

Salvation Army Camping Newfoundland and Labrador



Timothy Program 2019

Dear Applicant,

Thank you for your interest in being a part of the Timothy Program. We are currently in the midst of preparing for another great camping season, and are waiting with much excitement and anticipation to see who we will have apply this year and the ways in which God will move this summer. The Timothy Program offers a very meaningful and rewarding experience as you grow and develop your leadership skills.

The Timothy Program is based on the relationship between Paul, Timothy and Titus in the Bible. Paul was a great leader and Timothy and Titus were his "leaders-in-training" so to speak. During your time in the Timothy program you will develop your leadership skills through group sessions on selected topics as well as the opportunity to interact with the campers, helping with the camping program including kitchen and other operational duties. The Timothy Program is a 2-tiered program which will have a 2-year duration. If you are accepted to come back to camp a second year as a Timothy the topics you previously worked on will be developed further. Thus, we will have people working on Year 1 and Year 2 concurrently. Please note due to staffing restrictions our Timothy Program will be **capped at 16 participants**.

To be part of this program we are looking for people who:

- Love working with children and youth
- Have a personal relationship with God and a desire to share it with others
- Have a good work ethic and willingness to learn
- Have a sense of humor, creative spirit and are **TEAM** players

The Timothy Program exists as an experience to grow the individuals participating both spiritually and mentally and to develop leadership skills and qualities. It is important that you understand and are willing to commit to the mission and purpose for which the Timothy Program exists.

Applications are to be filled out and returned to your local Corps. Be sure to complete the application clearly and entirely.
APPLICATIONS ARE DUE ON April 26, 2019.

Ministry units please send completed applications to Kristy_Moss@can.salvationarmy.org by April 26th. If you have any questions at any time about the application process, please feel free to contact Camp Director.

On behalf of the SANL Camping Team, we look forward to receiving your application.

Blessings,

Kristy Moss
Camp Director

Salvation Army Camping Newfoundland and Labrador



Timothy Program 2019 Application Form

TWIN PONDS CAMP AND CAMP STARRIGAN

Timothy's will have the opportunity to serve at both camp locations, consisting of sessions that will be carried out by our Timothy Program Coordinator.

All Timothy participants are expected to arrive at Camp Starrigan on July 14th between 12 noon and 1 p.m. Participants will stay on camp grounds for the duration of their 3 week program.

Session 1 begins Monday, July 15 and ends Friday, July 19 at Camp Starrigan

Session 2 begins Monday July 22 and ends Friday July 26 at Twin Ponds

Session 3 begins Monday July 29 and ends Friday August 2 at Twin Ponds

*All participants are to be picked up between 11 and 12 noon at Twin Ponds Camp on August 2nd

Those attending Twin Ponds Music Camp will be accommodated

Transportation between camps will be provided. However, transportation from home to the camp are the responsibility of the parent/guardian.

The Registration Fee For The Timothy Program Is \$243.48 + H.S.T. = \$280.00

The Timothy program is geared toward young people who have a desire to share Christ through their actions, and attitudes. They gain valuable leadership skills that will equip them for potential employment opportunities in the future.

Under the leadership of a Timothy Program Coordinator and with the help of the Program Staff, the three week program will give accepted applicants experience, responsibility and an opportunity to be a part of the camping environment.

A letter will be sent to those who have been accepted for the Timothy program. **Please do not forward payment until an acceptance letter has been received.** All applications must be submitted through local SA Corps.

Email Completed Applications to : Kristy_Moss@can.salvationarmy.org

Salvation Army Camping Newfoundland and Labrador



All Applicants Must be at Least 14 Years of Age by July 14, 2019

Personal Information		
Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:		City/Town:
Province:	Postal Code:	SA Corps:
Telephone:	Email:	
MCP:		

Parent/Guardian Signature

Date

Give a brief testimony of your Christian Experience:

In what ways have you had the opportunity to share your faith with others?

What motivated you to be a part of the Timothy Program?

General Qualifications

- Have a personal faith in God, which translates into a Christian lifestyle.
- Open and honest in your actions and interactions with staff and campers.
- Have a desire to share your faith with those you serve.
- A high Christian standard of male/female relationship is expected.
- Willingness to serve and work with integrity and accountability.
- Consistent commitment to the tasks you are assigned.
- Have respect for other people and their property.
- Complete online Armatus abuse prevention training.

Availability

- Full attendance is required for the three weeks as outlined.

Camping Standards

- Inter-Personal Relationships-Fraternization will be controlled and adherence to camp policy is required.
- No male staff member is allowed in the female staff quarters or cabins at any time and vice versa.
- Camp staff visitors will conform to camp policy.
- Profanity, off color language or graffiti of a suggestive nature will not be tolerated.
- Dress Code– Inappropriate or revealing clothing is not tolerated on campgrounds.
- In keeping with The Salvation Army standards and principles, smoking, drinking of alcoholic beverages or drug use will not be permitted on campgrounds. Violation of this rule by any staff person will result in immediate dismissal.
- Gambling in any form will not be tolerated.

To learn more about The Salvation Army Doctrine, Mission, and Values please visit:

www.salvationarmy.org

www.salvationarmy.ca

I have read the above mentioned Code of Conduct and agree to abide by its contents if I am accepted as a Timothy for the 2019 camping season.

I understand that my position means accepting responsibility, conducting myself with Christian beliefs and participating in camp activities. My goal is to minister to the children who attend camp and positively impact their lives through my beliefs, actions and attitudes.

Signature of Applicant

Date

References

Please include contact information for two people who will provide a reference for you. **Do not use family members.**

Your references should include a Corps Officer/Pastor and please ask another adult, such as a teacher, band leader, or a volunteer you have worked with.

