

HARRISBURG AREA CONFIRMATION CAMP
2024 COUNSELOR SELECTION PROCESS

The following guidelines and deadlines should assist you as you prepare your young adult leaders for the selection process for counselors and other young adult leaders for Camp 2023.

1. **Deadline for applications is March 1, 2024.**
2. All forms are available online at the camp web site: www.harrisburgconfirmationcamp.org. Click on **Register for Camp** then **2024 Young Adult Leader/Counselor Selection Process**.
3. All applicants must complete:
 - a. **Young Adult Servant Leader Application Survey** (revised 10/2023)
 - b. A fully completed **Registration Form**
 - c. The **Risk and Release Waiver Form** - this is part of the registration packet
 - d. A **current digital photo** of yourself, emailed to simplyed88@gmail.com by March 1, 2024.
 - e. Do you have any **siblings** attending camp this year? If so, what track(s)?
4. All applicants who have never served as a Harrisburg Area Confirmation Camp counselor or young adult leader must ALSO submit at least one **Applicant Recommendation Form** from the **Pastor or Youth Director** from their congregation. This is also part of the registration packet.
5. In compliance with Pennsylvania Child Protective Services Law (CPSL) revised in July of 2015, if you are selected, **ALL new staff and counselors for Confirmation Camp 2024 must comply with the following requirements by April 15, 2024:**
 - a. **Pennsylvania State Police Criminal Record Check** (free)
(<http://keepkidssafe.pa.gov/resources/clearances/pspcrimck/index.htm>)
 - b. **Pennsylvania Child Abuse History** (free)
(<http://keepkidssafe.pa.gov/resources/clearances/pachildhistory/index.htm>)
 - c. **Signed Affidavit** (This will be provided to you with your acceptance packet) or a **Federal Bureau of Investigation Criminal Background Check** (Fingerprinting)
6. All counselor applicants who are selected to serve as a counselor or other young adult leader for the 2024 Camp will be required to pay the entire registration fee amount prior to the registration deadline for the camp. Those applicants who do not submit their registration fee and all fully completed forms and clearances prior to this date cannot be guaranteed a leadership role at Camp, have their offer revoked and may be removed from a position of leadership.
7. Please **email** (pastorbrommer@comcast.net) or **mail ALL** fully completed forms to:
Rev. Cindy Brommer
Holy Trinity Lutheran Church
212 Cocoa Ave.
Hershey, PA 17033
All forms should be postmarked by March 1, 2024.
8. The counselor selection process will be completed by March 30, 2024.
9. Any questions? Please call Ed Hartman at 717-580-9192 weekdays after 5:30 PM or via email at simplyed88@gmail.com.

Yours in Christ,
Ed Hartman Counselor Committee Chairperson

Name: _____

Harrisburg Area Confirmation Camp
Young Adult Servant Leader Application Survey

Thank you for your willingness to seek a leadership role within our Confirmation Camp community.

As you prepare to apply and as we look forward to the selection process, we seek more specific information regarding your individual gifts, talents, experiences, and interests as they relate to your potential role on the leadership team at Camp. Please take a few moments to thoughtfully complete these questions. Feel free to attach additional pages, if needed.

1. Share some specific examples of how you are currently putting your Christian faith into action.

2. What are your primary spiritual gifts as you have discerned them to this point in your life?

3. Specifically, within the life of your congregation or your worshiping community, how are you currently serving in a leadership role for people your age and younger?

4. Since your LT experience, how have you continued to prepare for the leadership role that you are seeking?

5. Why do you want to serve in a leadership role at Confirmation Camp?

Mark the specific leadership roles you would be willing to serve in at Camp this year. However, the leadership role you may be offered will be determined by the needs of the Camp community.

Counselor

Logistics Team

Images Team Member

**HARRISBURG AREA CONFIRMATION CAMP
COUNSELOR APPLICANT RECOMMENDATION FORM**

Applicant’s Name: _____

Home Congregation: _____

Grade Completed (as of June): _____ Previous Leadership Training? _____

Your Name: _____

Your relationship to the applicant: _____

1. Why do you believe this person would be a good counselor at Confirmation Camp?

2. Does this person have any experience in counseling or group dynamics? Please explain.

3. Is this person actively involved in your congregation or another worshiping community? Please give details about their involvement.

4. Describe how this person exhibits leadership qualities with other youth and your youth ministry programming?

5. Which age group would be the best for this applicant to serve?

6. What weaknesses have you observed in this person that might limit their effectiveness as a Confirmation Camp Counselor? Please be candid.

7. How does this person articulate and live out their faith with their peers?

Signature: _____

Congregational Leaders, please mark:

(1/10/2024)

COUNSELOR LT MBC GGP SAINT PATHFINDER HEROES

Harrisburg Area Confirmation Camp Registration Form - June 16-22, 2024

Home Congregation _____ Pastor _____

Name _____ Male Female

Address _____

City _____ State _____ Zip _____

Youth Phone _____ Home Cell

Youth Email _____

Date of Birth _____ Current Grade in School _____ ('23-'24 School Year)

Are you Baptized?

Yes No

Date of Baptism _____

Adult Shirt Size:

Small Medium Large

X-Large XX-Large

Please list any dietary restrictions or food allergies: _____

Parent/Guardian Name(s) _____

Address (if different from above) _____

Primary Phone _____ Home Cell

2nd Phone _____ Home Cell

Email _____

Additional Adult Contact Person (In Case of Emergency):

Name _____ Relationship _____

Address _____ Phone _____

I request that my child's photo NOT be used in any promotional material for Confirmation Camp.

