time, during laundry time, and on and off camp grounds etc.

**NOTARIZED PERMISSION FORM FOR
SPECIAL ACTIVITIES
(ACTIVITIES ARE SUBJECT TO CHANGE)**

_____ has my permission to participate in the off camp activities while at Camp Jubilee.

_____ will be attending camp on the date _____
(dates at camp)

with _____
(church or group name or as SMT)

_____ has my permission to participate in the off and on camp water activities of Camp Jubilee.

_____ will be attending camp on the date _____
(dates at camp)

with _____
(church or group name or SMT)

(Signature of Parent or Legal Guardian)

(Date)

Notarization Required

MEDICAL FORM-CAMP JUBILEE

MAILING INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

(Person to contact in the event of an emergency)

NAME: _____

(Please add another person to contact in the event of an emergency)

ADDRESS: _____

PHONE: _____

Health Insurance Information

*Camp Jubilee carries a secondary insurance that will pick up after you and your personal insurance has paid.

Health Insurance Company: _____

Insurance Company Address: _____

Policy Number: _____

Insurance Company Phone Number: _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD TO THE BOTTOM OF THIS FORM.

Copy of Insurance Card

Notary Signature: _____ Date: _____

Notarized Permission Form

Permission Form

*****I hereby grant permission for my child, _____, to
(child's name)

attend Camp Jubilee on the dates _____ and to be under the
(dates attending camp)

care of _____ from _____
(person in charge from your church or group) (name of church or group)

In the event of a medical emergency, I understand that every effort will be made to contact the parents or guardians of the campers. In the event that the parents or guardians cannot be reached I give my permission for _____ to select,
(person in charge)

but is not limited to the following, a hospital, physician, order injection, anesthesia, or surgery for my child as named above. I also affirm that the information on the previous medical form is correct and complete.*****

Many of our activities are a Christian Camp/ Agritourism setting. Therefore, under Tennessee law there is no liability for an injury or death of a participant in an Agritourism activity.

(Signature of parent or guardian)

(Date)

SUMMER MISSION TEAM APPLICATION

Name _____
Last Mi First

Address _____

City _____ State _____ Zip _____

Age _____ Occupation _____ Phone _____
(If student name of school or college)

Birthdate _____ Male _____ Female _____

Name of Employment _____ Position _____

Church Attending Regularly _____ Member (Yes or No)

Church Address _____

City _____ State _____ Zip _____ Pastor's Name _____

Does the Pastor know you personally? (Yes or No)

If no, suggest the name of another minister or church leader to whom we could go to for additional information about you if desired.

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

What training or experiences have you had in the area of church related work, such as VBS, Sunday School Teacher, Music Leader, Training Classes, etc.

What experiences have you had in evangelism, such as; visitation, mission work, etc.

Answer the question below briefly and include scripture references. These would be scripture that you would use when sharing Jesus with others.

Why do we need to be saved?

What did Christ do to save sinners?

Give an example of you explaining to someone how to be saved.

How do you know that you are a Christian? (Include how and when you were saved.)

To be an effective part of the Summer Mission Team it is important that you are first a Christian and that you are willing to share what Jesus has done in you and share with others how they too can be saved. I understand that I may be asked to share my salvation experience and that I need to be able to share the basic plan of salvation with any individual that comes forward during a worship service.

Signature

Date

We require at least two letters of recommendation from people who have either, worked with you, or know of your work experiences with youth and children. Please give addresses and phone numbers of the people you have requested send us a recommendation letter.

Commitment:

I, _____, as a SMT member at Camp Jubilee, agree to conduct myself at all times in a **Christ like manner**. I agree to abide by all rules set by the camp and agree to serve to the best of my abilities in the position I am assigned.

I, _____, also understand and agree to the “**No Couples**” policy set by camp. I agree that on the job at a Christian camp I need to **focus on the campers and their needs**, and I cannot do this if I am distracted by a relationship. I understand that I will be asked to leave if this becomes a problem and further more agree to **accept full responsibility for my actions**.

I, _____, will diligently pray for God to lead me as I lead others at camp. **I will prepare myself through Bible study and Prayer** each day prior to and during my camp stay. I will seek God’s guidance in all that I say and do, and will have faith and trust his leadership.

I, _____, understand that whatever my age, **I am under the authority of the Directors of Camp Jubilee** and will graciously serve under those in charge.

Commitment Signature: _____

Witnessed By: _____

I AM GIFTED IN THE FOLLOWING AREAS: (CHECK ALL THAT APPLY)

Teaching _____ Life Guard _____ Sports _____
Singing _____ Crafts _____ Piano _____
Guitar _____ Horn _____ Drama _____
Keyboard _____ Other _____

If you checked (other) please list below what "other" area you are gifted in!!!

I enjoy working with ages _____. I am gifted and have had experiences in teaching children yes ___ no _____. I have worked in VBS yes ___ no _____.
If yes, what area?

