



Kenbrook Bible Camp
190A Pine Meadow Road
Lebanon, PA 17046
Phone: (717) 865-4547
Fax: (717) 865-0995
E-mail: info@kenbrook.org

2010 Krew Application

Name _____ Phone (____) _____
E-mail _____
Home Address _____
Age _____ Sex _____ SS# _____ - _____ - _____
Birthday _____ / _____ / _____ Current Year in School _____
Parent(s) Name(s) _____
Phone where parents may be reached while at camp (____) _____
Local Church where you attend _____
Pastor's Name _____ Phone (____) _____
Tee-shirt size _____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult XL _____ Adult XXL _____

Indicate your *preferred* area of service:
Kitchen _____ Maintenance _____

In order for the Krew Program's **two-week** discipleship curriculum to be effective, applicants must commit to serving the entire two weeks in order to be a part of Krew. Due to the overwhelming response for this program, applicants who are able to serve a full session consisting of two consecutive weeks will have priority over those who cannot.

Session I _____ June 13-18 (age 14-18); June 20-25 (age 8-9)
Session II _____ June 27-July 2 (age 10-11); July 4-9 (age 10-11)
Session III _____ July 14-16 (age 6-8); July 18-23 (age 12-14)
Session IV _____ July 25-30 (age 12-14); August 1-6 (age 8-18)

PLEASE COMPLETE THE FOLLOWING QUESTIONS. USE ADDITIONAL PAPER IF NEEDED

1. Why did you apply to serve at Kenbrook this summer? What made you decide between kitchen and maintenance?
2. Describe the kinds of responsibilities and chores you have in and outside of your home:
3. What types of tools, machines, or appliances have you operated?
4. What do you hope to get out of your time at Kenbrook?

5. Please share where you are currently at in your relationship to the Lord and how you would like to see it grow throughout your experience on Krew:

6. Please answer the following questions with honesty and integrity:

- a. Are you a user of tobacco? _____
- b. Are you a user of alcohol? _____
- c. Are you currently using illegal drugs of any kind? _____
- d. Do you have any homosexual tendencies _____

7. The work of Kenbrook Krew involves considerable walking, lifting, and the use of various kinds of equipment. Is there any reason why you would be unable to perform these tasks? YES _____ NO _____

If yes, please explain:

Having a physical disability does not automatically prevent someone from serving on the Kenbrook Krew. However, it is important that we know of any special needs or limitations you may have so we can determine appropriate assignments and whether or not reasonable accommodations can be made to help you perform the essential functions of the job.

ORIENTATION: Please choose one time slot you will be attending for orientation, which is **mandatory** unless you have extenuating circumstances that absolutely cannot permit you to attend.

_____ I will be attending the morning session, June 5th from 10:00am-11:30pm.

_____ I will be attending the afternoon session, June 5th from 1:00pm-2:30pm.

_____ I cannot attend Open House because _____.

REFERENCES:

Applicants must distribute **TWO** reference forms along with two self-addressed stamped envelopes to Kenbrook (*do not use relatives as a reference*). **One reference MUST be your pastor, youth pastor or a spiritual mentor.** We *cannot* complete the processing of your application until both references have been received.

SIGNATURES:

I recommend this applicant for the Krew program and attest that he/she is an active member of the church and/or youth group. To the best of my knowledge I believe that he/she will serve as a good example to the campers and fellow Krew and strive to be Christlike in all things.

_____ I prefer to discuss this further on the phone. Please give me a call (phone number: _____).

PASTOR/YOUTH PASTOR SIGNATURE _____ DATE _____
 CHURCH NAME _____ CHURCH PHONE _____

If accepted to the Kenbrook Krew program, I agree to cooperate fully with the policy and program of the camp and to complete work assignments that are given to me to the best of my ability.

APPLICANTS SIGNATURE _____ DATE _____

PARENTS: I have read the description of the Krew program as found in the 2009 Summer Brochure as well as the “Krew Job Description” and give my permission for the above named person to participate.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

MAIL TO:
 Kenbrook Bible Camp
 190A Pine Meadow Road
 Lebanon, PA 17046



KREW
Reference Form

To the Applicant:

Please enter your name and position applied for in the space below. Please provide a stamped envelope addressed to “Krew References, Kenbrook,” for each form. It is your responsibility to see that forms are distributed and returned to the camp.