HARRISBURG AREA CONFIRMATION CAMP
Acknowledgement of Risk, Release and Hold Harmless Agreement
(If Participant is Under 18 Years of Age)

Name of Participant (Minor): _____

On behalf of the Participant, the parent or legal guardian of the Participant agrees as follows:

1. Assumption of Risk. I understand that participation in the Harrisburg Area Confirmation Camp (HCC) involves physical activities, including, but not limited to swimming, outdoor games, ropes course and other outdoor camping activities as part of its outdoor ministry program. I understand that these activities involve risk of injury, and I knowingly and voluntarily assume the risk of engaging in activities on behalf of the Participant. On behalf of the participant, I understand that participation may include activities which may be hazardous and that these potential dangers are part of and inherent to HCC's program. In some instances, the activities cannot be made safer. I expressly assume the risk of injury or harm in these activities and voluntarily agree to the terms of the Release as stated below. I further promise and agree to follow and to comply with all instructions of HCC and its staff, employees, and authorized representatives.

2. Waiver and Release. In consideration of the opportunity to participate in the HCC programs and in recognition of the nature of certain of activities, the Participant specifically waives any and all claims, suits, causes of action, actions, rights, expenses, damages of any kind, in law or in equity, for any and all injuries that may arise during, result from, or be otherwise connected with Participant's participation in HCC's programs. For those same reasons, Participant further remises, releases, quitclaims and forever discharges the HCC, its Board of Directors, officers, employees, staff, volunteers, agents, and representatives from any and all liability.

3. I authorize the HCC and its representatives to obtain any medical treatment for the named Participant that should appear necessary during his or her participation in the HCC and that I will be responsible for the payment of any expenses associated with the related illness or injury.

4. I agree and certify that I voluntarily signed this Agreement and I have read and fully understood the meaning of each of the terms of this Agreement. I intend to be legally bound by the terms of this Agreement.

Name of Parent or Legal Guardian (PRINT)

Date

Signature of Parent or Legal Guardian on Behalf of Participant

Revised August, 2012

MEDICAL INFORMATION

Participant's Name _____ Home Congregation _____

Is your child taking any medication? Yes No

Name of medication, dosage, and how prescribed: _____

PLEASE NOTE: All medications must be turned over to the Camp Nursing Staff when you register at camp. All Medication must be brought to camp in their original containers. Medications will be dispensed at the proper time. All containers will be returned at the end of the week.

Please check the box in front of **each** non-prescription medication that the Camp Nursing Staff **IS PERMITTED** to dispense to your child:

Analgesics – Tylenol or Acetaminophen Equivalent, Ibuprofen

Antihistamines – Chlortrimetron, Sudafed, Benedryl

Antidiarrheals – Kaopectate, Immodium, Pepto-Bismol

Cold Symptoms – Robitussin, Dimetapp, Tylenol

Topical Ointments: Insect Bites – Rhuligel, StingEase Sunburn – Solarcaine, Rhulicream
Poison Ivy/Oak – Calamine Lotion, Rhuligel

Is your child allergic to any medication? Yes No

If yes, please list: _____

Date of your child's last Tetanus Shot? _____

Does your child have any physical problems that would prevent him/her from entering fully into the camp program?

Yes No If yes, please complete the Accommodations for Special Needs form found on harrisburgconfirmationcamp.org.

MEDICAL INSURANCE INFORMATION

Name of Insurance Company _____

ID # _____ Group # _____ HMO Plan Yes No

Name of Subscriber _____ Relationship _____

Place of Employment _____

Employer's Address _____

Note: In the event of an emergency illness or injury requiring medical attention, the parents' insurance will provide the primary coverage.

To Parent or Legal Guardians: Your signature below gives your child permission to attend Harrisburg Area Confirmation Camp and authorizes the Director or her representatives to secure proper diagnosis and treatment for any emergency illness or injury from a local hospital and/or physical.

Signature of Parent / Guardian _____ Date _____

HARRISBURG AREA CONFIRMATION CAMP
Acknowledgement of Risk, Release and Hold Harmless Agreement
(Adult Participant)

Name of Participant: _____

The Adult Participant agrees as follows:

1. Assumption of Risk. I understand that participation in the Harrisburg Area Confirmation Camp (HCC) involves physical activities, including, but not limited to swimming, outdoor games, ropes course and other outdoor camping activities as part of its outdoor ministry program. I understand that these activities involve risk of injury, and I knowingly and voluntarily assume the risk of engaging in activities on behalf of the Participant. I understand that participation may include activities which may be hazardous and that these potential dangers are part of and inherent to HCC's program. In some instances, the activities cannot be made safer. I expressly assume the risk of injury or harm in these activities and voluntarily agree to the terms of the Release as stated below. I further promise and agree to follow and to comply with all instructions of HCC and its staff, employees, and authorized representatives.

2. Waiver and Release. In consideration of the opportunity to participate in the HCC programs and in recognition of the nature of certain of activities, the Participant specifically waives any and all claims, suits, causes of action, actions, rights, expenses, damages of any kind, in law or in equity, for any and all injuries that may arise during, result from, or be otherwise connected with Participant's participation in HCC's programs. For those same reasons, Participant further remises, releases, quitclaims and forever discharges the HCC, its Board of Directors, officers, employees, staff, volunteers, agents, and representatives from any and all liability.

3. I authorize the HCC and its representatives to obtain any medical treatment for the named Participant that should appear necessary during his or her participation in the HCC and that I will be responsible for the payment of any expenses associated with the related illness or injury.

4. I agree and certify that I voluntarily signed this Agreement and I have read and fully understood the meaning of each of the terms of this Agreement. I intend to be legally bound by the terms of this Agreement.

Signature of Participant

Date

(Revised August, 2012)

This page required only if you do not have the FBI Fingerprint Clearance AND have lived in PA for the last 10 years.

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____