

Camp Barnabas

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Camp Barnabas
901 Private Road 2060
Purdy, MO 65734
417-476-2565
billie@campbarnabas.org



Dear Camp Friend,

Thank you again for your interest in serving at Camp Barnabas. Information provided in this packet should help with the planning process for you and your group.

As soon as possible, please read through, fill out, sign and return the “***Service Project Reservation Form.***” Returning your form in a timely fashion helps us prepare well for your group. We cannot guarantee a work date if this form is not returned at least one month in advance of your scheduled time.

All regular camp policies and rules must apply to work crews, so a copy of **Camp Barnabas Policies** is also included in this packet. Everyone who comes with your group must have a **Medical Release Form**. If your group has anyone under the age of 18, they **MUST** also have their parents fill out a **Parent Consent Form**. You may turn those forms into us the day you arrive, but participants without the appropriate forms will not be allowed to stay and work.

Please take special notice that Camp Barnabas drops the normal rental rate for the use of our facilities in exchange for the good service we are given. We expect groups to understand that in exchange for the \$25.00 per person per night rate we expect every individual to participate in some way. We figure into our work budget six hours of work per day for each person attending. We also charge \$6 per person per meal to offset the cost of food for your group. If there is a cost involved with a project you are interested in and you would like to raise money to help with that expense, know that is greatly appreciated. The more we keep our expenses in check, the more we can provide for our campers.

In addition, the group leader must complete the **Liability Release** and return it before your group arrives. (Don't worry, we've enclosed a checklist to help you keep up with the paperwork!)

Thanks again for your willingness to come and serve. We look forward to seeing you soon.

In His Service,

Billie Walters

901 Private Road 2060
Purdy, MO 65734
(417) 476-2565 work
billie@campbarnabas.org

P.S. You may want to bring money to purchase Camp Barnabas T-shirts and hats. Wearing camp clothing gives your group an opportunity to share a piece of Camp Barnabas where ever you may go.

Camp Barnabas

Service Leader's Checklist

Upon Receipt of the Service Project Packet:

- ⇒ Read through all information carefully
- ⇒ Complete and return the Service Project Reservation Form
- ⇒ Send us a copy of your Insurance Certificate along with the Release of Liability Form
- ⇒ \$200 Deposit (Non-Refundable)
- ⇒ Make a copy of the Medical Release Form for **every** participant
- ⇒ Make a copy of the Parent Consent Form for all participants under 18 years of age

One Week Before You Leave for Camp Barnabas:

- ⇒ Review the Policies of Camp Barnabas with all participants
- ⇒ Collect completed and signed copies of Medical Release Form and Parent Consent Form from all participants
- ⇒ Make sure your crew has all the materials and personal work clothing and equipment needed (i.e., work gloves, closed-toe shoes, etc.)

Upon Arrival at Camp Barnabas:

- ⇒ Check in with Retreat Coordinator and finalize daily schedule
- ⇒ Turn in Medical Release Forms and Parent Consent Forms
- ⇒ Walk through facility with Retreat Coordinator

Upon Checkout:

- ⇒ Walk through facility with Retreat Coordinator
- ⇒ Set tentative date for next mission project
- ⇒ Turn in final payment

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Service Project Reservation Form

Group Name: _____ Project Dates: _____

Contact Name: _____ Phone: _____

Group Mailing Address: _____

I will be bringing _____ people. There will be _____ guys and _____ girls.

We plan to arrive on _____ at _____ a.m./p.m.
(Day and Time)

FIRST MEAL _____

We plan to depart on _____ at _____ a.m./p.m.
(Day and Time)

LAST MEAL _____

The project/projects we plan to work on is/are: (If not applicable write N/A)

a. _____

b. _____

c. _____

The project cost is:

a. _____ b. _____ c. _____

We will be assisting in the cost of our project. Yes No

The amount we will bring for our project is \$ _____.