To the Reference:

The person named below has given us your name as someone who can tell us something of his or her past performance and personality. Please complete the questions as fully and honestly as possible. Your opinions will become part of the applicant’s confidential file. Return form to Kenbrook in envelope provided by the applicant.

Name _____ Position Applied For _____

The above named applicant has applied for a position on the Kenbrook Krew team. Each member of Krew will serve an approximant two week session where he or she will serve in areas such as food service, maintenance, programming and the camp office. It is our hope that by serving on Krew, each student will have the opportunity to learn what servant leadership is all about and to be transformed by the relationships that they will encounter both behind the scenes with their peers as well as the Krew Directors. Please evaluate the applicant as you have seen them live and perform in the routine of daily living. Your feedback is appreciated tremendously!

Name of Referent _____ Date Completed _____

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

Please check your perception of the applicant:

1. Responsibility Excellent-follows through on assigned tasks with diligence
 Good-follows through on assigned task
 Average-usually follows through on assigned tasks
 Poor-needs to be told what to do

2. Initiative Excellent-will look for things to do
 Good-will do things that need to be done
 Average-will do the obvious if there is need
 Poor-needs to be told what to do

3. Industry Excellent-puts forth the extra mile for excellence
 Good-dependable worker-will put in an honest days work
 Average-works enough to get by
 Poor-lazy

4. Leadership Excellent-a leader of leaders-consistently positively influential
 Good-contributes positively
 Average-a contributor
 Poor Passive, observing and indifferent, or Negatively influential

5. Emotional Excellent-exceptionally stable and consistent regardless of situation
 Stability Good-well balanced and stable in most situations
 Average-usually well balanced
 Poor Excitable, or Unresponsive

6. Judgment Excellent-consistently makes wise decisions
 Good-makes good decisions in most situations
 Average-only in optimal situations makes good decisions consistently
 Poor Hasty, or Indecisive

- 7. Motivation Excellent-highly self-motivated
 Good-effectively motivated
 Average-usually purposeful
 Poor-purposeless

- 8. Cooperation Excellent-deeply sensitive to others, to all
 Good-generally concerned for others
 Average-cooperates when it is convenient or when they are agreeable
 Poor-difficult to work with

- 9. Integrity Excellent-extremely high values and consistently trustworthy
 Good-generally honest and true
 Average-generally honest but may stretch the truth
 Poor-questionable at times

- 10. Personal
 Appearance Excellent-very sharp and gives an excellent first impression
 Good-well groomed and gives a good first impression
 Average-gives an average first impression
 Poor-neglects fine detail, careless, sloppy

- 11. Communication Excellent-very articulate, can communicate to all groups clearly
 Good-gets the thought across very well to most groups of people
 Poor-has a hard time getting the thought across

- 12. Sociability (Mark all that apply to the applicant)
 Gregarious, life of the party, known by all, knows everybody
 Steady, consistent, not given to mood swings
 Analytical, reflective, contemplative
 Amiable, loyal, devoted, friendly
 Expressive, animated
 Withdrawn, a loner
 Timid and shy
 Confident, self-assured
 Brash and arrogant
 Blunt and up front
 Hard to read
 Tentative, self-conscious
 Entertaining

1. How does the applicant view authority? _____

2. What do you consider special about the applicant? _____

3. How would you describe the applicant's Christian commitment? _____

4. What one challenge would you give the applicant for their personal growth? _____

6. I prefer to discuss this further on the phone. Please give me a call (phone number: _____)

7. I Highly recommend Recommend Recommend with reservations Do not recommend the applicant

Signature _____ Date _____
 Name _____ Phone_(_____) _____
 Address _____
 City _____ State _____ Zip _____
 Employer _____ Position _____

Thank you very much! Please send this reference form to:
 Krew References, Kenbrook, 190A Pine Meadow Road, Lebanon, PA 17046



190A Pine Meadow Road • Lebanon, PA 17046
(717)865-4547 • (717)865-0995 fax
info@kenbrook.org www.kenbrookyouth.org

Kenbrook KREW and C.I.T

Important Information and What to Bring

Thank you for registering your son/daughter as a Kenbrook Krew Camper or C.I.T.! We look forward to caring for him/her and doing everything possible to make sure he/she has a wonderful camp experience. This information should help you and your son/daughter with preparation for camp.

