



# ***ELEVATE Youth Camp***

## **July 19-23, 2010**

Enclosed you will find the information and forms you will need for Elevate Camp. If you need more forms, you may reproduce as many as needed. Forms are also available at [www.bscm.org/church\\_growth](http://www.bscm.org/church_growth).

Please mail your registrations, group list, and deposit by **June 21, 2010** to:

Bambi Lake Retreat and Conference Center  
P. O. Box 487  
Roscommon, MI 48653

The total cost of Elevate Youth Camp is \$200.00 per person.

*(There is a \$5.00 late fee for registrations after July 2, for a total of \$205.00 per person.)*

**Please read all information in this packet. It is important for you to be aware of all the forms and rules.**

Information Handouts: There are two information sheets for reproduction and distribution:

- *Information for Youth and Parents*
- *Elevate Policies*
- *Youth Camp Sponsors' Tips*

Adult Sponsor Screening Forms: Adult camp sponsors must be screened. This involves an interview by a church leader and completion of the following forms:

- *Application for Children's / Youth Ministry* – A new form is *not* needed if one has been submitted in the last two years (2008 or 2009). Please call the BSCM office to check if ALL forms have been received.
- *Release of Employment Records and Information*
- *Employer or Volunteer Agency Central Registry Clearance* – Have each sponsor fill in and sign on one line in Section 1 of this form. Fill in section 1 only. Each church needs only one form with all of the sponsors' names. Include a photocopy of a picture ID (such as a driver's license) for each sponsor.

Mail the completed interview questions and other sponsor forms by **June 21, 2010** to:

Elevate Camp – Baptist State Convention of Michigan  
8420 Runyan Lake Road  
Fenton, MI 48430

Other Forms: The following forms must be completed by each camper and sponsor and turned in at registration at Bambi Lake:

- *Bambi Lake Camp Health Certificate.*
- *Bambi Lake Photo / Video Release Form*

In addition to the above mentioned forms, you will also find enclosed:

- *Acknowledgement and Assurance* form – to be completed by any person responsible for transporting any of your group to or from Bambi Lake. Submit this form to Bambi Lake before leaving for camp; or take late forms to Bambi Lake with you and turn them in at registration time.

***All adult sponsors must receive camp training and orientation.*** A DVD will be provided for each church to conduct this training. If you do not receive the DVD within a week after you register, please contact Justin Miller or Bob Wood. Contact information is on page 3. **It is mandatory that all sponsors receive this training.**

## Reservations and Fees

- All fees apply to all those attending Youth Camp, youth and adult sponsors.
- Reservation deposits (\$20) are refundable. There are no discounts for more than one person from the same family. However, there are partial **scholarships available** for SBC churches in Michigan through our State Missions Offering.

## Youth Campers

Youth must be 12 years old and have completed the 6<sup>th</sup> grade. Age limit is 18 years, or those who have just graduated from high school. We cannot accept those who do not meet these qualifications. All youth must complete the appropriate health card. All medications must be checked in to the nurse at the Check-In Desk, with a list and schedule of times when medication must be taken.

## Adult Sponsors and Drivers

Elevate requires one (1) adult male every seven (7) boys and one (1) adult female for every seven (7) girls in attendance. Each church **must** send at least one (1) sponsor. Add an additional sponsor for every additional seven (7) students. If you have a problem finding sponsors, let us know and we will give you a list of churches that may be able to help care for your youth. You will be responsible for contacting that church and making those arrangements. We can no longer assign youth to sponsors from other churches. Rules for adult sponsors at Elevate must be adhered to.

