

# SUMMER MISSIONS AT

# FRIENDSHIP CAMP



**We need you! We have a place for you  
to serve! Serve for 1 hour, 1 day,  
or a whole week!**

**Doing the Great Commission in your backyard...**

<b>Friendship Day Camp</b> <b>June 10-13, 2024</b>	No Overnight Responsibilities Need Counselors & Jr. Counselors Need Nurse- No medications to administer Need Cooking Team for lunch only
<b>Momentum Youth Camp:</b> <b>June 17-21, 2024</b>	Need <b>Adult</b> Overnight Counselors Need <b>Adult</b> Day Counselor Need Nurse- Administer medications and stay overnight for emergency assistance. (We will house you in the New Quad cabins!) Need Cooking Team- 3 meals/day
<b>Velocity Boys Camp</b> <b>Blaze Girls Camp</b> <b>June 24-27, 2024</b>	Need <b>Adult</b> Counselors & Jr. Counselors <b>Overnight</b> and Day Counselor positions available Need Nurse- Administer medications and stay overnight for emergency assistance. Need a few cooking assistants. We have a head cook.

[www.FriendshipCamps.com](http://www.FriendshipCamps.com)

**(229) 937-2350**

## Day Camps

- Check-in for Day Camp is at 7:45 AM at the Gymnasium. Check-out at 4:00 PM at the Gymnasium.
- Lunch is provided each day.
- Bring a swimsuit- One piece for girls, Shorts length for boys.
- Bring a towel- Please label with child's name.
- Please see refund and illness policies below.

## Overnight Camps- Opening Day

- All campers must be pre-registered and pre-paid.
- Check-in for camp is from 7:45-9:00 AM on the first day of camp at the Gymnasium. **All campers must be checked in by 9:00 AM.**
- Parent or guardian must sign-in camper and turn in any medications (prescription and OTC) the camper will need to the Camp Nurse.
- Each camper will receive his/her cabin assignment, nametag, schedule, etc. at check-in.
- Parents are encouraged to accompany camper to their assigned cabin and assist camper in unpacking and bed making.
- Camp Counselors will be in each cabin ready to assist camper with luggage, bed making, etc.

## Overnight Camps- Closing Day

- Check-out for all overnight camps is from 1:00- 2:00 pm on the last day of camp. **All campers must be checked out by 2:00 PM.**

## Refunds

- Camp fees will be refunded to campers who cancel by the registration deadline. No refunds will be given after this time. Camp fees will not be refunded to those campers who do not show up for check-in or for campers that leave camp during the week of camp.

## Friendship Camps Policies

- **Dress code:** Please make sure that your camper brings clothes that meet the following criteria: Shorts must be no shorter than mid-thigh and fitted to the waist, no undergarments should be seen. Shirts must cover the stomach and undergarments, no spaghetti straps or strapless shirts allowed. T-shirts must not have inappropriate writing on them. For girls, **one-piece** swimsuits only. Campers will be asked to swim with a t-shirt if suit is questionable.
- **Homesickness:** We strongly discourage visiting your child or calling during the week of camp. It is upsetting to campers and unfair to other children whose parents abide by this policy. We make every attempt to make camp as fun and enjoyable as possible, however, if your child becomes homesick and is inconsolable, the camp director will call you to pick him/her up. Because we do whatever it takes to help every camper have a wonderful camp experience, these instances are few and far between.
- **Illness:** Our Camp Nurse will be on call to bandage any cuts, scrapes, or bumps as needed. If your child is ill or injured, we will notify you immediately. Please call us and do not bring your child to camp if he/she has vomited, had a fever, or been exposed to any communicable disease in the 24 hours before check-in.
- **Campers are not allowed to have cell phones.** All items on the "Don't Bring" list will be taken up and returned to the parent at check-out.

**Under age 18 driving policy:** Parents must sign the consent form, so we have permission to sign-in and release camper on opening and closing day. Your child must leave his/her vehicle parked in the designated area during the week of camp. Your child will not be allowed to drive while camp is in session or be allowed to leave Friendship Camp for any reason. Drivers under the age of 18 are not allowed to transport other minors, excluding immediate family members. (If exceptions to this policy are needed the parent/guardian must make arrangements with the Camp Director.)

## Bring to Camp:

- Twin Size Sheets, Sleeping Bag/Blanket
- Pillow
- Towels, Washcloths
- Sunscreen, Insect Repellent
- Bathroom Articles
- Bible, Notebook, Pen/Pencil
- Trash Bag (for dirty clothes)

## Clothes (See dress code):

- Modest summer clothes
- Modest pajamas
- Tennis shoes
- Flip flops/ sandals for pool
- Hat (if needed for sun)
- Swimsuit
  - Girls- one piece
  - Boys- short length

Please label all belongings – items left at camp will go to the Salvation Army after two week.