FORMS: Please complete and mail in the following WITH your application for Krew or CIT: **Health History, Consent and Release Form, Parent Questionnaire, and Departure Release form.** These forms accompany your application for Krew or CIT. **All forms must be received with the application before your application will be processed!** *PLEASE NOTE: If the Krew or CIT participant is also registering ONLINE for a Resident Camp, DZX Camp or Venture Out Trip for the same summer he or she is applying to be a Krew or CIT participant, forms will have already been completed online. The only form needed will be an additional departure release form.*

OPEN HOUSE is mandatory for all Krew and CIT participants. Please be sure to select one of the following orientation sessions to attend on the application: 10:30am-12:00noon **OR** 1:00pm-2:30pm.

INCOMING CAMPERS: Check in for **Krew & CIT** campers is held at the gymnasium between **2:00 and 2:30 p.m. on Sunday.** The only exception to this is for **Adventures Camp** check in which will be held at the **gymnasium on Wednesday, July 14 from 2:00-2:30pm.** Due to staff time-off and in-service training, **we cannot register anyone before 2:00 pm.** If an emergency situation forces you to register early, you must call ahead to make special arrangements. If you anticipate being quite late, please let us know.

LEAVING CAMP EARLY: Leaving camp early is strongly discouraged since it deprives the camper some of the best times of the week. If it is essential for your child to leave camp prior to Friday at 6:30 p.m., please let us know at the time of check-in so we can make the necessary arrangements.

CHECKING OUT: After dinner we have a closing program from 6:00-6:30 p.m. that highlights some of the week's events. Campers are dismissed at the close of this program at 6:30pm. Please be sure to pick up your son/daughter by 6:45pm Please be sure to complete Departure Release Form below indicating who will pick up your son/daughter and return it to camp no later than two weeks prior to your son/daughter's arrival. When you sign out your son/daughter, we will return any unused medication and leftover spending money. All Krew and CIT participants **MUST** go home over the weekend and are not permitted to stay at Kenbrook in between his or her weeks of service.

SPENDING MONEY: Most campers bring \$10-\$20 per week to spend in the Camp Store. The Camp Store stocks beverages, snacks, Kenbrook clothing, stuffed animals, and various keepsakes. You may wish to purchase the more expensive items when you are with your son/daughter at check in or after the closing program.

CAMPER HEALTH AND SAFETY: We make every effort to ensure your son/daughter's health and safety while he/she is at camp. When you sign in, the nurse will review your son's/daughter's medical form with you. *Please send the medical form to camp no later than two weeks prior to your son/daughter's arrival. You must fill out and sign this form annually.* All medications (prescription and non-prescription) must be given to the nurse and will be dispensed by him/her during the week (exceptions may be made for inhalers and topical creams). The nurse's primary responsibilities are to care for chronic medical conditions, acute illness and injury, and to ensure safety for all campers and staff. Therefore, we discourage parents from sending medications which are not for a specific, diagnosed medical condition, since dispensing them often takes an inordinate amount of the nurse's time. Please leave over-the-counter medications such as Tylenol at home. These are available from the nurse as needed. If your child is exposed to any communicable diseases within three weeks of their scheduled arrival at camp, please call camp before coming. If your son/daughter is sick when he/she is due at camp, you may try to reschedule his/her week.

INSURANCE COVERAGE: While we strive to provide the best safety supervision possible, should an accident occur or your child need medical attention for an accident, your family insurance will be billed as the primary insurance. Whatever may not be covered by your insurance (including any deductible), may, upon written verification that you have submitted it to your insurance, be submitted to our insurance carrier for consideration and possibly covered under the provisions of our insurance. Kenbrook insurance does not cover illnesses.

