



MO YOUTH CAMP 2010

May 31st-June 5th

REGISTER ONLINE @ www.moyouth.com

Registration is \$150 per camper

Camper must register & pay \$25 deposit by 5/17*

(If deposit turned in after 5/17, cost will be \$175 per camper. All registrations are non-refundable & non-transferable.)

*NOTE: \$25 deposit must be **POSTMARKED** & mailed by 5/17.

Camper Registrations should be mailed to:

Youth Camp Registration; c/o Michelle Wickett; 1707 Roberta Dr.; Raymore, MO 64083

Worker registration is \$125 per approved worker

Worker Application & \$25 deposit must be **POSTMARKED** & mailed by 5/10.

Note: Worker Registration is not available online.

Worker registrations should be mailed to:

Youth Camp Worker Registration; c/o Luke Levine; PO Box 995; Imperial, MO 63052

→ **NEW IN 2010!** ←

ALL campers & workers must arrive onsite at Pinecrest Campground Monday, May 31st **BEFORE** 3pm. Registration will be open from 12noon to 3pm only.

There will be a **REQUIRED** worker orientation for **ALL** workers at 3pm.

There will be a **REQUIRED** camper orientation for **ALL** campers at 4pm
(*guys & girls will be split for orientation*). Dinner will be served at 4:30pm.

REGISTRATIONS TAKEN ON 1ST COME 1ST SERVE BASIS

**WE EXPECT TO BE AT CAPACITY AGAIN
THIS YEAR!**

YOUTH CAMP 2010 OVERVIEW



Date:

Arrive Monday, May 31st - Registration is from noon to 3pm.

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Registration will be open from 12noon to 3pm only.

***REQUIRED** worker orientation for **ALL** workers is at 3pm.

***REQUIRED** camper orientation for **ALL** campers is at 4pm
(guys & girls will be split for orientation).

Dinner will be served at 4:30pm.

Depart Saturday, June 5th

Ages:

12-15 Teen Camp

15-20 Senior Camp

(15 year olds choose which camp they prefer)

One Week ~ Two Camps

All meals & evening services combined

Site:

Pinecrest Campground; Cherokee Pass, MO

Cost:

\$150 per camper

If \$25 deposit paid by 5/17

\$125 per approved worker (\$25 deposit due by 5/10)

All registrations are non-refundable & non-transferable.

Online Registration:

Save time! Register online @ www.moyouth.com

Don't Forget:

Campers need to bring own bedding and towels

Send all Camper application material to:

Youth Camp Registration

c/o Michelle Wickett; 1707 Roberta Dr.; Raymore, MO 64083

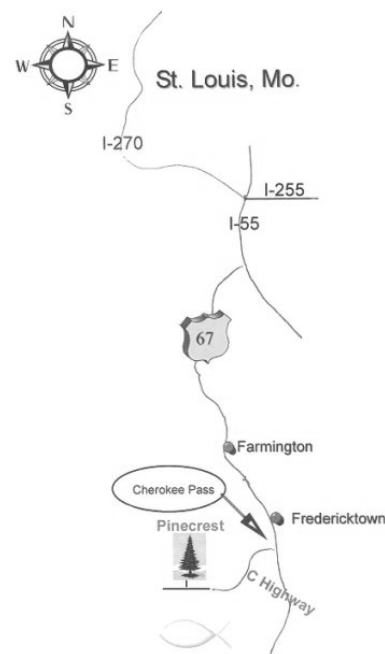
Send all Worker application material to:

Youth Camp Worker Registration

c/o Luke Levine; PO Box 995; Imperial, MO 63052

NEED MORE INFO? VISIT WWW.MOYOUTH.COM

How do I get there?



About Pinecrest

Pinecrest Camp and Conference Center is a 300 acre retreat center, set aside and equipped for retreats, youth camps, and other group activities. Located just five miles from Fredericktown, Missouri, which is adjacent to the Mark Twain National Forest.

www.pinecrestcamp.org



Please review rules
for new policy on
cell phones in 2010.