## Don't Bring:

- Candy, food, or drinks
- OTC Medicine
- Expensive Jewelry
- Electronics
  - \*Radios, CD Players, Tape Players, MP3 Players, Game Boys, Handheld video games, DVD Players
- **Cell phones**
- Weapons (of any kind)
- Tobacco (of any kind)
- Vaping products
- Valuables, Money
- Bad attitude

# 2024 Summer Missionary Application

Friendship Baptist Association • 504 E. Oglethorpe Street • Ellaville, GA 31806  
 (229) 937-2350 • [www.FriendshipCamps.com](http://www.FriendshipCamps.com) • friendshipcamp@windstream.net

Mail your completed application to the above address. An online application is also available at [www.FriendshipCamps.com](http://www.FriendshipCamps.com). **Friendship Camp is now a Ministry Safe organization.** Our application process has changed. Please be patient with us as we certify you to work at Friendship Camp because the safety of our campers is very important. **A valid email address will simplify the certification process.**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Church Membership \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

T-Shirt Size    6-8    10-12    14-16    A-S    A-M    A-L    A-XL    A-2XL    A-3XL

**What area of service are you applying for?**

- Adult Day Missionary** (no overnight responsibilities)
- Counselor** (adult or completed 1<sup>st</sup> year of college; 2024HS graduate with previous service as a Jr. Counselor)
- Jr. Counselor** (16 or completed 9th grade; must meet all other requirements and be approved by director)
- Director's Assistant** (completed at least 8th grade; must meet all other requirements and be approved by director)

**Note:** Jr. Counselors have more interaction and responsibility with the campers. Director's Assistants work closely with the director(s) doing a variety of tasks to keep the camp functioning smoothly. Only adults/college age can serve as missionaries at Youth Camp.

**Please check session(s) you are available to serve:**

<input type="checkbox"/> <b>Day Camp</b> <b>Ages 5-8</b>  June 10-13, 2024	<input type="checkbox"/> <b>Momentum Youth Camp</b>  June 17-21, 2024 6 <sup>th</sup> Grade-12 <sup>th</sup> Grade	<input type="checkbox"/> <b>Velocity Boys Camp</b>  <input type="checkbox"/> <b>Blaze Girls Camp</b>  June 24-27, 2024 2 <sup>nd</sup> -6 <sup>th</sup> Grade
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**What skills do you have that can be put to use?**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Crafts               | <input type="checkbox"/> Drama          | <input type="checkbox"/> Canoeing       | <input type="checkbox"/> Evangelism                 |
| <input type="checkbox"/> Music                | <input type="checkbox"/> Bible Teaching | <input type="checkbox"/> <b>Nursing</b> | <input type="checkbox"/> <b>Kitchen</b> (Head Cook) |
| <input type="checkbox"/> Outdoor recreation   | <input type="checkbox"/> First Aid/CPR  | <input type="checkbox"/> Lead Worship   | <input type="checkbox"/> Archery                    |
| <input type="checkbox"/> Certified Life Guard | <input type="checkbox"/> General help   | Other: _____                            |   |

**Please complete the second page of this application.**

**Certification Process for working at Friendship Camp.**

- I understand that I will be required to watch the **Sexual Abuse Awareness Training** video.
- I understand that if I am 18 years or older that Friendship Baptist Association will need to have a background check on file for me and I agree to provide the needed information to perform this background check.

**I will attend the required orientation event on the date below:**

Yes, I will attend! Sunday, May 19, 2024, at 2:00 PM at **Friendship Camp Dining Hall**

**Release**

I authorize Friendship Baptist Association to contact the references on the **Summer Missionary Application** that I have provided below. I agree to release from liability any person or organization providing information related to me.

I understand and agree that any information received from application verification will not be disclosed to me except as required by law, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

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

**Required reference for everyone**

- Church Reference (**Pastor**/Youth Pastor/Sunday School Director, etc.)

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

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

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

Church Name: \_\_\_\_\_

**Additional required references for those applying to serve as a Counselor or Jr. Counselor**

- Personal or Professional Reference (Someone who knows your interaction with children and/or youth)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

- Additional Reference

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

We prefer to contact references by **email** or phone. Please let the individuals above know that we will be contacting them.

**IF YOU ARE UNDER THE AGE OF 18 YEARS OLD, PLEASE COMPLETE THE NEXT PAGE**

**Parent/Guardian Information (for missionaries under the age of 18)**

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

In Case of Emergency, Call \_\_\_\_\_

**Parental/Guardian Consent** (Please check all applicable statements.)

\_\_\_\_\_ has my consent to work at Friendship Baptist Camp during the weeks indicated on this application.

**Cell Phone Policy:** Only adult missionaries (over 18) will be permitted to carry a cell phone. Jr. Counselors and Assistants are asked to leave their cell phone at home, or if brought, to leave it turned off and in their suitcase during the week. Cell phones are a distraction and diminish the integrity of camp for our campers.

I have made my child aware of Friendship Camps cell phone policy as stated above.

My child will be driving himself/herself to Friendship Camp to serve as a Summer Missionary.

**Friendship Camps under age 18 Driving Policy:** Your child must leave his/her vehicle parked in the designated area during the camp session. Your child will not be allowed to drive while camp is in session or be allowed to leave Friendship Camp for any reason. Drivers under age 18 are not allowed to transport other minors, excluding immediate family members. (If exceptions to this policy are needed the parent/guardian must make arrangements with the camp director and give us written permission.)

I have made my child aware of Friendship Camps under age 18 driving policy as stated above.

It is my understanding in the event that I cannot be reached; the physician/medical facility has my permission to treat my child. I do not hold the Friendship Baptist Camp, or any of its agents or representatives responsible for the health and safety of my child while on the premises.

I understand that if my child does not carry out his/her duties and responsibilities, as expected by the Camp Staff and as stated in training materials, that my child will be sent home from Friendship Baptist Camp.

I also understand that my child may be photographed or videotaped while at Friendship Camps. Friendship Baptist Association has my permission to use these pictures in promotional material and/or on the Associational websites. I understand that no identifying information will be provided with the photos.

Parental/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**My child takes the following prescription medications**

Medication	Dosage	Frequency

(Medications are not allowed in cabins and must be turned into the nurse)