FOOD AT CAMP: Please do not send snacks to camp with your son/daughter. Our cooks will work hard to provide well-balanced meals, and your son/daughter can purchase snacks at the Camp Store every afternoon. Extra food at camp not only ruins appetites, but it is also a boon to the chipmunks, mice, and squirrels that we try to keep out of the cabins! We are quite willing to accommodate health-related dietary needs. Please speak with the camp nurse, and he/she will relate your son/daughter's needs to the cook.

HOMESICKNESS & TELEPHONE CALLS: You can do a lot to minimize homesickness before your son/daughter even leaves home. Assure him/her you will write to them, and let them know that you are certain that they will have fun at camp. We strongly discourage phone calls because they often make homesickness worse and they disrupt the busy camp schedule. *Please do not tell your son/daughter that they can call you whenever they are feeling homesick.* The camp director **will** call you if your son/daughter is struggling with homesickness or some other problem. Together we can determine how best to meet your son/daughter's needs. If you have extenuating circumstances at home that you think will warrant a mid-week phone call to your son/daughter, please make prior arrangements with the camp director.

WHAT TO BRING: For a specific list of what to bring, please go to the week of camp at which your child will be serving on Krew or as a CIT and click on the **'Download Forms'** button to review the **"What to Bring"** list.



DEPARTURE RELEASE FORM

To assure your child's safety, we will release your child to only the person(s) you designate.

Camper's Name _____

Person picking up the Camper _____

(ONE name only)

Home Phone (_____) _____ - _____ Cell (_____) _____ - _____

Alternate Person to pick up camper _____

(ONE name only)

Home Phone (_____) _____ - _____ Cell (_____) _____ - _____

Please choose from the following:

_____ My child will depart after the closing program (6:00pm-6:30pm for program).

_____ My child will need to depart before the closing program.

(Please specify date and time of early departure.)

Date: _____ Time: _____

Parent or Guardian signature: _____ date: _____

Please Complete and Return by email, mail, or fax **with your initial registration** to the following address:

Kenbrook Bible Camp
190A Pine Meadow Road
Lebanon, PA 17046
717-865-4547
717-865-0995 Fax

info@kenbrook.org
www.kenbrookyouth.com





Kenbrook Bible Camp
190A Pine Meadow Road
Lebanon, PA 17046
Phone: (717) 865-4547
Fax: (717) 865-0995
e-mail: aglovier@kenbrook.org

Parent Questionnaire

Dear Parents,

Your child will be coming to Kenbrook Bible Camp to live in a cabin or tent with other boys and girls their age and with a well prepared counselor of high caliber. By filling out this questionnaire, you will assist us in properly guiding your child while he/she is at camp. Thank you for taking the time to inform us of your child's needs. If there is anything of confidential nature please do not hesitate to call 717-865-4547 and speak with the Camp Director privately.

If you are registering by mail, this form MUST accompany your registration form.

If you have registered ONLINE, you have already completed this form.

Camper's Name _____ Dates of Camp: _____

Has he/she been away from home alone for more than two days? _____

Who lives at home with him/her? Please list names and relationship to the camper (include age of siblings if applicable):

_____	_____
_____	_____
_____	_____

Please describe your son/daughter's general personality and interests:

What would you like your son/daughter to receive from his/her experience at Kenbrook?

Are there any particular elements of your son/daughter's school or home life that might affect his/her time at camp?

Are there any specific concerns or apprehensions that you or your son/daughter have about him/her coming to camp?

Thank you for helping us to serve your son/daughter more effectively!

Signature of Parent of Legal Guardian: _____ Date: ____/____/____

IMMUNIZATION HISTORY: ARE ALL BOOSTERS CURRENT? _____

Please record the date (month and Year) of basic immunizations and most recent booster doses: **(please do not skip this section):**

Vaccines	Date of Last Booster
DPT [Diphtheria, Pertussis (Whooping cough), Tetanus] OR	
TD (Tetanus, Diphtheria) OR	
Tetanus* (BE SPECIFIC)	
Hepatitis B	
IPV (Inactivated Polio)	
MMR: Measles, Mumps, Rubella	
VAR: varicella (chicken pox)	
TB (Tuberculi)n	
Hib: Haemophilus Influenza Type b	

HEALTH INSURANCE

As part of our desire to be good stewards of the funds entrusted to us by God and to keep our fees as reasonable as possible Kenbrook’s medical insurance is considered secondary coverage to a camper’s personal medical insurance. Claims resulting from illness or injury while at Kenbrook must first be submitted to the camper’s personal medical insurance.