The amount for our stay is \$ _____.
(#of meals) _____ * (number of people) _____ * (\$5.00)

Print Name: _____

Signature: _____ Date: _____

Title: _____

(Please fill in **All** blanks. If not applicable to your group, write N/A)

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Suggestions for Service Project Daily Schedule:

7:30 a.m.	Wake-up! Dress
8:00 a.m.	Morning Devo
8:30 a.m.	Breakfast
9:00 a.m.	Work Time
12:00 p.m.	Break/Clean-up for lunch
12:30 p.m.	Lunch
1:00 p.m.	Rest time
1:30 p.m.	Work Time
5:00 p.m.	Break/Showers
5:30 p.m.	Group activity
6:30 p.m.	Dinner
7:30 p.m.	Group activity
9:30 p.m.	Praise and worship
10:30 p.m.	In cabins
12:00 p.m.	Lights Out

NOTE: Meal times are standard. Other work times are negotiable within the framework of the supervising Camp Barnabas staff member. You may choose an earlier Lights Out for your crew; however, anyone out after 12 p.m. will be asked to return to their cabin.

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Consent Form for Participants Under 18 Years of Age

As a parent, or legal guardian, I have read all information concerning Camp Barnabas and give my child permission to be active as a participant at the camp. I understand that my child will be asked to participate fully in all activities and will be expected to abide by all rules and policies of the camp. I have been advised of the nature and extent of the activities in which the participants may be involved while at Camp Barnabas.

I understand that Camp Barnabas is **NOT** responsible for the loss of clothing or personal property while my child is at camp. I agree to send all articles of clothing and personal property clearly marked with my child's first and last name.

I hereby, and for my heirs, executors, and administrators, assigns and all legal guardians, waive and release any and all rights and claims of any nature I may have against Camp Barnabas, its Directors, employees, Board of Directors, volunteers, campers and cooperating entities for and against any and all injuries and damages of any nature, including death, which my child may suffer while taking part in Camp Barnabas or other activities associated with Camp Barnabas. I further understand and assume all risks associated in participating at Camp Barnabas.

Camp Barnabas has my permission to use pictures taken of my child and quotes for fundraising and publicity purposes. Consent is given to Camp Barnabas, its Directors, employees, agents and cooperating entities to use my name, picture, likeness, writings or biographical information or audio or video tape recordings of me for use in any media for editorial, educational, promotional or advertising purposes in furtherance of the purposes and objectives of Camp Barnabas without compensation for such usage.

Print name of minor (under age 18): _____

Signature of minor: _____ Date: _____

Print name of parent: _____
(Or Legal Guardian)

Signature of parent: _____ Date: _____
(Or Legal Guardian)

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Medical Release Form

Full Name: _____ Date of Birth: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

SSN: _____ Sex: _____ Age: _____

Name of First Person to Contact in Case of an Emergency: _____

Relationship: _____ Daytime Phone Number: _____

Evening Phone Number: _____ Cell Phone Number: _____

Name of Alternate Person to Contact: _____

Relationship: _____ Daytime Phone Number: _____

Evening Phone Number: _____ Cell Phone Number: _____

Insurance Company: _____ Policy Number: _____

Member Name: _____

Medical Information

Allergies (if none state so): _____

Medications taken on a daily basis: _____

List any health conditions: _____

Date of last Tetanus shot: ____/____/____

Name: _____ has my permission to participate in all activities while in attendance at Camp Barnabas. I realize that Camp Barnabas does not have medical personnel on site to provide care to the participants and I therefore give permission to the Group Leader to select a facility to provide care to my child in case of an injury or illness. I give the Group Leader permission to select a physician, approve the use of medication, X-rays, anesthesia and/or hospitalize my child in case I cannot be reached by telephone. I realize every effort will be made to reach me by telephone prior to administering non-emergency care to my child. However, if medical care is deemed necessary and the parent cannot be reached, I give permission to the group leader to act on my behalf and select the medical personnel necessary to provide care for my child. I have provided the following telephone numbers where I can be reached to discuss the care or medical needs of my child.

