



## Hiawatha Youth Leadership Team Application

We are glad you have shown an interest in being a part of the Hiawatha Youth Leadership Team. This is a great opportunity to develop your skills as a servant leader and bring those skills back to Roseville Lutheran Church. Applications and registration forms are due **Sunday, February 3**. Many youth have expressed an interest in leading at camp this year, so make sure to have your forms completed and turned in on time. Applications will be reviewed and everyone will be notified of the selections by Wednesday, March 20.

You can also complete this application online: [rlcweb.myshelby.org](http://rlcweb.myshelby.org)

Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Please complete all the following forms and return them to Michael Jordan by **Sunday 2/3**. You can also complete this online at [rlcweb.myshelby.org](http://rlcweb.myshelby.org). Those selected to be on the Hiawatha Youth Leadership Team (HYLT) will need pay **\$100** for the week at camp by May 17. This covers the cost of lodging, food, and transportation. If this will be a financial burden for your family, please let Michael know. Financial need is *NOT* a factor in determining HYLT members.



*Where there is no guidance the people fall, but in abundance of counselors there is victory.*

*~ Proverbs 11:14*



### **Leadership Team Prerequisites:**

- ❖ Attended Camp Hiawatha at least once. *If you have never attended camp before, but feel you would be a great leader, please talk with Michael.*
- ❖ Have been active in the High School youth program at least one year.
- ❖ Currently be in 10th grade or above.

### **Leadership Requirements & Job Description:**

- ❖ Attend Pre-Trip Leader Trainings on **May 12** (3 PM) & **June 9** (3 PM)  
*If you are unable to make these meetings, let Michael know when you apply.*
- ❖ Travel with the group and attend Camp Hiawatha: **June 16 - 21, 2019**
- ❖ Participate fully with your cabin; mentoring and modeling to others
- ❖ Lead a Bible Study, *Rubbaboo*, one day for your cabin group during the week
- ❖ As a team, lead a campfire one night during the week
- ❖ Lead at least one Grover or Journey each day
- ❖ Lead your cabin devotion, *Wattape*, one night during the week
- ❖ Be a welcoming presence to all those going to Hiawatha
- ❖ Continue leadership training and development throughout the following year
- ❖ Continue to be an active leader, role model, and participant with youth group

### **Leadership Qualities:**

- ❖ Growing Christian faith and theology
- ❖ Caring, welcoming, inviting, and affirming of all
- ❖ Eagerness and willingness to work as a team
- ❖ Live a clean life: drug and alcohol free

Name: \_\_\_\_\_

*Please legibly write concise answers to the following questions. This is not a test, but rather, these questions are designed to help us understand where God may be calling you to lead.*

*Use the back of this sheet or additional sheets if necessary.*

What interests you about being on the Hiawatha Youth Leadership Team?

Who are some of the people that have shared their faith with you or who have impacted your faith journey? Share how they did this.

How do you feel God has been at work in your life?

What are some skills and talents that God has given you? How do you see those being used at Hiawatha this summer and Roseville Lutheran Church in the coming year?

**First Time HYL T Applicants:** What are 3 of your favorite memories from camp?

**Returning HYL T Applicants:** What have you learned and how have you grown over the past year? How will that make you a better leader this year at Camp Hiawatha?

Name: \_\_\_\_\_

*Use this side to continue answering your questions if necessary  
and to note any of the leadership meetings you are unable to attend.*

## Voyageurs Lutheran Ministry Health Form

Please print clearly. This form will be copied. Use a separate form for each camper.  
Health information on this form is gathered to assist us in identifying appropriate care.

**This form should be returned to the RLC Office by May 1, 2019**

**Register Online: [rlcweb.myshelby.org](http://rlcweb.myshelby.org)**

Camper Name \_\_\_\_\_ Date / Camp attending 6/16 – 6/21  
Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_

Camper Address _____	Second Parent/Guardian _____
City/State/Zip _____	Home phone (if different) _____
Home Phone _____	Work phone _____
Parent/Guardian _____	Cell phone _____
Parent work phone _____	Emergency Contact Person _____
Cell phone _____	Phone _____

### Allergies: *(check those which apply to this camper)*

This camper has no known allergies

This camper has an allergy to the following food(s): \_\_\_\_\_  
Describe the reaction if this food is eaten and what is done to manage it: \_\_\_\_\_

This camper is allergic to the following medication(s): \_\_\_\_\_

This camper is allergic to the following: \_\_\_\_\_  
Describe the reaction and what is done to manage it: \_\_\_\_\_

### Diet: *Check those which apply to this camper. We will work meet any medical dietary restrictions but cannot cater to individual food preferences. Please call if you have a question about diet.*

This camper eats a regular, varied diet.

