



**Thank you for your interest in serving as a Cabin Leader at Maranatha Camp!**

Cabin Leaders play a key role in all of our programs. We could not continue to operate as we do without your help. The impact you will have on our campers and guests cannot be understated. It truly takes a team to be successful.

You will find enclosed in this **Cabin Leader Application Packet:**

1. Application Form
2. Three Reference Forms
3. Medical Form
4. Waiver of Liability and Media Release Form
5. Child Abuse Policy Form
6. Maranatha Camp Doctrinal Statement
7. List of What to Bring to Camp

Take special note of the reference forms. You will need to give these forms to the people you list as your references on your application. **Do not forget to fill out the top portion of each reference form!** Finally, you should ask each reference to mail the completed form to (Also where you should send your Application Packet):

Pastor Nate Randall  
Cornerstone Berean Church  
P.O. Box 84  
Kearney, Nebraska 68848

Your goal is to show Christ's love to your campers. Try to discover where each camper stands in his/her spiritual life and attempt to move them forward in their walk. Maranatha's purpose is that campers will come to know who Christ is and let Him rule their life (salvation), grow in their understanding of God's purposes (discipleship) and be challenged for service in their life's ministry (missions).

You will room with three to nine campers during your time as a Cabin Leader. Remember to model Christ-like behavior for your campers and enthusiastically participate in each of the activities. You are responsible for your campers at all times! You will be expected to pray specifically for each camper, lead daily cabin devotions and help with various activities throughout the week. It is a good idea to bring a notebook to keep a record of camper decisions, potential problems, highlights, suggestions and to record your campers' names and addresses for future use.

Sincerely,

Scot Cockson  
Executive Director of Camping



# Cabin Leader Application

Please take the time to carefully, thoughtfully and neatly complete all sections of this application before sending it in. We **cannot** process your application until we have received your **completed application form** and **three references**. It is your responsibility to make sure that your references are sent directly to us.

Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_ Zip/Postal \_\_\_\_\_  
 Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Best Time to Contact \_\_\_\_\_  
 T-Shirt Size Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ X-Large \_\_\_\_ XX-Large \_\_\_\_  
 Parent/Guardian Name(s) \_\_\_\_\_

**If you answer yes to any of the following questions, please use a separate sheet of paper to explain in further detail.**

- Do you have any impairment(s) that would interfere with your ability to perform the type of service or participate in the activities at camp? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Have you ever been convicted of a felony or a misdemeanor other than traffic offenses? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Have you ever been convicted of child abuse, molesting or any other sexual offense? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Are you currently, or within the past two years have you used tobacco, alcohol or illegal drugs? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Are there any other facts or circumstances about you or your background that we should know? \_\_\_\_\_ yes \_\_\_\_\_ no

## Education Record

*Please indicate your completed level of education*

High School \_\_\_\_ 9th \_\_\_\_ 10th \_\_\_\_ 11th \_\_\_\_ 12th Grade  
 College \_\_\_\_ 1st \_\_\_\_ 2nd \_\_\_\_ 3rd \_\_\_\_ 4th Year  
 Name of School: \_\_\_\_\_  
 Other \_\_\_\_\_

## Church Information

Home Church \_\_\_\_\_ City \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Are you a member of this church? \_\_\_\_ yes \_\_\_\_ no  
 Pastor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Current Church \_\_\_\_\_ City \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Pastor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 I attend church \_\_\_\_ Regularly \_\_\_\_ Occasionally \_\_\_\_ Seldom

## Life Journey

*On a separate sheet of paper, please type your personal beliefs, answering each of the following questions.*

**Everyone must answer these questions:**

- A. How did you first hear about Maranatha Camp, and why do you want to volunteer?
- B. Describe how you came to know Christ, and how you've recently been serving God.
- C. Briefly explain your convictions and what the Bible teaches about:
  1. How you know that you are going to heaven
  2. The ability to lose or gain salvation
  3. The validity of the Bible
  4. Standards concerning relationships with the opposite gender
  5. The issue of homosexuality

## References

References need to have an adequate history with you and have been in recent contact. Please do not list Maranatha Staff or family members. The people you list here must be the same as those whom you ask to fill out your reference forms. Please have your references send the forms directly to us. **Do not ask for these forms to be given back to you.** Your application cannot be processed until we receive all of your reference forms.

