

# JC Camp 2025

## Junior Camp Counselor Applications

*“Don’t let anyone look down on you because you are young, but set an example for the believers in speech, in life, in love, in faith”*

**1 Timothy 4:12**

Dear past counselors / campers,

We will soon begin the selection process for the 2025 JC Camp junior counselors. Counselors are not chosen on a first come, first serve basis so answer all questions honestly, carefully and thoroughly. The camp will be held on **June 12 – June 15, 2025 (there will only be 1 camp)** at Tinern Retreat Center in Oakdale. The cost of camp is \$100.00 and is non-refundable one week prior to camp. We hope to find a group of counselors who will come with an open heart to serve, lead, sow and share their personal walk with our Lord.

Shirt Size (Adult Sizes):    Small     Medium     Large     Extra Large     XXL

**All applications are due on or before March 1, 2025. This is a very important deadline which needs to be met. Applications received after the above date will NOT be considered for the 2025 camp year. For your application to be complete and considered you MUST include the following in your application: the application, letter of recommendation (It doesn’t need to be lengthy, ½ page will do and it must be from an adult NOT associated with JC Camp), consent / liability waiver, code of behavior and medical matter forms. NO EXCEPTIONS!!**

Call Jeff Johnson (402) 910-2362 or Shannon Stutzman home: (402) 562-6463 cell: (402) 276-4432 if you have any questions.

Return applications to: email: [stutz.shannon@gmail.com](mailto:stutz.shannon@gmail.com)

or in person or mail to: Shannon Stutzman 2721 32<sup>nd</sup> Street Columbus NE 68601

**DO NOT DROP OFF APPLICATIONS TO RECTORIES OR SCOTUS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (parent’s cell) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ (parent’s email) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ CHURCH: \_\_\_\_\_  
(2024-2025)

Please fill out the following application completely. Please be as neat as possible (we don’t want to dismiss you because we can’t read it) but do not be overly concerned about grammar, sentence structure, etc. We just want to know what is in your heart.

1. I attended JC Camp:    YES     NO     List years: \_\_\_\_\_
2. I attend mass:    Never     Sometimes     Every Other Weekend     Most Weekends     Every Weekend
3. I participate in the Sacrament of Reconciliation:    YES     NO     How Often: \_\_\_\_\_
4. I attended a Quest weekend: **(HIGHLY RECOMMENDED)**    YES     NO     List years: \_\_\_\_\_

**\*\*\*When filling out the question in sentence form using the fillable pdf, you must move the cursor back to the beginning of the next line when you get to the end of the line.**

**You also must do a "save as" to save the fillable pdf.\*\*\***

5. I am willing to do a "Talk": YES  NO

If yes, which "talks" would you be interested in doing? \_

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6. If asked, would you consider being on the "Prayer Team"? YES  NO

7. I am **committed** to attend at least four of the five camp preparation meetings: YES  NO

Meetings will be held approximately six weeks prior to the camp dates.

8. Participation in faith based activities such as Godparents, Quest, Youth groups, mission work, youth rallies, etc. List activities:

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9. How has your past JC Camp experiences changed your life?

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10. Are you willing to share your Catholic faith? Can you give some examples of how you shared your faith walk with others? *Remember the small examples that you may take for granted.*

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11. Why do you think God is calling you to be a JC Camp Counselor?

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12. How do you hope to grow in your Catholic faith as a result of the 2025 JC Camp?

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**\*\*\*\*\*BY SIGNING HERE, I UNDERSTAND THAT THIS IS JUST AN APPLICATION AND THAT IT DOES NOT MEAN THAT I HAVE BEEN SELECTED AS A JUNIOR COUNSELOR.\*\*\*\*\***

You will be notified via email approximately 2 weeks after the deadline if you have been selected.

Office use only:

ACCEPTED  DENIED  NOTIFIED  PAID  CHECK NUMBER \_\_\_\_\_

FORMS RECEIVED: CONSENT / LIABILITY  MEDICAL  CODE  REFERENCE LETTER

## J.C. Camp Youth Code of Behavior

We are happy and excited that you are joining us as part of **J.C. Camp**. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them during the event, and of making the learning experience a healthy and growth-filled one for all involved. Please read through the *Code* carefully, as you will be expected to honor and uphold it throughout your time with us.