- Sponsors must be 19 years of age or older.
- Sponsors must complete *Application for Children's/Youth Ministry, Release of Employment Records and Information*, and *Employer or Volunteer Agency Central Registry Clearance*. Mail to the BSCM office by June 21, 2010.
- **All adult sponsors must receive camp training and orientation.** A DVD will be provided for each church to conduct this training. If you do not receive the DVD within a week after you register, please contact Justin Miller or Bob Wood at BSCM. (Contact information follows.) **It is mandatory that all sponsors receive this training.**
- All sponsors must complete the following to be taken to Bambi Lake and submitted with your registration.
  - Bambi Lake Health Certificate
  - Bambi Lake Video/Photo Release Form
- Adult sponsors are trained and given assignments on Monday for the full week; therefore, they must stay the entire week. Latecomers would not know how to perform those duties.
- *Acknowledgement and Assurance Form* to be completed by any person responsible for transporting any of your group to and from Bambi Lake. Please return this form to Bambi Lake before leaving for camp; or take late forms to Bambi with you and submit them at registration time.

## Check-in and Check-out

Check-in will begin at the Lodge at 1:00 p.m. to allow plenty of time for room assignments and waterfront tests. Registration should be completed by 4:00 p.m. Room assignments are made by the Bambi Lake Staff. Only the Group Coordinator may register the group; others will stay in a designated area. Coordinator, please bring the following for your group:

- One check payable to: Baptist State Convention of Michigan
- Your name, church name, and names of your adult sponsors
- Registration cards for all of your group
- The total number of people registering for camp – a separate lists for males and females; listed by grade entering in the fall

You will receive important information regarding T-shirts and daily schedule. At this time, one of your sponsors who are familiar with Bambi Lake may acquaint first-time attendees with the location of the auditorium, dining room, etc.

After check-in, youth will turn in health cards and any medications to the camp nurse / health officer. Then they will go to the waterfront area for swim tests. Every person will be given a colored tag indicating level of swimming ability before they can participate in any water sports activity. The tags will be the entrance tickets to dinner. Dinner begins at 5:00 p.m.

Elevate concludes on Friday morning after the scheduled activities. Your group is expected to be present. Lunch will **not** be served on Friday.

### **State Coordinator, Camp Director, Camp Health Officer, and Lifeguard**

- There will be a BSCM State Coordinator and a Camp Director on campus during the week. Any emergencies, changes in your group, problems, etc. must be reported to the Camp Director or the BSCM State Coordinator as soon as possible.
- A camp health officer will be on duty 24 hours a day for emergencies and to dispense medication.
- A Lifeguard will be available at time of any water activities. Michigan state law requires that all campers be swim-tested before any water activities are done. All campers must have a colored tag.

### **The Executive Board of the Baptist State Convention of Michigan has established the following policies for Bambi Lake.**

1. No one is to leave Bambi unless the Bambi Lake Conference Center Director gives permission. Calls and visitors are discouraged. (Because Bambi is always crowded during Youth Camp week, Bambi staff has asked that no family, friends or visitors "drop in.") Only registered Youth Camp campers will be permitted to use the campground during Youth Camp.
2. Bambi is a Christian camp. Decent dress code is in order, especially for worship services. Girls should especially be reminded that no midriffs, low cut dresses (front or back) or strapless dresses of any kind should be worn at Bambi. It is sponsor's responsibility to see that your youth are dressed appropriately.
3. Sponsors will be responsible to maintain curfew. No one is permitted to leave Bambi at night. All participants must be in their rooms by 11:00 p.m. Everybody must observe lights out at 11:30 p.m. for the benefit of all campers and staff. Late night carousing is not permitted. Sponsors will be responsible to maintain curfew and **are not to leave their youth unattended.**
4. Room occupants will pay for damage done to rooms or the church will be billed. Participants failing to obey camp rules will be removed from camp.

