



SUMMER'S BEST 2 WEEKS

July 8th – July 19th



Thank you for applying to be part of the SB2W Team!

A background check, reference check and interview will be part of the application process.

Applications can be turned in to Bill, mailed to New Covenant or dropped off to the mailbox at the front of the church.

It is very important to look over the required dates.

You are REQUIRED to be at all dates and times listed!

If you have questions reach out to

Bill Lydon



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2024 SB2W Staff Application

PRIMARY LOCATION: New Covenant Fellowship, 1350 Five Mile Line Road, Penfield, NY 14526

ADDITIONAL LOCATIONS: Swimming and Swim Meet: Penfield High School. Track Meet: New Covenant Church.

Required Dates:

***Training Days:**

*Saturday training at church, Saturday June 15th 10am till ... (Food Provided)

*Sunday training at church, July 7th, Noon till...hopefully 4 (Food Provided)

***Camp Days:**

-Monday July 8th: 7:30 am till 5:30pm

-Tuesday July 9th: 8am-5:30pm

-Wednesday July 10th: 8am-5:30pm

-Wednesday July 10th: 5pm to 8am Oldest GIRLS Squad overnight at the church

-Thursday July 11th: 8am-9pm Family Camp Night (4:30pm-7:30pm)

-Thursday July 11th: 5pm to 8am Oldest BOYS Squad overnight at the church

-Friday July 12th: 8am-5:30pm

-Sunday July 14th: 9:30am-11:30am Camp Sunday at New Covenant Fellowship, service at 10:00am

-Sunday July 14th: "412" Youth Group @ New Covenant 5-7pm (campers going into 6th grade and older)

-Monday July 15th through Wednesday July 17th: 8am-5:30pm

-Tuesday July 16th: Track Meet 9:30am @ New Covenant Fellowship

-Wednesday July 17th: Swim Meet 3pm @ Penfield HS Pool

-Thursday July 18th: 8am-5:30pm, then staying to pick awards...around 9pm

-Friday July 19st: 8am-5pm, then stay to help clean up the church...around 6:30

-Friday July 19st: Camp awards at 3pm @ New Covenant Fellowship

Once camper letters are turned in and the church is clean on Friday you will receive your check!

*If you are willing to host a staff "Hang-Out" during the week after camp please contact Bill. These are not required but would be fun!



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STAFF REQUIREMENTS

SB2W is a paid position and we expect your attendance throughout the full day of camp and the numerous activities outside of the normal camp day. Please do not work any other jobs during both camp weeks as camp is demanding in physical, emotional, and spiritual ways and the campers deserve your very best. Similar to a mission trip you are not able to leave for jobs or other things, but you are required to be there for the entire time. Exceptions may be made for extreme family or personal emergencies. This sounds like a lot because it is! Having you present at all times will make camp run smoothly and the campers will appreciate it...if there is something that you know about ahead of time that can't be switched please inform Bill when you sign your contract. You will be a living example of Christ to the campers so being present is of utmost importance!

VALUES

The "I'm Third" motto: "God first, Others second, and I'm Third"

At SB2W we strive to emulate the "I'm Third" motto in every aspect of camp. Competition is one of the hardest areas of life to have an "I'm Third" attitude. We compete in everything we do at camp so we can practice that attitude in hopes that it would stick with us in all aspects of our life; in the way we act when we win or lose, in the way we serve one another, and in the way that we work hard at all things and not just those we excel at naturally. Ultimately, being "I'm Third" is a way to honor God with the way we live our lives.

CAMP STAFF

Supervision & care will be provided directly by our Senior Counselors who will lead a "squad" of around 10 campers (of the same gender and age range) for the duration of the two weeks in Bible study, competition, swimming and other activities. These Sr. Counselors have been selected for their love for kids, active walk with Christ, enthusiasm, and desire to give your child the best two weeks of their summer!

Supporting the Sr. Counselors are 1-2 Jr. Counselors (older HS students) per squad who assist with all squad activities. The Work Crew Bosses (adults) and Work Crew (younger HS students) set up the camp and add to the fun & excitement for the kids. Overseeing all of the camp activities are the Camp Directors.

THINGS TO BRING

Bible, Bag lunch, Water bottle, Swimsuit (one-piece suits for girls) and towel,
Athletic clothes & footwear, Sun Block, Sun Glasses if necessary, Hat, Cell phone can be kept in
pocket/bag

PLEASE LEAVE HOME

Jewelry, Shoes/flip flops/sandals/slides, Headphones/earbuds

SB2W'S ROMANS & GALATIANS

One exciting element of camp is the friendly competition between the 'Red Hot' **Romans** and 'Cool Blue' **Galatians** teams. In keeping the SB2W traditions going back to 1966, once one person in a family becomes part of the Roman or Galatian teams, all their siblings, parents, distant cousins, etc. are also part of that same team affiliation. Team affiliations do not change from year to year (though the eldest team loyalty does override in the case of a cross-team marriage). For new campers to SB2W, the team affiliation will be announced on the first day of camp with great excitement!