Do you drive? Yes ___ No ___

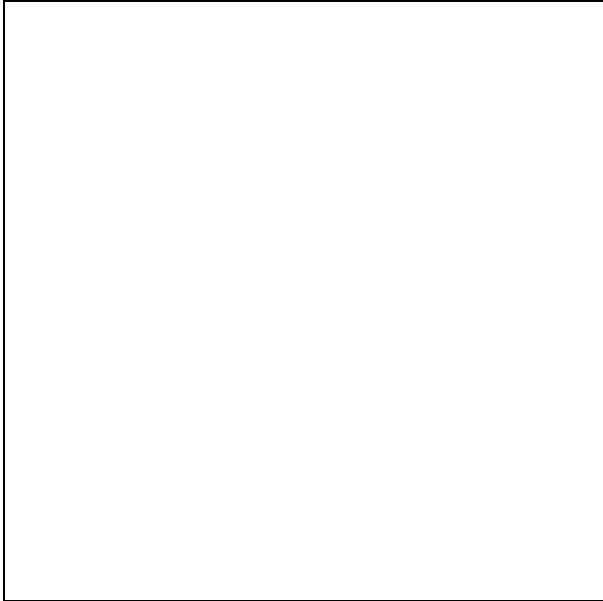
If yes, will you be bringing your own vehicle? Yes ___ No ___ If yes, please fill out section below.

Make of vehicle _____ Year _____ Color _____

Tag # _____

SUMMER MISSION TEAM

Please send a picture of yourself to be filed with all of your other registration information for our Summer Mission Team Folder.



Please attach your picture inside the box above.

Psalm 139:14 I will praise thee; for I am fearfully and wonderfully made: marvelous are thy works; and that my soul knoweth right well.

T-SHIRT ORDER FORM



Individual T-Shirt Order Section

(For Summer Mission Team Workers, Staff, and others not coming in a group)

I, _____, will need

_____ **Adult Small**

_____ **Adult X-Large**

_____ **Adult Medium**

_____ **Adult XX-Large**

_____ **Adult Large**

_____ **Adult XXX-Large**

Name of person placing order: _____

—

Phone Number to confirm your order: _____

PACKING FOR CAMP:



****Enough Clothes---be sure to bring enough clothes, but don't bring anything you don't want damaged. Camp has a way of making new clothes old and old clothes older.

- _____ **Pants (blue jeans)**
 - _____ **Shorts** (no short-shorts)
 - _____ **T-Shirts & Tops**
 - _____ **Bath Towels**
 - _____ **Night Wear** (P.J.'s)
 - _____ **Bible**
 - _____ **Flash Light**
 - _____ **Prescribed Medications if needed**
 - _____ **Over the Counter Medications** (ex: for headache or stomachaches)
Please don't try any new medicines bring only medicines you are familiar with.
 - _____ **Bug Spray** (a brand you are familiar with)
 - _____ **Sunscreen**
 - _____ **Old Tennis Shoes** (very important because of rocks, sticks, and stumps)
 - _____ **Flip Flops**
 - _____ **Bed Sheet Set** (full size)
 - _____ **Watch**
 - _____ **Clothes Hangers**
 - _____ **Lotion**
 - _____ **Sunburn Lotion**
 - _____ **Camera** (please bring disposable cameras rather than your mom's new digital camera)
 - _____ **Pillow**
 - _____ **Blanket**
 - _____ **Backpack**
 - _____ **Sleeping Bag**
 - _____ **Hair Supplies** (if you have long hair you may need something to keep hair up)
 - _____ **Hat** (optional)
 - _____ **Spending Money For Trips Out, Snacks, Extra Supplies, etc.**
- _____ **Tooth Brush & Paste**
 - _____ **Shaving Supplies**
 - _____ **Bath Soap & Supplies**
 - _____ **Swim Wear** (one piece only)

Medical & Liability Release Form – 2011

Camp Jubilee Inc/Ronnie Owens Ministries Notarized Permission Form

Participant's Full Legal Name: _____

By signing this form, I agree that I have read and do agree that Camp Jubilee, Inc., Ronnie Owens, or Ronnie Owens Ministries will not be held in any way responsible for any accidents or injuries either coming or going during this trip. This will include but is not limited to accidents that may occur on or off camp, or in relation to any equipment I may be using. This includes the waterslide, pool, climbing wall, or participation in any other activities.

I understand that I am taking this trip and participating in any activities with full knowledge that any and all accidents/injuries will be my responsibility in all aspects. This will include and is not limited to any and all legal and medical responsibilities. I understand that Camp Jubilee, Inc., Ronnie Owens/Ronnie Owens Ministries is not responsible for any accidents that may occur during this trip. This includes, but is not limited to, accidents, death, dismemberment.

I understand that Camp Jubilee, Inc., Ronnie Owens/Ronnie Owens Ministries does not provide a guide for tubing, hiking, or any other off camp activity. I understand that Camp Jubilee, Inc., Ronnie Owens/Ronnie Owens Ministries will provide no lifeguard or medical personnel for any and all off camp activities or trips. I also understand if I become separated from the group and become lost, injured, dismembered or if death were to occur that Camp Jubilee, Inc., Ronnie Owens/Ronnie Owens Ministries is not responsible.

I understand that I am to wear a life jacket at all times during the tubing trips and have been instructed to do so for my safety. I understand that Camp Jubilee, Inc., Ronnie Owens/Ronnie Owens Ministries is not responsible for any injury, death, or dismemberment in relation to any equipment or equipment used on or off camp and that I am taking full responsibility for any and all activities.

By signing this document I am confirming that I have read this document in its entirety and I am in full understanding and agree to all of the above terms.

I _____

Date _____

(Person responsible for participant)

Parent/Guardian Signature: _____

Date _____

Parent/Guardian Signature: _____

Date _____

(Must be signed by both parents and or legal guardians if under the age of 18, if still living at home, or if the participant is still the responsibility of parents or guardians. This document must be signed by participant 18 and over including all adults, chaperones, and any and all people participating in any and or all activities in relation to Camp Jubilee Inc., Ronnie Owens/Ronnie Owens Ministries.)

Notary Signature: _____ Date: _____

Witness: _____

Date: _____

Notarization Required