

2023 RMD KIDZ CAMP STAFF RECCOMENDATION FORM
(PERSONAL REFFERENCE – not a relative)

Applicant's Name _____ **Time known** _____

The applicant named above has expressed interest in volunteering for the RMD Kidz Camp this year. We are encouraging you to give us your honest evaluation of the applicant as you have seen him/her live and perform on a daily basis. All references are confidential and will not be discussed directly with the applicant. *Your feedback is greatly appreciated. Thank you!*

Responsibility

- Excellent Diligently follows through on all tasks
- Good Follow through on tasks
- Average Usually follows through on tasks
- Poor Sometimes follows through on tasks

Work Ethic

- Excellent Puts forth the extra effort
- Good Will put in a fair day's work
- Average Works enough to get by
- Poor Lazy

Leadership

- Excellent A leader of leaders
- Good Contributes positively
- Average Usually well balanced
- Poor Passive negative influence

Emotional Stability

- Excellent Exceptional, stable, consistent
- Good Well balanced on most situations
- Average Usually well balanced
- Poor Excitable, unresponsive

Judgment

- Excellent Consistently makes wise decisions
- Good Makes good decisions
- Average Makes fair decisions
- Poor Hasty decision, indecisive

Cooperation

- Excellent Deeply sensitive to others
- Good Generally concerned for others
- Average Cooperates when convenient
- Poor Difficult to work with

Integrity

- Excellent Consistently trustworthy
- Good Generally honest and true
- Average May stretch the truth
- Poor Questionable

Communication

- Excellent Articulates in all groups
- Good Usually gets thoughts across well
- Average Get thoughts across, may be hesitant
- Poor Difficulty in articulating thoughts

Initiative

- Excellent Will look for things to do
- Good Will do what needs to be done
- Average Will do the obvious
- Poor Needs to be told what to do

Motivation

- Excellent Highly self motivated
- Good Effectively motivated
- Average Usually purposeful
- Poor Purposeless

Commitment

- Excellent Their word is their bond
- Good Completes the commitments
- Average Follows through reluctantly
- Poor No follow through

Team Participation

- Excellent Outstanding group member
- Good Contributes positively in a group
- Average Usually contributes positively
- Poor Difficulty working in a group

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

Printed Name _____

Signature _____

Date _____

PLEASE Mail this completed form to the Camp Director by July 17th:
Laurel Church of the Nazarene - %Candace Tygart - PO Box 1088 - Laurel, MT 59044
Email: rmdkidzquiz@outlook.com Text/Call: 307-254-1969



August 7-11, 2023

Parent Waiver Form and Medical Release

Participants Full Name _____

PARENT (GUARDIAN) WAIVER and PERMISSION TO AUTHORIZE MEDICAL SERVICES

(Please read carefully and sign.)

I acknowledge that participation in RMD KIDz Camp 2023 involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activity described above (RMD KIDz CAMP 2023), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three -member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I hereby give permission for the participant named above to participate fully in the program except as noted in participant's application. In the event of illness or injury, I also give permission for the physician, dentist, or other health professional selected by the camp director to order such tests and treatments as are deemed necessary to safeguard the health of my child (the participant) and, in the event I cannot be reached in an emergency, I authorize the physician selected by the camp director to hospitalize, secure proper treatment for, and order injections and/or anesthesia and/or surgery for my child as named above. The camp nurse may administer over the counter medication as noted on camp registration.

Parent/Guardian Signature

Date

PERMISSION TO PHOTOGRAPH CAMPERS

As parent/guardian of the participant named on this registration form, I hereby give consent for my child's image to be included in a creation of a video tape production to be shared with other Nazarene Churches on the Rocky Mountain District. His/her picture may also be included on our District Children's Ministries Facebook pages and District website. I understand that this video may include 'still life' and/or 'video tape footage' of my child.

Parent/Guardian Signature

Date

**RMD Kidz Camp
Pastoral Recommendation Form**

Name of sponsor applicant: _____

Church: _____ Pastor: _____

Please complete the following, based on your personal knowledge and perception.

When did you first meet the applicant? _____

Is the applicant a participating member of your congregation? _____ Since? _____

Has the applicant ever worked for you in a volunteer or other capacity? _____

If yes, please describe: _____

Please describe your observations of the applicant interacting with children or you.

What strengths would this applicant bring to the camp? _____

What difficulties might the applicant have in fulfilling his/her duties?

Are you willing, without reservation, for your child (or any other child for whom you are responsible) to be under the applicant's sole supervision? _____

Do you consider this applicant a positive role model for children or youth? _____

Is this applicant dependable? _____

Is this applicant truthful? _____

Is this applicant responsible? _____

Do you know of any reason why this person should not be considered for this position?

By: _____

Pastor's Signature

Date

Complete by July 17, 2023 and send to:

Laurel Church of the Nazarene

%Candace Tygart

PO Box 1088

Laurel, MT 59044