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*Please complete the following application and return to Bill Lydon or New Covenant Fellowship, 1350 Five Mile Line Road, Penfield, NY 14526 Applications are due by March 1st *First Come First Serve Basis**

SB2W Position Applying For (circle one):

Work Crew

Junior Counselor

Senior Counselor

Applicant's Name: _____ Nickname (if used): _____
 Age: _____ Date of Birth: _____ Height: _____ **Male** or **Female** (circle one)
 School: _____ Grade/Year (**Fall '24**): _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: () _____ - _____ h/w/c (circle one)

*T-Shirt Size (circle one):

Youth XS Youth S Youth M Youth L
 Adult S Adult M Adult L Adult XL Adult XXL

*Have you OR a family member ever attended a SB2W camp before? **Yes** or **No** (circle one)

If yes, what team were you/your family member on? **Roman** or **Galatian** (circle one)

Family member name & camp attended: _____

*Do you have any relatives attending SB2W as campers/counselors this term? **Yes** or **No** (circle one)

If yes, please list their names & ages: _____

*How did you hear about SB2W?

- I've been a camper in the past. If, you've been a camper/staff, how many summers: _____
- I saw SB2W advertised in the community or heard about at New Covenant Fellowship
- I was referred by a friend or family member. If so, who? _____

*How many years have you been part of any SB2W camp?: _____

***Age Group/Squad you would prefer, not a guarantee:**

(Pick first and second choice with a #1 & #2)

___ 4-6 yr olds ___ 7 & 8 yr olds ___ 9 & 10 yr olds ___ 11 & 12 yr olds ___ 13 & 14 yr olds



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AREAS OF INTEREST AND ABILITIES:

Mark a 1, 2, 3 or N/A for each Activity/Skill:

(1= Can lead/teach. 2= Can assist, 3= Could Support, and N/A= No experience or interest)

Basketball Baseball/Softball Volleyball Hockey Football Soccer
 Tennis Wrestling Tumbling Angle Ball Ultimate Frisbee
 Disc Golf Broad Jump Long Jump High Jump 50yd Dash
 Bible Teaching Arts and Crafts Nature Canoeing Archery
 Horse Back Running Track Meet Running Swim Meet Coaching (SR.
 Counselors) Refereeing (JR. Counselors) Which Sports: _____
 Swimming (Check level for S's): Small S Big S Super S Non-Swimmer: _____

FAMILY AND CHURCH BACKGROUND

Parents Names: _____

Describe your relationship with your parents: _____

Do you have any siblings? NO YES and their names/ages: _____

Describe your relationship with them: _____

What church do you presently attend? _____

Describe your church in a sentence: _____

LEADERSHIP EXPERIENCE

Describe your relationship with the Lord, your involvement with church, ministries, or Bible studies:



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Please list any past experiences with summer camps or working with kids (which camp, years worked, and your responsibilities): _____

What practical gifts/abilities/personality do you see yourself contributing to our staff?

Why would you like to be a part of the staff at Summer's Best Two Weeks?

GETTING TO KNOW YOU BETTER

Describe a situation in which you have taken leadership:



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Describe your habits of personal discipline regarding devotional life, physical condition, studies, etc:

Briefly summarize the Gospel as you would share it with someone who has never heard it:

REFERENCES

Peer Reference Name: _____ **Relationship to You:** _____

Email: _____ **Phone:** () ____ - _____ **h/w/c (circle)**

Employer/Coach Reference Name: _____ **Relationship to You:** _____

Email: _____ **Phone:** () ____ - _____ **h/w/c (circle)**

Pastor/Mentor/Other: _____ **Relationship to You:** _____

Email: _____ **Phone:** () ____ - _____ **h/w/c (circle)**

I hereby affirm that the above information is true and accurate to the best of my knowledge

Student Signature: _____ **Date:** _____



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2024 SB2W Medical Release

FORM REQUIRED for all campers, staff, and volunteers

Demographic Information

SB2W Role (circle one): Camper Youth Staff/Volunteer (under 18) Adult Staff/Volunteer

Last Name: _____

First Name: _____

Date of Birth (MM/DD/YYYY): _____ Male or Female (circle)

Cell Phone (Personal number, N/A if student does not have one): _____

Guardian Demographic Information (*COMPLETE if Under 18 Years*)