This camper eats this type of diet:  Gluten free  
 Semi-vegetarian (no beef or pork)  
 Vegetarian (no meat)  
 Vegan (no meat, eggs or dairy)

This camper is lactose-intolerant. Check one:  
 This camper uses a product like Lactaid and/or can self-manage the intolerance  
 This camper needs a lactose-free diet that includes no lactose in baked items

### Medication: *Provide complete information. Bring enough medication to last the entire session. ALL medication MUST be in original pharmacy containers and appropriately labeled.*

This camper does not take routine medication.

This camper takes routine medication (including vitamins) as follows (attach more information if needed):

Name of medication _____	Name of medication _____
Reason for taking _____	Reason for taking _____
Dosage _____	Dosage _____
When med is taken _____	When med is taken _____

The following medications (or generic equivalents) are on hand in our Health Center. They are used and dispensed as directed by our medical protocols. *Cross out those which your child should **not** be given.*

Acetaminophen	Benadryl tablets	Benadryl Cream	Ibuprofen
Cough drops	Alka-Seltzer	Tums	Cough Suppressant
Cold/Sinus Medicine	Eye drops	Chewable Tylenol	Children's Tylenol Cold
Desitin Cream	Aloe	Triple Antibiotic Cream	Hydrocortisone Cream

**Immunizations:** *(please provide the month and year)*

\_\_\_\_\_ DPT Permanent Shots (series of 3)  
\_\_\_\_\_ Tetanus Booster  
\_\_\_\_\_ Polio Immunization  
\_\_\_\_\_ MMR (Measles, Mumps, Rubella)  
\_\_\_\_\_ Hepatitis B  
\_\_\_\_\_ Haemophilus influenza b (Hib)

**Swimming Ability:**

\_\_\_\_\_ Non-swimmer  
\_\_\_\_\_ Beginner - minimal swimming skills; avoids deep water  
\_\_\_\_\_ Intermediate - comfortable in deep water

**General History:** *Circle "yes" or "no" for each statement*

Has/does the camper:

Have asthma/wheezing/shortness of breath? .....	yes	no	Have difficulty hearing? .....	yes	no
Have diabetes? .....	yes	no	Have problems with falling asleep/sleepwalking? .....	yes	no
Had seizures? .....	yes	no	Have a history of bedwetting? .....	yes	no
Have headaches/migraines? .....	yes	no	Typically make noises while sleeping?(snores, talks, etc)	yes	no
Have frequent ear infections? .....	yes	no	Usually get up an night to use the bathroom? .....	yes	no
Had chicken pox? .....	yes	no	Wear glasses, contacts or protective eyewear? .....	yes	no
Had mononucleosis in the past 12 months? .....	yes	no	Recently been taken off a medication? .....	yes	no

For girls: knows about menstruation and/or has a normal menstrual history.....yes no

**Please explain "YES" answers in the space below.**

**Restrictions:**

\_\_\_\_\_ I have reviewed the program and activities of the camp and feel my child can participate without restrictions.  
\_\_\_\_\_ I have reviewed the program and activities of the camp and fee my child can participate with the following restrictions or adaptations: **(Please describe below)**

**What have we forgotten to ask?** *Provide additional information about your child's health which may have been neglected on this form. Also, if there are life events or other things of which our staff should be aware regarding your child, please include them here.*

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance Information:** In the event that your child needs to be seen by someone other than our Health Care Manager, it is helpful for us to have insurance information to pass onto the treating hospital or clinic.

Insurance Company \_\_\_\_\_ Policy number \_\_\_\_\_

My child has permission to participate in all aspects of the program at Voyageurs Lutheran Ministry except as noted. I hereby give my permission to the physician selected by Voyageurs Lutheran Ministry to secure proper treatment, to hospitalized, to order injection, anesthesia, x-ray or surgery for my child as named above. Voyageurs Lutheran Ministry will make every effort to contact me if my child needs emergency medical-surgical treatment. I understand that my insurance has primary coverage and Voyageurs Lutheran Ministry insurance is secondary. I also give permission for any picture take of my child to be used for promotional purposes, including the VLM website and Facebook page.

**Parent or Guardian signature** \_\_\_\_\_ **date** \_\_\_\_\_