Save time
register
ONLINE @
www.moyouth.com

Missouri District United Pentecostal Church

Youth Camp Registration Information and Medical Release Form

Please mail this form and \$25 per camper deposit to: Youth Camp Registration;

c/o Michelle Wickett; 1707 Roberta Dr.; Raymore, MO 64083

DEPOSIT DUE BY MAY 17TH! \$175 per camper if deposit not received by 5/17*

***NOTE: \$25 deposit must be POSTMARKED & mailed by 5/17.**

****Any camper arriving at Youth Camp w/o this form filled out and signed will be denied admission to camp****

Camper's Name: _____ Age: _____ Sex: Male Female

Camp Teen (12-15) Senior (15-20)

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: () _____ - _____ Pastor's Name: _____

Mother/Guardian's Name: _____ Emergency contact #: () _____ - _____

Father/Guardian's Name: _____

Allergies, if any: _____

Date of last Tetanus injection, if any: ____/____/____

Please indicate if camper has any type of long term illness (ie: diabetes, epilepsy, heart condition, etc.)

If camper is currently taking any form of medication, please indicate the medication and include exact dosage instructions:

With signature below, I hereby give my permission for the above named child to be given emergency treatment by a staff member of Missouri District Youth or Pinecrest Campground and/or other certified medical personnel. I give permission to transport my child to any offsite activity, and for medical treatment by medical personnel in case of an emergency or serious illness. I agree to hold Missouri District Youth, Pinecrest Campground, and any staff/medical personnel harmless. I further agree to assume full responsibility for any & all expenses which may incur for any needed medical treatment.

Photography and videos will be taken during camp, and due to this fact, I understand that my child may be included in these photos and/or videos. My signature below allows these photos/videos to be used in the camp promotional video and/or used for any camp promotional purposes.

I signify that my child and I have received a copy of the camp rules and my child has agreed to adhere to such rules. I understand that if my child is sent home due to lack of compliance to the camp rules, no refund will be provided.

X _____

Parent/Guardian Signature Only

As pastor of this young person, my signature signifies that I have reviewed the camp rules, completed the camp registration form and recommends this camper be accepted.

X _____

Pastor's Signature Only

I have reviewed and I agree to abide by all camp rules and show a spirit of obedience and cooperation. I understand that my failure to do so will result in my immediate dismissal from the camp.

X _____

Camper's Signature Only





Camp Rules 2010 (*NEW RULE #19)

1. Campers are not permitted to leave the ground without permission from the Camp Director or his delegated representative.
2. No campers are allowed inside of or sitting on vehicles.
3. Concerning the conduct of couples of the opposite gender, public displays of affection such as kissing, hugging, holding hands, or any other action not conducive to good, Christian conduct will not be allowed. Couples are to remain in approved areas of the campus designated by the camp staff at all times.
4. All campers must attend and be prompt at all meals and meetings unless excused by the Camp Director or his delegated representative.
5. All registered campers are required to wear their name badges at all times excluding times of recreation.
6. Campers are not to enter another's living quarters except by permission of the Camp Director or a counselor of that living quarter. Boys are not permitted to enter the area of the girl's living quarters, nor vice-versa.
7. Being that youth camp is a place where we come to focus on our relationship with God and with other Apostolic young people, no camper or counselor shall have in their possession at any time: knives, guns, weapons, fireworks, drugs, tobacco products, alcoholic beverages, televisions, and any kind of electronic games or media, etc.
8. Vile, rude, or profane language is prohibited.
9. All should give respect to the camp grounds, buildings, and facilities. Anyone defacing or destroying property must pay the damage incurred.
10. Campers are permitted only in designated areas.
11. Every camper, counselor, and staff member must be responsible for his or her own bedding, bed, clothing, luggage, and personal belongings.
12. Athletic equipment and facilities are under the control of the Recreation Director and may be used as specified by him.
13. Campers and counselors are required to stay in their living quarters each night, from the time of "lights out" until time to rise, except for emergency. No change or switching of bed assignment is allowed without previous consent of the Camp Director or designated authority.
14. It is required that everyone dress modestly and groom themselves neatly at all times, with no makeup or non-functional jewelry. No clothing with vulgar, distasteful, or suggestive logos, pictures, or slogans is permitted. No clothing that is revealing or form-fitting can be worn on the campground at any time.