### **Contact Information**

Justin Miller, BSCM Coordinator & Elevate Camp Director  
Pastor, Immanuel Baptist Church, Lansing, 517-882-4660, icorinthians924@yahoo.com

Bob Wood, Church Growth Ministries Team Leader  
Baptist State Convention of Michigan, 8420 Runyan Lake Road, Fenton MI 48430  
810-714-1907; Fax: 810-714-1955, bob@bscm.org



## INFORMATION FOR YOUTH AND PARENTS

### What you should bring with you:

- ✓ Bring bed linens, towels & extra towels for swimming. **LINENS & TOWELS ARE NOT PROVIDED**
- ✓ Bible, paper and pencils.
- ✓ Money for the balance due at Bambi Lake should already have been given to your Elevate Camp Coordinator.
- ✓ Money for a missions offering, refreshments, and souvenirs. You do not need a large amount of money.
- ✓ Bambi Lake is a Christian Camp. Appropriate attire is expected. Bring casual clothes and a one-piece swimsuit (no short shorts, bikinis, or midriffs). Blue jeans are acceptable any time so dress accordingly, especially in worship services. If you wish to participate in possible on-stage opportunities, you will need to bring long pants or a long skirt for the performance.
- ✓ Personal articles such as toothbrush, shampoo, etc.
- ✓ Camera
- ✓ A good attitude and expectations of having a wonderful, happy week.
- ✓ Openness to what God will do in your life this week.

### What you should not bring with you:

- ✓ No tobacco, alcohol, non-prescription drugs, firearms or any kind of a weapon, or fireworks. Any adult sponsor or youth caught with these will be sent home at church's expense.
- ✓ No water guns,
- ✓ No radios, MP3 players, CD players, etc.
- ✓ Please leave expensive items at home.



## ELEVATE POLICIES FOR YOUTH, PARENTS, AND SPONSORS

Based on years of experience at camp, we have developed the following policies.

1. Elevate will officially begin when you arrive at Bambi Lake on Monday. Elevate concludes before lunch on Friday.
2. The primary purpose of all adult sponsors is to partner with the Elevate Leadership Team to secure an environment for all the participants wherein Christ-like character and leadership may be nurtured and growth, health, and safety are insured.
3. Other adult sponsors' responsibilities include these:
  - a. All sponsors will be assigned as leaders or helpers on Monday, if not prior to the camp.
  - b. No sponsors may change teams or alter the program without the Director's permission.
  - c. Any sponsor who plans to be away from Elevate should notify the Director of their plans before they are assigned a responsibility.
  - d. All sponsors must stay with their teams during team activities.
  - e. All sponsors will attend all Bible Studies and all camp meetings unless cleared with the Director.
  - f. All sponsors will perform their assigned duties unless permission to substitute is given.
4. We encourage mail from friends and relatives to participants during Elevate. We suggest, therefore, that you write letters to your youth before camp and mail them so the youth can receive them while at camp. Mail all letters and send all information to:

(Name of Student) c/o Elevate  
Bambi Lake Retreat & Conference Center  
PO Box 487, Roscommon, MI 48653
5. There will be no tobacco of any form tolerated by adults or youth.
6. There will be no non-prescription drugs of any form tolerated by adults or youth. All medications must be turned into the health officer / nurse. The health officer / nurse will dispense all medication and/or first aid.
7. There will be no inappropriate physical contact by any worker or youth.
8. Our dress code for the week is as follows: Elevate is a Christian leadership experience, and Bambi Lake is a Christian campground. Decent dress code is in order, especially for worship services. No slogan shirts of a vulgar or suggestive style will be tolerated. Boys will wear shirts at all times when in public except for swim-time. Girls should especially be reminded that no midriffs, low-cut dresses (front or back), or strapless dresses of any kind should be worn. It is the sponsor's responsibility to see that your youth are dressed appropriately.
9. Total cooperation is expected from adults and youth alike. The Director reserves the right to send home any person who consistently reacts in negative fashion to policy.
10. What to bring: bed linens, pillow, towels (for bathing & swimming), washcloths, soap, personal items, Bible, flashlight, pen, and paper.
11. What NOT to bring: personal electronic entertainment items (such as radios, MP3 players, CD players, video games, portable TVs or DVD players), firecrackers, or any other types of noisemakers.