Name	Email	Phone
_____	_____	(____) _____
<i>Ministry Supervisor (Church Youth Group, FCA, Pastor, etc.)</i>		
_____	_____	(____) _____
<i>Teacher</i>		
_____	_____	(____) _____
<i>Employer/Adult Friend</i>		

## I would like to be a Cabin Leader for...

\_\_\_\_ Senior High Camp (June 21-26, 2010)

## Our Expectations of You

1. You will arrive at Maranatha Camp prepared for your term of service.
2. You will not be alone in a secluded place with any camper, regardless of gender.
3. You will do your best to live and work in a way that helps attract people to Jesus Christ.
4. You will not subject yourself to questionable music, videos, movies and other media.
5. You will follow the guidelines as set out by the camp administration.
6. Your motives for coming to camp are, above all else, to serve the Lord and others.
7. You will live with and be responsible for a group of 3-9 campers during their entire program. You will be expected to serve as a Christian role model, taking responsibility for their safety and well-being, attendance at program activities and compliance with Maranatha Camp guidelines.
8. Be ready to lead your campers in devotional times daily as well as guide any unsaved campers into a relationship with Jesus.
9. Get to know your campers and be available during any free time.
10. As an interdenominational camp, Maranatha emphasizes the major topics of the Christian faith. Local churches are better equipped to handle more complicated doctrinal issues. Please refrain from talking to campers about controversial and confusing issues such as baptism of the Holy Spirit and speaking in tongues.

By signing below I authorize the investigation of all statements herein and release Maranatha and all others from liability in connection with the same. I am in agreement with the objectives of the Maranatha Camp programs and will conduct myself accordingly while associated with Maranatha Camp. I will be an at-will member of the camp team, and any agreement to the contrary must be in writing and signed by a member of Maranatha Camp's administrative staff. I also realize that any misleading or omitted information herein may result in my dismissal, regardless of the time of discovery by Maranatha Camp.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date

**Please return application to Pastor Nate Randall:  
Cornerstone Berean Church, P.O. Box 84, Kearney, Nebraska 68848, naterandall@ymail.com  
www.maranathacamp.org**



# Cabin Leader Reference Form

## Applicant completes this portion

Name \_\_\_\_\_

Applying for:

- Full/Part Time Staff
- Volunteer/Cabin Leader for (camp/dates) \_\_\_\_\_
- Serve Summer Staff
  - Session One    Session Two    Both Sessions
- Teens In Training
  - Session One    Session Two    Session Three    Session Four    Session Five

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\* By signing, applicant authorizes reference to provide any information requested and waives the right to review this form after it has been submitted.

## Reference completes this portion

The above-named person has applied for a position at Maranatha Camp, and has referred us to you. Please give us your honest opinion concerning this applicant. Staff, TNT's and Volunteers are vital in our ministry, so withhold nothing, favorable or unfavorable, that will enable us to assess the applicant's qualifications for Christian service. **Please do not comment about things which you feel uncertain or have had no opportunity to observe.** You may wish to use the back of this sheet to further comment on any item, or provide any additional information that would be important to our decision.

Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Best time to contact \_\_\_\_\_

1. What is your relationship to the applicant, and how well do you know them? \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. How would you characterize the applicant's home conditions/family background? \_\_\_\_\_

4. How would you describe the applicant's relationship with Jesus Christ? \_\_\_\_\_

5. What is the applicant's church involvement and involvement in Christian service? \_\_\_\_\_

6. Are you aware of any sexual activity and/or drug or alcohol use by the applicant? \_\_\_\_\_

7. What would you list as the applicant's greatest strengths? \_\_\_\_\_

8. What would you list as some of the applicant's weaknesses? \_\_\_\_\_

9. Would you feel comfortable having the applicant look after your children? \_\_\_\_\_

10. Please circle the number that best matches the applicant's ability with the corresponding statements below:

("1" being the lowest/poorest, and "10" being the highest/best)