Girls: Dresses or a skirt and blouse must be worn, with dress or skirt length below the knee; no sleeveless clothing, cap sleeves; no low necklines; no thin or see through clothing, including T-shirt type material; no dresses or skirts with slits that go above the knee. Shoes must be worn outside of the dormitories.

Boys: No facial hair; sideburns no longer than the middle of the ear; a neat and masculine haircut as follows - no hair covering any part of the ears, hair not to hang over the top of the collar. No shorts allowed. Regular slacks or jeans must be worn; wind pants and/or sweats will be only permitted during recreation. Shoes must be worn outside of the dormitories.
15. Those who fail to sign all requested forms will be sent home.
16. In the event of an unspecified situation not addressed by these rules, it shall be the responsibility of the Camp Executive Committee to make a discreet decision concerning the matter.
17. Any areas of disciplinary action that occur or may be deemed necessary will be referred to the Youth Camp Executive member designated to be in charge [District Superintendent, District Secretary, Youth/Sunday School Department President, Youth/Sunday School Department Secretary, or Youth/Sunday School Department Promotions Director]. The camp reserves the right to reject or dismiss any applicant [camper or counselor] not complying with the camp rules or who is deemed to have questionable character.
18. Only registered campers will be allowed on campus during daytime camp activities. Evening services are open to everyone.
19. ***NEW RULE—NO CAMPERS ARE PERMITTED TO BRING ANY HANDHELD ELECTRONICS; this includes all cell phones, iPods/mp3 players, DVD/CD players, computers, games, etc.** Any campers (teen or senior) who bring the above items to camp will be required to turn them into the camp office. They will receive them back on Saturday morning before departure. **NO EXCEPTIONS.** There will be telephones provided for campers to use in case of emergencies only. Parents will also receive contact phone numbers in case of emergency. **NOTE:** Campers bear SOLE responsibility for any lost or stolen electronics. For this reason we ask that you leave them at home. We will not be responsible for them.
(Cameras are permitted; cell phone cameras are not.)





CAMP WORKER REGISTRATION PACKET

Dear Worker,

We would like to thank you for your interest in being a part of MO Youth Camp. We feel it is one of the premier youth camps in our fellowship.

Pinecrest campground charges us \$125 per worker for housing & meals. In turn, we are asking our workers to cover this expense.

If you wish to work this camp, please complete ALL forms and **POSTMARK** them **NO LATER** than 5/10/10 along with a \$25 deposit. Deposits are non-refundable & non-transferable. Incomplete forms or applications without deposits will not be considered. Workers are required to work the entire week and asked to stay onsite during this time.

NOTE: No worker's child under 12 will be allowed to stay in the dorms. If you plan to work & have small children, please make other arrangements for them during the week of camp.

NOTE: There is a **REQUIRED** worker meeting Monday, May 31st at 3pm. Each worker must be present.

Please complete the following

- Part 1:** Worker Application
- Part 2:** Pastoral Reference (Your pastor may send this separately)
- Part 3:** Background Check
- Mail to:** Youth Camp Worker Reg; c/o Luke Levine; PO Box 995; Imperial, MO 63052

**PLEASE READ WORKER PACKET CAREFULLY
INCOMPLETE WORKER APPLICATIONS WILL NOT BE ACCEPTED**



Missouri District United Pentecostal Church
Youth Camp Workers Application
Due by 5/10/2010 along w/non-refundable \$25 deposit

NOTE: Application & \$25 deposit must be POSTMARKED & mailed by 5/10.