## YOUTH CAMP SPONSOR TIPS

1. Each sponsor should learn the names of everyone in their cabin/room and on their team.
2. Each sponsor will be responsible for their scheduled times for any assigned responsibilities.
3. Each sponsor must promote a good camp spirit:
  - a. Clap and “holler” for your team.
  - b. Encourage a slow or shy team member.
  - c. Lead in cheers for your team.
  - d. Be sensitive to teens’ needs on your team.
  - e. Be ready to break up quarrels among your team.
  - f. Be ready to sit among those who form “cliques.”
  - g. Think of ways to “pump up” your team in the competition.
4. Each sponsor **must** attend the sponsors’ meetings.
5. Each sponsor should be policeman or policewoman to help cut down on “little” problems. This will free the Camp Pastor and Camp Director for other duties.
6. Any bad attitude on the part of any sponsor should be kept in check until the time is available to talk directly to the Camp Director. **NO WRONG SPIRITS AMONG ADULTS WILL BE TOLERATED AT YOUTH CAMP. THIS CAMP IS NOT ABOUT US BUT THE TEENS!**
7. Each sponsor should spread out among the teens during Bible studies and worship.
8. There will be **no cabin switching** once assignments are made. There will be **no team switching** once assignments are made.
9. Sponsors will lead in a brief devotional time at the conclusion of the day in their cabin/room.
10. By Wednesday or Thursday, you will experience fatigue! Conserve energy when possible in order to be alert, awake, available, and ready to help teens in free times, Bible studies, and especially during worship times at night. We want these young people to have the best week of their lives!

**\*\*\*\*\*CONFIDENTIAL\*\*\*\*\***  
**Baptist State Convention of Michigan**  
***Application for Children's / Youth Ministry***

Please return completed form by **June 21** to:  
Elevate, BSCM  
8420 Runyan Lake Rd.  
Fenton, MI 48430

This application process is part of a comprehensive effort to provide a safer environment for the children and youth who attend Convention sponsored events. Please complete this application if you are requesting to minister with minor children in any capacity within the Convention.

***Please Print***

Position applied for: **Elevate Youth Camp 2010**

On what date/s would you be available? **July 19-23, 2010**

Minimum length of commitment: **Monday through Friday**

=====  
***Personal Information***

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you ever been known by any other name? \_\_\_\_ YES \_\_\_\_ NO If yes, please indicate.

Maiden Name \_\_\_\_\_ Other \_\_\_\_\_

Answering affirmatively to the following questions does not necessarily exclude you from service.

Have you ever been convicted of a criminal offense, with the exception of a traffic violation?  
\_\_\_\_ YES \_\_\_\_ NO

Have you ever participated in, been accused of, or been charged with or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? \_\_\_\_ YES \_\_\_\_ NO

Have you ever been the victim of emotional abuse while a minor? \_\_\_\_ YES \_\_\_\_ NO

Have you ever been the victim of physical abuse while a minor? \_\_\_\_ YES \_\_\_\_ NO

Have you ever been the victim of sexual abuse while a minor? \_\_\_\_ YES \_\_\_\_ NO

Do you have a current driver's license? \_\_\_\_ YES \_\_\_\_ NO

List state, number, and type of license \_\_\_\_\_



# Interview Questions

## Confidentiality is of utmost importance!!

1. Before setting up a time for an interview, be sure to have results of criminal background check (if applicable) and written responses from personal references. If personal/employer references refuse to give information, be sure to document that response in writing.
2. Review the application.  
Are all questions answered? \_\_\_\_\_YES \_\_\_\_\_NO  
Are there any questionable answers? \_\_\_\_\_YES \_\_\_\_\_NO  
If yes, ask applicant for more details. Explain.
3. Are the abuse questions answered? \_\_\_\_\_YES \_\_\_\_\_NO  
Are there any positive answers? \_\_\_\_\_YES \_\_\_\_\_NO  
If yes, ask the applicant how they have dealt with the situation and ask about their feelings now. Explain.
4. Ask applicant about current church involvement.  
Are you a member in good standing? \_\_\_\_\_  
How long have you been a member of current church? \_\_\_\_\_  
In what capacity are you currently serving? \_\_\_\_\_  
\_\_\_\_\_  
Do you know your spiritual gifts? \_\_\_\_\_
5. Do you have any health problems that we need to know of? \_\_\_\_\_YES \_\_\_\_\_NO  
Explain. \_\_\_\_\_
6. Describe your responsibilities as you see them if you enter this position? \_\_\_\_\_  
\_\_\_\_\_
7. How would you handle a discipline problem? \_\_\_\_\_  
\_\_\_\_\_
8. What do you see as your strengths? \_\_\_\_\_
9. What do you see as your weaknesses? \_\_\_\_\_