Please check the appropriate line below and complete the necessary information.

My son/daughter is covered by a medical insurance policy.
 Policyholder’s Name _____ Policy holder’s SSN _____
 Insurance Company Name _____
 Insurance Company Address _____
 City _____ State _____ Zip _____
 Insurance Company Phone Number _____
 Policy Identification Number _____

My son/daughter is NOT covered by a medical insurance policy.

The following statement must be signed for attendance.

I testify that the health history and insurance information on this form is correct so far as I know.

The camper listed on this form has my permission to participate in all camp activities except as noted. I understand Kenbrook Bible Camp will make every effort to contact me or the emergency contact I have listed in the event that my child requires medical attention beyond the scope of the Kenbrook Bible Camp nurse. I hereby give permission to Kenbrook Bible Camp to provide ongoing health care, to provide or secure transportation to medical facilities, to select medical personnel, and to order x-rays or routine tests and/or treatment for my child. I hereby give my permission to the physician selected by the Executive Director of Kenbrook Bible Camp to hospitalize, secure proper treatment for, and to order injection and/or anesthesia, and/or surgery for my child. This form may be photocopied.

Signature of parent or guardian _____ *Date* _____

KENBROOK CONSENT AND RELEASE FORM

1. **Activities.** I am fully aware that my child, while attending or participating in activities at or relating to Kenbrook Bible Camp ("Kenbrook"), will engage in activities which have a degree of risk and danger. These activities may include, but are not limited to, some or all of the following: group initiatives, low or high ropes activities, living completely out-of-doors, hiking on trails or off-trail through the woods and over uneven terrain, backpacking, camping at established or unestablished campsites, preparing and cooking meals, using canoes, kayaks, or rafts in still or moving water, climbing and rappelling on rockfaces, exploration of non-commercial caves, and a variety of other activities that can be hazardous.

2. **Consent.** I hereby give my child permission to participate in all the programs and activities of the camps he or she may attend. In the event that hikes, field trips, or camping trips are planned away from Kenbrook as part of the camp program, my child has my permission to participate. If my child has the option to do the Tree Climb (a roped ascent up a 30-foot tree), I hereby give my permission to participate should my child choose. If I have elected to restrict any of the activities of my child while at Kenbrook, I will provide Kenbrook in advance with a written expression of those restrictions, and advise my child of any such restrictions, including restrictions relating to diet, health or medical conditions, or physical activities.

3. **Publications.** I give Kenbrook the right to use, reproduce, copyright, and publish audio and pictorial images (including video) of my child to inform the public about Kenbrook including on Kenbrook's website. I hereby waive the right to approve the images or their eventual use.

4. **Release.** I release and indemnify Kenbrook and its agents, officers, directors, and employees from all liability, including liability associated with my child's injury or death, or loss or damage to property, resulting directly or indirectly from my child's attendance at and participation in Kenbrook and its activities, or from the exercise of the rights and permissions I have granted in this Consent and Release. I will not hold Kenbrook liable for any gross negligence (conduct that is flagrant and grossly deviates from the ordinary standard of care), but I reserve the right to hold the grossly negligent person fully and personally liable.

5. **Medical Treatment.** I understand it is my obligation to inform Kenbrook of any and all health considerations or medical conditions that could affect my child's participation in any Kenbrook activities. I understand that Kenbrook may not have medical personnel available at the site of the activity. I hereby grant permission to Kenbrook and its personnel to authorize emergency medical treatment, if deemed necessary.

6. **Certification.** I certify that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this legal instrument with binding legal effect. Intending to be legally and jointly and severally bound, I/we have signed below. The camper has signed below to join in this Release and Consent if the camper is eighteen or older. **I CERTIFY THAT IF MY CHILD HAS MORE THAN ONE PARENT OR LEGAL GUARDIAN, BOTH HAVE SIGNED BELOW.**

Name of child: _____
Signature of child if 18 or older/ Date

Date: _____
Signature of parent or guardian

Date: _____
Signature of parent or guardian