1. Primary Parent/Guardian/Emergency Contact Name: _____

Relationship to Child: _____ Cell Phone: () _____ - _____

Can we text this phone? Yes or No (circle) Other Phone: () _____ - _____

2. 2nd Parent/Guardian/Emergency Contact Name: _____

Relationship to Child: _____ Cell Phone: () _____ - _____

Can we text this phone? Yes or No (circle) Other Phone: () _____ - _____

Health Information (*ALL MUST COMPLETE*)

Physician Name/Office: _____ Physician Phone: _____

Dentist: _____ Dentist Phone: _____

Preferred Hospital: _____

Insurance Carrier: _____ Policy #: _____

Date of Last Physical: _____

No Allergies or **Allergies** (circle)

If Allergies, list type and reaction (medications & food-related):

Prescription or Daily Medications

Please list any medications you will take during camp or may need to take during camp: _____

*ANY medication needing to be stored or administered by camp staff *MUST* have a doctor's order and be provided by the attendee. (This includes over the counter medications)*



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<i>Please answer questions below to indicate if you attendee has or has ever had the following:</i>			
1	Within the last year, has the athlete sustained any injury which required medical attention or had any illness which required surgery or caused them to miss school or sports? If yes, please describe:	Yes	No
2	Has s/he had any contagious skin problems?	Yes	No
3	Does s/he have an ongoing medical condition? Please circle: Asthma, diabetes, seizures, Marfan's Syndrome, sickle cell trait or disease, other:	Yes	No
4	Does s/he have a life threatening allergy? Please circle: Medication, food, insect bite, pollen, latex, other:	Yes	No
5	Does s/he carry an Epi-pen (epinephrine)? Have they ever had anaphylaxis?	Yes	No
6	Has s/he ever complained of light-headedness, dizziness or fainted during or after exercise?	Yes	No
7	Has s/he ever complained of chest pain, tightness or pressure during or after exercise?	Yes	No
8	Has s/he ever complained of or been told by a health care provider that they have fluttering in their chest, skipped beats, or a racing heart? Have they ever had (Please circle): EKG, echocardiogram, stress test?	Yes	No
9	Has a medical professional ever denied or restricted his/her participation in sports for any reasons?	Yes	No
10	Has s/he been told that s/he has a heart condition or problem or any of the following? Please circle: High or low blood pressure, high cholesterol, implanted cardiac defibrillator (ICD), pacemaker, heart infection, heart murmur, or Kawasaki Disease.	Yes	No
11	Does s/he have a bleeding disorder?	Yes	No
12	Does s/he wheeze or cough frequently during or after exercise?	Yes	No
13	Has a health care provider ever said s/he has asthma or exercise-induced asthma?	Yes	No
14	Does s/he use or carry an inhaler or nebulizer?	Yes	No
15	Has s/he ever complained of getting extremely tired or short of breath during exercise?	Yes	No
16	Has s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had a concussion?	Yes	No
17	Does s/he ever have headaches with exercise or experience migraines at any time?	Yes	No
18	Has s/he ever had a seizure or been diagnosed with a seizure disorder?	Yes	No
19	Does s/he use a brace, orthotic, retainer, or other protective device?	Yes	No
20	Does s/he have any problems with his/her hearing or wear hearing aids/cochlear implant?	Yes	No
21	Does s/he have problems with vision or only have vision in one eye or wear protective eyewear such as goggles/face shield?	Yes	No

Health History (*ALL MUST COMPLETE*)

Additional Information you wish to share with camp staff to explain health history or other details (physical and/or emotional needs):



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Immunizations (Please attach a copy of your child's shot record OR list dates below)

TDap	MMR	Pneumococcal
Dtap	Hepatitis B	Varicella (Chicken Pox)
Polio	Haemophilus (Hib)	Other:

Health Consents (*ALL MUST COMPLETE-parent signature if student under 18*)

*I hereby give my child permission to use sunscreen (Check all that applies):

- Apply sunscreen by themselves
- Nurse may assist student in applying it to their arms, face, and neck

Parent/Guardian Initial: _____

*In the event I cannot be reached in a medical emergency, I hereby give permission to the health care team at the scene of the accident/emergency room to hospitalize, secure treatment and order injections, anesthesia or surgery.

Parent/Guardian Initial: _____

*In the event of an accident resulting in injury or death, I do not hold New Covenant Fellowship of Rochester, its volunteers, or employees liable.

Parent/Guardian Initial: _____

*I agree to the above and hereby grant permission for _____
(student's name) to participate in SB2W day camp. I hereby grant permission for the student named above to appear in photos taken by camp officials that may or may not be posted to the camp website (no names will be used). The student named above may participate actively in the total program, except as follows:

Parent/Guardian Signature: _____ **Date:** _____