**Baptist State Convention of Michigan**

8420 Runyan Lake Road  
Fenton, MI 48430  
(810) 714-1907  
Fax (810) 714-1955

**RELEASE OF EMPLOYMENT RECORDS AND INFORMATION**

I, \_\_\_\_\_ recognize that the Baptist State Convention of Michigan, or those authorized by them, to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in this application and further authorize any such person or entity to provide the Baptist State Convention of Michigan with the information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the Baptist State Convention of Michigan and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize the Baptist State Convention of Michigan to conduct a criminal background investigation, if such check is deemed necessary. I release all parties from all liabilities for any damages that may result from the furnishing of said information.

A copy of this release shall be as valid as the original.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Signature \_\_\_\_\_

Printed name of the applicant \_\_\_\_\_

Date of birth of the applicant \_\_\_\_\_

Witness Signature \_\_\_\_\_

Printed name of the Witness \_\_\_\_\_

## EMPLOYER OR VOLUNTEER AGENCY CENTRAL REGISTRY CLEARANCE

INSTRUCTIONS: **All fields must be typed and completed for processing.**  
**Attach a copy of your agency badge OR fax cover that includes agency letterhead**  
**Attach a copy of each individual's picture identification.**

<b>SECTION 1</b>				
<b>Employee/Volunteer Information</b>				
<b>(Attach additional sheets if more rows are needed)</b>				

NAME (INCLUDING ALSO KNOWN AS NAMES)	DATE OF BIRTH	SOCIAL SECURITY NUMBER (IF KNOWN)	Phone #	SIGNATURE OF EMPLOYEE/VOLUNTEER

<b>SECTION 2</b>	
<b>Inquiring Employer/Volunteer Agency Name, Address, Phone and Fax Number</b>	

<b>Requesting Staff Name &amp; Title</b>	Robert Wood, Church Growth Ministries Team Leader
<b>Employer/Volunteer Agency Name</b>	Baptist State Convention of Michigan
<b>Employer/Volunteer Agency Address</b>	8420 Runyan Lake Rd, Fenton, MI 48430
<b>Office Phone</b>	810-714-1907
<b>Office Fax</b>	810-714-1955

<b>SECTION 3</b>	
<b>Sign, Date, and Mail or Fax this Form to the Address Below</b>	

<p><b>In-state requests:</b></p> <p><b>Contact the local DHS office.</b></p>	<p><b>Out-of-state requests:</b>  <b>Michigan Department of Human Services</b>  <b>Children's Protective Services</b>  <b>P.O. Box 30037</b>  <b>235 S. Grand Avenue, Suite 510</b>  <b>Lansing, MI 48909-8150</b>  <b>Phone: 517-335-3704</b>  <b>Fax: 517-241-7047</b></p>
--	--

The confidentiality of central registry information is protected by Sections 7 through 7j the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

By signing below, I agree that I understand that the confidentiality of central registry information must be strictly maintained and the penalties for releasing confidential information in violation of the Child Protection Law.

		<b>Robert Wood</b>
Signature	Date	Name

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

# Bambi Lake Camp Health Certificate

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Housing: \_\_\_\_\_ Cabin Leader: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship (If Guardian): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In Case of Emergency, If parent or guardian not available, contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Insurance Information** (Please attach copy of insurance card to this certificate.)