Part One

Please **PRINT** clearly and **POSTMARK** all worker application items by 5/10/2010 with \$25 deposit.
This application is incomplete without the Pastoral Reference Form & the MO State Child Abuse or Neglect Form.
 You **MUST** be 21 or older to be a camp worker. Incomplete worker applications will not be considered.

Name: _____ Sex: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: () _____ - _____ age: _____ Marital Status: Single Married

Pastor's Name: _____ Church City: _____

Email address: _____ (required)

Have you received the Gift of the Holy Ghost? Yes No If yes, what year? _____

Allergies, if any: _____

Date of last Tetanus injection, if any: ____/____/____

Please indicate if you have any type of long term illness (ie: diabetes, epilepsy, heart condition, etc.)

Please indicate the condition of your health Excellent Good Fair Poor

Are you willing to abide by the dress and conduct codes of our camp and follow the instructions of camp leaders? Yes No

Have you ever been convicted of; pleaded guilty to; no contest; for a crime other than a minor traffic violation, or are you now under charges for any criminal offense? A criminal conviction will not necessarily disqualify you from consideration.
 ____Yes ____No

If yes, please explain on a separate sheet of paper.

Have you ever been accused, charged, convicted or pleaded no contest to child abuse, molestation, or any crime involving any type of sexual misconduct?
 ____Yes ____No

If yes, please explain on a separate sheet of paper.

Have you ever been involved in the following activities:

Homosexual activity? ____Yes ____No Theft? ____Yes ____No
 Drug Addiction? ____Yes ____No Violent Anger? ____Yes ____No

If yes to any of these items, please explain on a separate sheet of paper.

With signature below I hereby give my permission to be given emergency treatment by a staff member of Missouri District Youth or Pinecrest Campground and/or other certified medical personnel. I give permission to transport for medical treatment by medical personnel in case of an emergency or serious illness. I agree to hold Missouri District Youth, Pinecrest Campground, and any staff/medical personnel harmless. I further agree to assume full responsibility for any & all expenses which may incur for any needed medical treatment.

Photography and videos will be taken during camp, and due to this fact, I understand that I may be included in these photos and/or videos. My signature below allows these photos/videos to be used in the camp promotional video and/or used for any camp promotional purposes.

I signify that I have received a copy of the camp rules and have agreed to adhere to such rules. I certify the above information is true and wish to be considered for this year's Missouri District Pentecostal Youth Camp. I further agree to participate in the required worker orientation.

X _____ X _____
 Worker Signature Only Pastor's Signature



**Missouri District United Pentecostal Church
 Youth Camp Workers Application
 Due by 5/10/2010**

NOTE: Application & \$25 deposit must be **POSTMARKED** & mailed by 5/10.

Part Two

PASTORAL REFERENCE

MAIL TO: MISSOURI DISTRICT YOUTH CAMPS ♦ PO Box 995 ♦ Imperial, MO 63052

Name of Applicant: _____

Pastor's Name: _____ Church City: _____

Dear Pastor,

The individual for whom you are completing this reference will be considered for serving at Missouri District Pentecostal Youth Camp this year. It is important to remember that this person will need patience and competence in working with young people in the camp environment. Your reference is necessary to complete the worker's application so please mail this form along with the first part of the application (completed by applicant) to:

Please evaluate the applicant in the following areas:

	<i>Poor</i>		<i>Fair</i>		<i>Average</i>		<i>Good</i>		<i>Excellent</i>
Emotional Stability	1	2	3	4	5	6	7	8	9 10
Personal Appearance	1	2	3	4	5	6	7	8	9 10
Moral Character	1	2	3	4	5	6	7	8	9 10
Personal Initiative	1	2	3	4	5	6	7	8	9 10
Cooperation	1	2	3	4	5	6	7	8	9 10
Respect for Authority	1	2	3	4	5	6	7	8	9 10
Personal Motivation	1	2	3	4	5	6	7	8	9 10
Leadership Ability	1	2	3	4	5	6	7	8	9 10
Consideration for Others	1	2	3	4	5	6	7	8	9 10
Personal Responsibility	1	2	3	4	5	6	7	8	9 10
Spiritual Development	1	2	3	4	5	6	7	8	9 10
Trusted with Children	1	2	3	4	5	6	7	8	9 10

How long have you known this person? _____

Is this person involved in your church's activities? Yes No

If yes, please explain: _____

Do you know of any health (physical and/or emotional) of which we should be aware in considering this person as a Youth Camp Worker? Yes No

If yes, please explain: _____

Would you recommend this individual, without exception, as a Youth Camp Worker? Yes No

If no, please explain: _____

X _____ / ____ / ____
 Pastor's Signature Contact Number Date

Missouri State Highway Patrol/Missouri Department of Social Services
REQUEST FOR CHILD ABUSE OR NEGLECT/CRIMINAL RECORD

TYPE OF SERVICE (Check only one) See reverse side for further instructions

(1) Name Search - \$5.00 (Criminal Record and Child Abuse Search)

(2) Fingerprint Search - \$14.00 (Criminal Record and Child Abuse Search)

(3) DFS Central Registry Child Abuse Search Only – No Charge

IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

→ APPLICANT'S NAME (Last, First, MI, Jr., Sr., II)

→ MAIDEN NAME DATE OF BIRTH (MM/DD/YY) STATE OF BIRTH SEX RACE

→ ALIAS NAME(S) SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER / STATE /

→ ADDRESSES FOR PAST 5 YEARS

STREET	CITY	STATE	STREET	CITY	STATE

→ Have you ever been charged / pled guilty to or been convicted or any criminal act in this state or any state?

YES (Complete section below) NO, I have not been charged / pled guilty to or been convicted or any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

→ Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in this state or any state?

YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report..

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

→ The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

→ SIGNATURE OF APPLICANT (REQUIRED IN INK) DATE

SIGNATURE OF CHILD CARE PROVIDER (Required in ink) DATE

TITLE OF CHILD CARE PROVIDER TELEPHONE

STATE AGENCY STATE VENDOR OR CONTRACT NO. (if applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> DYS
<input type="checkbox"/> DFS LICENSURE	<input type="checkbox"/> HEALTH CARE	<input checked="" type="checkbox"/> OTHER <u>Summer Youth Camp</u>

RETURN ADDRESS (REQUIRED ON EACH APPLICATION)
 Complete your mailing label below
 Confidential Mail

AGENCY NAME	Missouri Youth
ATTENTION	Luke Levine
ADDRESS	PO Box 995
CITY, STATE, ZIP CODE	Imperial, MO 63052

Youth Camp 2010 Checklist

- ✔ Register online or mail registration information & \$25 per person deposit by 5/17
Note: registration is non-refundable/non-transferable & space is limited
Camper Application & \$25 deposit must be **POSTMARKED** & mailed by 5/17.
- ✔ **Worker application** & items (*background check, pastoral ref., etc*) must be **POSTMARKED** BY 5/10.
All workers will be notified once they have been approved.
Please note: We are limited on the number of workers in 2010.
Workers registration fee is \$125; worker registration is non-refundable/non-transferable
- ✔ Review camp rules with group. **NOTE: NEW RULE** in 2010: Rule #19.
- ✔ Fill out camp tally forms
- ✔ Be sure to arrive at the campground Monday, May 31st before 3pm. *See page 1 for details.*

Download detailed schedule from www.moyouth.com

Questions?

Email Bro. Luke Levine, MO Youth Secretary, at llevine@moyouth.com

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