Please note we only require the names and contact information for references. There are no other forms required.

Name:		Telephone:
Address:	City/Town:	Postal Code:
Email:		Occupation:

Name:		Telephone:
Address:	City/Town:	Postal Code:
Email:		Occupation:

I certify that the information given is true and complete to the best of my knowledge. I understand that any false or misleading information given in my application may result in dismissal. In the event of acceptance I understand also, that I am required to abide by all rules and regulations of the camp.

Signature

Date

Corps Use Only	
<input type="checkbox"/>	Parental Signature
<input type="checkbox"/>	Medical page completed and signed
<input type="checkbox"/>	Statement of Applicant for Work with Children and Youth completed
<input type="checkbox"/>	Corps Officer/Pastor Recommendation <input type="checkbox"/> Highly recommend <input type="checkbox"/> Recommend <input type="checkbox"/> I have some concerns
Corps Officer/Youth Pastor Signature: _____	
Date: _____	



Timothy Medical Form 2019
(To be signed by parent/guardian)

Personal Information

Last Name: _____ First Name: _____
 Birthdate (MM/DD/YYYY): _____ M F MCP: _____

Allergy Information

Specify Below	Reaction
Medication:	
Food:	
Insect Bites:	
Environmental:	

Do you/your child carry an Epi-Pen: Yes No Do you/they need help using the Epi-Pen: Yes No

Special Diet Requirements

Diabetic Lactose Intolerant Dairy Free Gluten Free Vegetarian Other: _____

Prescription Medications Brought to Camp

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

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Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

All prescription medication must be brought to camp in the original containers. A pharmacy label must be attached indicating child's name, medication name, dosage and instructions regarding when to be taken. **Medication pre-sorted in store-bought containers cannot be accepted.** Prescriptions must not be past expiration date. **If these requirements are not met, the child cannot attend camp.**

Non-Prescription Medications Brought to Camp

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Other Relevant Information/Special Needs

Medical Consent

To the best of my knowledge my child is in good health. I hereby give permission for my child to be administered the prescription drugs provided. I hereby give permission for my child to receive basic non-prescription remedies (i.e. Tylenol, cold medication, head lice treatment, antihistamines for allergic reactions, etc.) if deemed necessary by the camp nurse or first aid provider. In the case of a medical emergency, I hereby give permission for the Camp Director to arrange transportation for my child to the hospital for treatment and to notify my emergency contact/me of the same. I give permission for my child to be given a lice check before entering the campgrounds. I acknowledge that my child may be required to leave the camp if Camp Staff deems head lice condition is severe.

Signature: _____ Date: _____



CONFIDENTIAL

THE SALVATION ARMY
Canada and Bermuda Territory

**STATEMENT OF APPLICANT FOR WORK WITH
CHILDREN AND YOUTH**

Name: _____	
Last	First
	Date Submitted
Statement of Applicant: _____	
Armatus Completed: _____	
Police check: _____	

It is essential that The Salvation Army provide a safe and secure environment for children who participate in its programs and who use its facilities. To help achieve this objective, this Statement will be completed by:

- (a) Candidates to serve as Officers.
- (b) Officers, Auxiliary-Captains, and Envoys who may, by virtue of their responsibilities, be in proximity to children or youth in Salvation Army program activities.
- (c) Applicants for employment and volunteer positions in The Salvation Army (including Local Officers) which involve ongoing contact with children or youth.
- (d) Applicants for employment and volunteer positions, who may, by virtue of their job responsibilities, be in proximity to children or youth in Salvation Army program activities.

<u>Personal Information</u>				
Name: _____				
Last	First	Middle		
Other Surnames: _____ , _____ , _____				
Address: _____				
No. Street	City	Province	Postal Code	
Telephone Number: Home: () _____ Work: () _____				

Training For Work With Children and Youth

List formal education and on-the-job training. Briefly describe the extent and nature of this education/training and identify the institution which provided this education/training. Those in category (d), described above, are not required to answer this question. If you are in category (d), please mark an "X" in the following box and proceed to the question on the next page.

Reference Contact Name(s): _____

Prior Work With Children and Youth

List all positions which you have held as a volunteer or an employee, that involved working with children or youth. Provide the name of each organization; indicate the approximate dates during which you held each position; and identify your reason for leaving each position.

Reference Contact Name(s): _____

Criminal Record

Have you ever been convicted of an offense which involved the abuse or endangerment of a child or youth?
[You may answer 'No' if you were convicted of an offense for which pardon was granted under the *Criminal Records Act* (Canada).]

Yes _____

No _____

If yes, provide details of all such convictions: _____

Authorization

1. I hereby authorize The Salvation Army to conduct whatever searches it deems necessary, including a Police Records Search, to confirm that the information set out above is accurate and complete.
2. I hereby authorize The Salvation Army to conduct a search of all Child Abuse Registries in Canada to confirm that I am not listed as a child abuser.
3. I hereby agree that, immediately upon request, I shall provide The Salvation Army with whatever consent and authorizations is requires to conduct the searches that are contemplated in paragraphs 1 and 2 above.
4. I hereby authorize any individual or organization, including any organization which maintains a Child Abuse Registry, and their agents, employees and representatives, to provide The Salvation Army with any information which they have regarding my character and fitness for work with children and youth. I hereby release all such organizations and individuals from all claims, demands, actions, and causes of action whatsoever, which may in any way arise out of the provision of such information to The Salvation Army.

SIGNATURE OF WITNESS

APPLICANT

NAME (PLEASE PRINT)

DATE

DATE