List any medication or food the child is allergic to: _____

To the best of my knowledge, the information given on the Medical Release Form is accurate.

Parent signature

Date

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Release of Liability

Insurance Endorsement

Camp Barnabas requires that each group attending Camp have an additional insured endorsement on their insurance policy and each group must send a Certificate of Insurance before they come to Camp.

We require that the Group's liability insurance policy carry a minimum limit of **\$1,000,000**. Please submit your Certificate of Insurance 30 days before you arrive.

Camp Barnabas does NOT assume responsibility for accidents or injuries that occur during retreats.

- I have read the above information.
- I agree to pay the costs of participating at the Camp Barnabas facility and any extra costs that apply to our group.
- I have read the policies of Camp Barnabas. I understand that anyone in the group that does not abide by the policies may be asked to leave Camp Barnabas and no refund will be issued.
- I hereby, for my heirs, executors and administrators, assigns and all legal guardians, waive and release any and all rights and claims of any nature I may have against Camp Barnabas, its Directors, Employees, Board of Directors, Volunteers, Campers and Cooperating Entities for and against any and all injuries and damages of any nature, including death. I further understand that I assume all risks associated with participating at Camp Barnabas.
- It is our purpose to be at Camp for the honor and glory of Jesus Christ.

Group Leader's Name (please print):

Group Leader's Signature: _____ Date: _____

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Camp Barnabas Policies:

1. It is expected that all participants be supervised at all times by the adults/sponsors of the group. They should see that all policies are being followed and instruct members of the group who are not following the rules of Camp Barnabas.
2. No alcoholic beverages, firearms, fireworks or personal pets are allowed at any time.
3. Smoking is not allowed on the grounds of Camp Barnabas without prior notification. Smoking in the buildings is prohibited and will result in a \$75.00 fine per incident.
4. Participants are not allowed to use the camp phones unless in an extreme emergency. Group Leaders may use the camp phones if using a calling card or making collect calls. We ask that use of cell phones be limited and prefer that cell phones not be used on campus.
5. All vehicles are to be parked in designated parking areas only. No parking or driving off paved or gravel surfaces.
6. All participants must have a Medical Release Form turned into the Group Leader prior to arriving at Camp Barnabas.
7. All litter and trash must be kept in proper receptacles.
8. The front gate is locked after 10:00 p.m. unless other arrangements have been made.
9. All persons must have on shoes at all times except in the pool. Camp Barnabas requires that closed-toe shoes, not open toed sandals, be worn for safety. Sandals may be worn to and from the pool and bathhouses.
10. Camp Barnabas recommends that all persons walking after dark use a flashlight. (Flashlights are not provided by Camp Barnabas)
11. Campfires are permitted with arrangements made through a Retreat Coordinator. A member of the Camp Barnabas staff must build and maintain the campfire.
12. Please help to conserve energy by turning off all lights and fans when not in use.
13. Food and drinks are not allowed in the cabins or sleeping quarters at any time. They attract unwanted insects, rodents and other pests.
14. Camp Barnabas staff may enter a facility at any time to inspect the premises, to observe group activities and to provide maintenance of the premises as well as any other reasonable purpose.
15. No equipment (including, beds, mattresses, chairs, tables, etc.) may be moved from any building at any time.
16. No kitchen or Dining Hall equipment may be removed for any reason at any time. This includes plates, cups, flatware and cooking utensils.
17. Please report any lost or broken equipment immediately to a Retreat Coordinator.
18. In the event of fire or storm damage, machinery that ceases to function or power outage, contact a Retreat Coordinator immediately.
19. Unchaperoned activities, including walks off of trails into pastures or woodlands, are strictly prohibited due to dangers that are present in nature.
20. No one is allowed to step below the Cross at Inspiration Point without being harnessed by Camp Barnabas Ropes Staff.

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