- Physical stamina/ability to work long hours    1 2 3 4 5 6 7 8 9 10
- Personal appearance/Maintains proper hygiene    1 2 3 4 5 6 7 8 9 10
- Handles stressful situations with control    1 2 3 4 5 6 7 8 9 10
- Communicates and works well with others    1 2 3 4 5 6 7 8 9 10
- Respects authority    1 2 3 4 5 6 7 8 9 10
- Displays appropriate humility    1 2 3 4 5 6 7 8 9 10
- Possesses leadership qualities    1 2 3 4 5 6 7 8 9 10
- Willingness to serve others    1 2 3 4 5 6 7 8 9 10
- Love for the Lord is evident in day-to-day actions    1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_ *I would rather discuss these and/or other responses over the phone.*

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Best time to contact \_\_\_\_\_

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Full/Part Time Staff

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Session One  Session Two  Session Three  Session Four  Session Five

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State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Best time to contact \_\_\_\_\_

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# Maranatha Medical Form

Please take the time to carefully and neatly complete all sections of this form **using black ink**. We must have a medical form on file for **every camper by the first day of camp**. Please complete BOTH pages.

Camp Attending \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Grade Entering \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Wears Glasses <sup>fall 2010</sup> Yes \_\_\_\_ No \_\_\_\_ Wears Contact Lenses Yes \_\_\_\_ No \_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Best Way to Contact: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

## Emergency Contact Information

In the event of an emergency we will try to contact the parent/guardian listed above. If the parent or guardian cannot be contacted, list below (in order of priority) who we should try to contact.

**These contacts should be individuals other than the parent or guardian listed above.**

### Contact #1

Name \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

### Contact #2

Name \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

### Contact #3

Name \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

## IMPORTANT INFORMATION !

**Prescription medications MUST arrive in original container(s). All medication will be administered in the prescribed dosage only. Any medications outside of original container will not be administered.**

**Maranatha is not financially responsible to pay for campers' medications prescribed while at Maranatha Camp. Parents or Guardians will be notified and will be responsible to make immediate payment with the pharmacy.**

## Medical/Health Insurance Information

Maranatha Camp's supplemental medical insurance pays only medical expenses caused by an accident up to \$10,000 within one year of accident, that is not covered by your family health plan. This means that medical expenses caused by doctor's visits for such things as flu, colds or appendicitis are the responsibility of the participant and/or their family, and are not covered by Maranatha Camp.

Do you have health insurance? Yes \_\_\_\_ No \_\_\_\_ *Please include photocopy of insurance card.*

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Clinic Name \_\_\_\_\_

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

**\*\*\*A photocopy of your insurance card MUST accompany this Medical Form.\*\*\***

**over please»**

## Medical History

Medication Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Environmental Allergies \_\_\_\_\_

No known Allergies

Vaccinations recieved for 2010

H1N1

Influenza

Please check on the list below all conditions that the participant has a tendency towards:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> asthma           | <input type="checkbox"/> convulsions       | <input type="checkbox"/> nervousness   | <input type="checkbox"/> stomach problems         |
| <input type="checkbox"/> diabetes         | <input type="checkbox"/> physical handicap | <input type="checkbox"/> hyperactivity | <input type="checkbox"/> Other <i>please list</i> |
| <input type="checkbox"/> epilepsy         | <input type="checkbox"/> bed wetting       | <input type="checkbox"/> hay fever     | _____   |
| <input type="checkbox"/> seizure disorder | <input type="checkbox"/> earaches          | <input type="checkbox"/> homesickness  | _____   |
| <input type="checkbox"/> heart condition  | <input type="checkbox"/> insomnia          | <input type="checkbox"/> sleepwalking  | _____   |

List any recent illnesses, accidents or surgery, as well as the dates and current status of the illness, accident or surgery:

\_\_\_\_\_  
\_\_\_\_\_

Does the participant take any medications on a daily basis? Yes \_\_\_ No \_\_\_

Has his/her medication changed in the last 14-30 days? Yes \_\_\_ No \_\_\_

Has his/her dosage changed in the last 14-30 days? Yes \_\_\_ No \_\_\_

Will the participant need any medications while he/she is at camp? Yes \_\_\_ No \_\_\_

If you checked yes, please list all the medications and time of day they need to be taken. **Please note that all prescription medications must arrive at Maranatha Camp in their original containers, and will be administered per the doctor's prescription.**

Medication	Dose	Directions (ex. 2xday, etc.)	Time (s)

In addition to prescribed medications, please check all of the following over-the-counter medications that the participant is authorized to receive while at camp. Please note that only medications that have been authorized will be administered while the participant is at camp.

