

## HARRISBURG AREA CONFIRMATION CAMP 2026 YOUNG ADULT LEADERSHIP 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 2026.

1. **Deadline for applications is March 1, 2026.**
  2. All forms are available online at the camp web site: [www.harrisburgconfirmationcamp.org](http://www.harrisburgconfirmationcamp.org). Click on **Register for Camp** then **2026 Young Adult Leader/Counselor Selection Process**.
  3. All applicants must complete:
    - a. **Young Adult Servant Leader Application Survey - This form is now digital, it can be filled out here:** <https://forms.gle/1gkq57RZoWuW6dSCA> (revised 1/2026)
    - b. A fully completed **Registration Form** - this is part of the registration packet
    - c. The **Risk and Release Waiver Form** - this is part of the registration packet
  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 form is now digital, it can be filled out here: <https://forms.gle/N4pVUQG7GrA7UynF9>.
  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 2026 must comply with the following requirements by April 15, 2026:**
    - a. **Pennsylvania State Police Criminal Record Check** (free)  
(<https://www.pa.gov/agencies/dhs/resources/keep-kids-safe/child-abuse-clearances/criminal-background-check.html>)
    - b. **Pennsylvania Child Abuse History** (free)  
(<https://www.pa.gov/agencies/dhs/resources/keep-kids-safe/child-abuse-clearances/pa-child-abuse-history-clearance.html>)
    - c. **Signed Affidavit** (this is part of the registration 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 2026 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. Please talk to your congregational leader about how to best submit your payment.
  7. Please **email completed forms to** [pastordanabh@gmail.com](mailto:pastordanabh@gmail.com) or **mail ALL** fully completed forms to:  
Pastor Dana Blouch-Hanson  
1107 Ashton Drive  
Shippensburg, PA 17257
- All forms should be postmarked by March 1, 2026.**
8. The counselor selection process will be completed by March 30, 2026.
  9. Any questions? Please contact Pastor Dana Blouch-Hanson at (717) 420-3608 or via email at [pastordanabh@gmail.com](mailto:pastordanabh@gmail.com).

Yours in Christ,

Pastor Dana Blouch-Hanson, Counselor Committee Chairperson

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## Harrisburg Area Confirmation Camp Registration Form June 21-27, 2026

Home Congregation \_\_\_\_\_ Pastor/Representative \_\_\_\_\_

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

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

Youth Phone \_\_\_\_\_  Home  Cell

Youth Email \_\_\_\_\_ Current Grade in School ('25-'26 School Year) \_\_\_\_\_

**Are you baptized?**  Yes  No

Date of Baptism \_\_\_\_\_

**Adult Shirt Size:**

Small  Medium  Large

X-Large  XX-Large

Parent/Guardian Name(s) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Primary Phone \_\_\_\_\_  Home  Cell 2<sup>nd</sup> Phone \_\_\_\_\_  Home  Cell

Email \_\_\_\_\_

**Additional Adult Contact Person (In Case of Emergency):**

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

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

Phone \_\_\_\_\_

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

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**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 \_\_\_\_\_

**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)

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Medical Information

**Allergies:**  No known allergies  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other  
Please describe below what the camper is allergic to, and the reaction seen:

**Diet/Nutrition:**  Regular Diet  Special Diet  Lactose intolerant  Gluten intolerant  
Please describe below any special diet/nutritional needs of the camper:

**Restrictions:** The camp week is a very active and engaging week for all participants. Please describe below any physical restrictions or adaptations the camper may need:

*If there are significant restrictions, please complete the Accommodations Form for Special Needs found on [harrisburgconfirmationcamp.org](http://harrisburgconfirmationcamp.org).*

**Over the counter medications:** The following non-prescription medications may be stocked in the Nurses' Cabin and are used on an as needed basis to manage illness and injury. **Cross out the medications the camper should NOT be given.**

- |  |  |
|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol)   | <input type="checkbox"/> Aloe                      |
| <input type="checkbox"/> Antibiotic cream  | <input type="checkbox"/> Calamine lotion           |
| <input type="checkbox"/> Antihistamine/allergy medicine  | <input type="checkbox"/> Generic cough drops       |
| <input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine (Benadryl)                       | <input type="checkbox"/> Ibuprofen (Advil, Motrin) |
| <input type="checkbox"/> Antidiarrhea medicine (Kaopectate, Imodium, Pepto-Bismol)                       | <input type="checkbox"/> Sore throat spray         |
| <input type="checkbox"/> Guaifenesin cough syrup/Dextromethorphan cough syrup (Robitussin/Robitussin DM) |  |
| <input type="checkbox"/> Phenylephrine decongestant/Pseudoephedrine decongestant (Sudafed PE/Sudafed)    |  |

**Date of your child's last tetanus shot** \_\_\_\_\_

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Medical Information

Is your child taking any medication?    Yes    No

Medications should be brought to camp in the original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. All medications must be turned over to the Camp Nursing Staff when you register and will be returned at the end of the week.

Name of Medication	Date started	Reason for taking it	When is it given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		

**General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the camper:

- |   |   |
|---|---|
| 1. Ever been hospitalized?..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>2. Ever had surgery?..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>3. Have recurrent/chronic illnesses?..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>4. Had a recent infectious disease?..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>5. Had a recent injury?..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>6. Had seizures?..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>7. Have diabetes?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Had headaches, fainting, or dizziness?..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>9. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>10. Passed out/had chest pain during exercise?..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>11. Have problems with falling asleep/sleepwalking?..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>12. Ever had back or joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>13. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>14. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

**Please explain "Yes" answers in the space below, noting the number of the question(s).**

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Mental, Emotional, and Social Health: Check “Yes” or “No” for each statement.**

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?.....  Yes  No
2. Ever been treated for emotional or behavioral difficulties?.....  Yes  No
3. Ever been treated for an eating disorder?.....  Yes  No
4. During the past 12 months, seen a professional to address mental/emotional health concerns?.....  Yes  No
5. Had a significant life event that continues to affect the camper’s life?.....  Yes  No  
(History or abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

**Please explain “Yes” answers in the space below, noting the number of the question(s).**

**What have we forgotten to ask?** Please provide in the space below any additional information about the camper’s health that you think is important or that may affect the camper’s ability to fully participate in the camp program. Please include any information we may need to help your child have the best week.

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### 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 their representatives to secure proper diagnosis and treatment for any emergency illness or injury from a local hospital and/or physician.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

*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: \_\_\_\_\_