- As necessary as rules are to maintain order; they can't and won't guarantee a successful event experience. Success depends on people's willingness to work together for the common good.
- Participants take part in **J.C. Camp** as part of a parish or school team. The families of participants assume responsibility for any damage done to the camp and housing facilities.
- While participating in **J.C. Camp** we ask that you do not invite friends who are not part of camp to come and visit you.
- Participants are expected to attend all sessions and activities while at camp. Participants are not allowed to leave the camp facilities. Name badges should be worn during camp.
- Dress throughout the **J.C. Camp** experience is casual but appropriate for a Christian environment; however shirts and shoes are required in all areas except the dormitories. T-shirts/sweatshirts with alcohol, tobacco or sexual overtones are not acceptable, nor is clothing exposing any part of under garments. Sleepwear is only permitted in the sleep areas. No spaghetti strap tops or leggings/yoga pants for girls.
- Socializing should take place only in the designated public area of the housing facility. No visiting is allowed in sleeping areas occupied by the opposite sex without the permission and presence of an adult leader.
- Christian behavior is expected at all times. Respect for individuals, the community and the facilities is required. Teasing, harassment (this includes bullying), sexual jokes, inappropriate displays of affection, and other demeaning behavior are considered inappropriate for this Christian environment.
- Each day will be a busy one-making adequate sleep a necessity. Participants must be in their respective rooms by curfew time. The noise level in the sleeping areas should be kept to a minimum. Scheduled quiet and silent times must be honored.
- **St. Bonaventure, St. Isidore's and St. Anthony** adhere to the State Statutes in regards to tobacco products, therefore tobacco products are not allowed by anyone under the age of 21.
- The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the Code of Behavior and other inappropriate behavior will meet with the same consequences.

**Parent or Guardian:** I agree that my child shall abide by the rules and regulations outlined in the **J.C. Camp Code of Behavior**; I have reviewed it and discussed the Code with my child prior to signing this form. I agree that if my child fails to consistently abide by the Code or engages in a serious infraction of the Code, he or she may be immediately dismissed from **J.C. Camp** and sent home at my expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Youth Participant:** I understand and agree to the **J.C. Camp Code of Behavior**, I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or their expense. Your signature must appear below in order to participate in **J.C. Camp**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Consent and Liability Waiver

## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Youth Participant's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City Zip

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my  
*Parent or Guardian's name*  
youth, \_\_\_\_\_ to participate in this  
*Youth's name*

Archdiocesan youth ministry event that is located away from the parish site. This activity will involve transportation by parents or arranged by parents to and from Tintern Retreat Center and will take place under the guidance and direction of volunteers from the area parishes.

A brief description of the event follows:

**Name of Event: J.C. Camp**

**Purpose of Event: Camp for 8<sup>th</sup> graders going into 9<sup>th</sup> or any High School Student.**

**Location: Tintern Retreat Center, Oakdale, NE**

**Time: Thursday morning at 6:40 a.m. to Sunday afternoon approximately at 2:00 p.m.**

**Transportation: Parent drop off child at St. Bon's Church, 6:40 a.m. Thursday.**

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor (participant). I agree on behalf of myself, my child named herein, or heirs, successors, and assigns, to release and hold harmless and defend the three Columbus parishes, St. Bonaventure, St. Isidore and St. Anthony (herein Columbus Parishes), their officers, directors and agents, the Archdiocese of Omaha, (herein "Archdiocese") and all chaperons, adult counselors, leaders, volunteers or representatives associated or helping with the event (herein "Released Persons"), arising from or in connection with my child attending the event, including but not limited to travel to and from Tintern Retreat Center, activities, overnight stay, and also any death, illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Columbus Parishes, their officers, directors and agents, the "Archdiocese", and all "Released Persons" for reasonable attorney's fees and expenses arising in connection therewith.

You should be aware of these special medical, emotional conditions of my child:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medical Matters

Youth Participant Name: \_\_\_\_\_

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. **(Of the following statements pertaining to medical matters, sign only those that are applicable.)**

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

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

Alternate Phone: \_\_\_\_\_ Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** (In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Omaha, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reverse to myself),

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. MY child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Sign "a" or "b", not both

**a.)** No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**b.)** I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The parish/school/Archdiocese will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does the child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? If yes, please list: \_\_\_\_\_

Has the child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? \_\_\_\_\_

If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical or emotional conditions of my child:

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