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Policy Holder Employer: \_\_\_\_\_ Policy Holder Birth Date: \_\_\_\_\_

**Health History**

**Please check if camper has a health problem listed below:**

_____ Hay Fever, Asthma, sneezing	_____ Sleep walking	_____ Eczema/frequent skin rashes
_____ convulsions/seizures	_____ heart trouble	_____ trouble passing urine/bowels
_____ Headaches	_____ bed wetting	_____ Stomach trouble
_____ More than 4 earaches per year	_____ dental problems	_____ frequent colds/sore throat
_____ diabetes	_____ shortness of breath	Other: _____

Has girl been told about menstruation?  yes  no Has girl menstruated?  yes  no

Activities to be restricted (Swim test to be given by Life Guard)

Swimming \_\_\_\_\_ Diving \_\_\_\_\_ Hiking \_\_\_\_\_ Other \_\_\_\_\_

Does camper currently have any infectious disease?  yes  no

If yes, please explain: \_\_\_\_\_

Please list known allergies: \_\_\_\_\_

Please list any other serious injuries, operations and other health problems, behavioral or special health considerations that the Camp Health Officer or Cabin Leader should be aware of (use back if necessary).

**Dates of Immunizations:**

DTP \_\_\_\_/\_\_\_\_/\_\_\_\_ Polio \_\_\_\_/\_\_\_\_/\_\_\_\_ Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_ Measles \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child is currently taking: (Please use other side to list additional medications if necessary)**

<u>Medication</u>	<u>How Often</u>	<u>What Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Bambi Lake Policies & Acknowledgement**

- Campers MUST bring this certificate to camp completely filled in and signed by parent or guardian. Campers arriving without the required health information may be sent home.
- **ALL MEDICATION** (prescription, OTC, Vitamin, etc.) must be left with the camp Health Officer. **ALL MEDICATION** (prescription, OTC, Vitamins, etc.) must be labeled and in their original containers.
- Any medication that campers must carry with them must be accompanied by a note signed by the camper's doctor.
- It is the policy of Bambi Lake Baptist Camp to release campers only to parent or guardian or other designated individual named below by parent or guardian. Please list individuals to whom camper may be released:

I have read and understand these policies. Please Initial: \_\_\_\_\_

**Authorization**

I hereby give permission to the camp, which is licensed by the State of Michigan, to secure emergency medical and surgical treatment and to provide routine, non-surgical medical care.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bambi Lake Baptist Retreat and Conference Center  
Photo / Video Release Form  
Youth and Kids Summer Camps

I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos and/or videos may be used in promotional materials.

Camper's Name: \_\_\_\_\_

Camper's Church: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Parent / Guardian Printed Name: \_\_\_\_\_

This form must be completed, signed, and ready to turn in during the registration process.  
Questions regarding this form may be directed to the Baptist State Convention of Michigan,  
810-714-1907.

**ACKNOWLEDGEMENT AND ASSURANCE**

Our children are most precious to us. Our love for them cannot be overstated, nor can our commitment to bringing them up “in the nurture and admonition of the Lord.”

Those children who attend Baptist State Convention of Michigan events are entitled to the very best of care by persons who will trust them in a Godly and compassionate manner.

By the signatures below, \_\_\_\_\_ Church, in \_\_\_\_\_, Michigan acknowledges the importance of these values and goals, and further, assures the Baptist State Convention of Michigan their church has taken prudent actions, including reasonable background inquiries, so as to be satisfied that each person identified below is suitable for the volunteer ministries among children and youth.

Please print names of Church Chaperones below.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The Baptist State Convention of Michigan assumes no liability for any wrongful or harmful acts of those identified above, or any others originating from the church who are attending Baptist State Convention of Michigan events. The above church agrees to hold the Baptist State Convention of Michigan harmless for any wrongful or harmful acts by such individual.

\_\_\_\_\_  
Pastor

\_\_\_\_\_  
Church Officer/Trustee

**\*\*\*THIS FORM MUST BE SUBMITTED UPON REGISTRATION!! SUBSEQUENT SUBMISSIONS OF VOLUNTEERS MAY BE MADE AT THE VERY LATEST, BY THE TIME OF REGISTRATION AT THE CAMP/EVENT.**