Acetominophen     Ibuprofen     Stomach Antacid     Decongestant     Antihistamine

Other OTC meds \_\_\_\_\_

## Dietary Restrictions

\_\_\_\_\_  
\_\_\_\_\_

## Activity Restrictions

Please indicate any restrictions for your child.

Swimming Restrictions: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

## Parental Consent

I certify that the above information is accurate. In the event of an emergency, I hereby give permission for the participant to receive medical treatment at the nearest hospital or clinic. I expect to be contacted as soon as possible, should this happen. If I choose not to provide Maranatha Camp with the necessary information, such as serious medical conditions or allergies, I will not hold Maranatha Camp and/or camp personnel liable for any injury or death that could occur to the participant as a result of the lack of this information.

\_\_\_\_\_  
Participant's Signature

Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 19)

Date

Please return application to Pastor Nate Randall:  
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# Child Abuse Policy

Child abuse, including sexual abuse, is an age-old problem, although it was not always reported to the extent that it is today. Because of this we must be conscious at all times of the manner in which we deal with the guests entrusted to our care. Child abuse is both morally and legally wrong. Sexual assault of a child (age 14 or younger) by someone age 19 or older is a felony. We must be ever aware of the fact that it can occur, even at Maranatha Camp. Forms of physical abuse include hitting, slapping, spanking, shaking or squeezing. *Absolutely NO form of any such punishment will be permitted!* Due to the physical size and strength of staff members, it is necessary that discretion and restraint be used in all physical contact activities with guests. Games that encourage intense, competitive activities with physical contact that potentially could cause injury must either be eliminated or supervised very closely by non-participating staff members.

Sexual abuse is of particular concern. We cannot stress enough the importance of exercising extreme caution in this area. Even the appearance of wrong or a false allegation can cause irreparable damage to the reputation of the accused staff member and the Camp. The guidelines which you will follow to avoid any accusations of sexual abuse are: 1. *DO NOT* touch the lips, breast, genital area or buttocks of any guest; and 2. *NO* extended hugging or embracing of a guest. This means you **cannot** sit in a campfire service, or any other time, with a guest on your lap or your arm around him or her.

If any unacceptable behavior that is not in accordance with the above guidelines is observed, it must be reported **IMMEDIATELY** to the CEO (or in his absence, the Executive Director; or in his absence, the Director of Programming, or any other full-time Director of Maranatha Camp).

We must always be aware that children may already have been abused before coming to Maranatha as guests. Some general indicators that a child may have been physically or sexually abused include: Low self-esteem, depression, withdrawal, impaired ability to trust, clinging behaviors, extreme violent behaviors, self-destructive behaviors such as self-mutilation, sexual themes in play or conversation, seductive behaviors, excessive curiosity about sex, evidence of repeated injuries or burns with inconsistent explanation for such injuries, bald patches in scalp and bite marks.

It is not our job to investigate the background of any guests who come to Maranatha or to contact the authorities if we believe abuse has taken place. **Do not spread rumors about any possible abuse.** Possible child abuse includes a guest's unsubstantiated story that he/she has been abused in the past. If the Camp administrators are convinced that abuse may have taken place, they are required by law to report the possible abuse to the authorities.

The following policies must be followed. If personal opinion differs from the above guidelines, submission or resignation is expected. All Full-Time Staff, Hourly Staff, SERVE Summer Staff, Program Staff, Cabin Leaders and other volunteers working directly with campers must read and sign the Child Abuse statement.

Here is how an alleged child abuse report at Maranatha would work:

1. Child shows signs of having been abused in past, reason to suspect child abuse/sexual abuse exists; OR child reports that someone has abused him; OR a staff member sees another staff member abusing a guest.
2. Staff member who knows of the potential child abuse reports to Chief Executive Officer (CEO).
3. CEO decides whether or not to report the case to the County Attorney who handles all abuse cases in Lincoln County. If the CEO cannot be reached, the Executive Director will make the decision.
4. If the alleged abuse involves a Maranatha employee, program participant or volunteer, that person will be reassigned in a manner appropriate to the severity of the allegation until more information is available.

***I have read, understand and agree to conduct myself in accordance with the policies and procedures outlined above.***

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 19)

\_\_\_\_\_  
Date

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**The Church:** We believe that the church is composed of all believers, who are responsible to guard the spirit of unity in the body.

**Future Events:** We believe that the world is fast ripening for the tribulation judgments, which all believers will escape by the rapture of the church prior to the tribulation. We believe that our Lord shall literally and personally reign as King with His resurrected saints of all ages in the last dispensation known as the millennium.

**The Bible:** We believe that all scripture is equally and fully inspired in all its parts and inerrant in the original manuscripts.

**God:** We believe that the Godhead eternally exists in three persons: the Father, the Son and the Holy Spirit.

**Jesus Christ:** We believe that our Lord Jesus Christ was conceived in the flesh by the Holy Spirit, born of the Virgin Mary, and is both fully God and fully man. We believe that our Lord Jesus Christ was resurrected in bodily form according to the Scriptures, and that His resurrection guarantees our own resurrection.

**The Holy Spirit:** We believe that the ministry of the Holy Spirit includes the convincing of the world of sin, righteousness and judgment; guiding the believer into truth; interceding in prayer; comforting in need; and infilling for righteousness and service. We believe that all who receive Jesus Christ are baptized into His body by the Holy Spirit, who also gives enabling gifts according to the will of God.

**Redemption:** We believe that our redemption has been accomplished for us by the shed blood and substitutionary sacrifice of our Lord Jesus Christ. We believe that man was created in the image of God, but chose to sin against God, resulting in depravity and death. We believe that no one can enter the Kingdom of God unless born again by the Holy Spirit through the Word.

**Salvation:** We believe that salvation is the gift of God in grace made available to all who believe in the Lord Jesus Christ. We believe that Christ is received by faith alone, and that our acceptance before the Father is according to Christ's own acceptance before the Father. We believe that it is the privilege of all who are born again to be assured of their eternal salvation on the authority of the Word of God.

**Christian Life:** We believe that all who have received Jesus Christ are called to a life of yieldedness and separation which demonstrates that serving God is both reasonable and joyous. We believe that all believers should be devoted to the Lord in Bible study, prayer, church fellowship, witness and missions.



# What to Bring to Camp

Here are a few items that you will need while you are at Maranatha Camp. This list is certainly not exhaustive, but it will give you an idea of what you will need as you begin packing and making preparations for your stay with us here at camp!

## Clothing

- MODEST, ONE PIECE** swimming suit. Plan to wear a cover-up to and from the pool and waterfront area.
- Comfortable, casual clothing and shoes. Clothing shall be neat, clean, non-revealing, free of obscene or offensive printing and appropriate for the activity in which the camper is participating. Daytime temperatures in the 90s are common so be sure to bring plenty of shorts and t-shirts.

## Personal Supplies

- Shampoo, toothpaste, deodorant, shaving needs, etc.
- Towels, washcloths and soap
- Sleeping bag and/or bedding for a twin bed (sheets, blanket, pillow).

## Other Items

- Bible, notebook, pens, pencils, etc.
- Alarm clock and spending money

## What To Leave At Home

- Video Games, iPods, Cell Phone
- Bad habits and attitudes
- Your past

## Breakaway River Run Cabin Leaders

You will also need for the River Run trip:

- Shoes for wading in the river
- Windbreaker, poncho or rain gear
- Sunglasses, sunscreen, insect repellent, hat/cap for sunshade
- Short-sleeved and long-sleeved t-shirts
- Flashlight and disposable waterproof camera