

# Camp Sunshine

## Staff/Volunteer Code of Conduct

The following are guidelines for appropriate/inappropriate conduct with minors:

TOUCH	
<p style="text-align: center;"><b>Appropriate</b></p> <ul style="list-style-type: none"> <li>• Handshakes, fist bumps, and high-fives</li> <li>• Young campers walking hand-in-hand</li> <li>• Short, congratulatory or greeting side hugs</li> <li>• Arm around the shoulders</li> <li>• Group games when no one is being harmed or is uncomfortable by the touching</li> <li>• Tending to a minor injury but only with verbal consent and in the presence of another adult</li> </ul>	<p style="text-align: center;"><b>Not Appropriate</b></p> <ul style="list-style-type: none"> <li>• Private back rubs, arm tickles, massages, etc.</li> <li>• Touching or exposing private parts – NO EXCEPTIONS</li> <li>• Touching a child in anger, disgust, or frustration</li> <li>• Frontal hugs with opposite sex</li> <li>• Sexual embraces</li> <li>• Lap sitting</li> <li>• Kissing</li> <li>• Intimate wrestling or tackling</li> </ul>
TALK	
<p style="text-align: center;"><b>Appropriate</b></p> <ul style="list-style-type: none"> <li>• Verbal praise for achievement or behavior</li> <li>• Verbal encouragement</li> <li>• Scripturally based teaching (non-sexual)</li> <li>• Chants or songs that are uplifting and have a positive meaning</li> <li>• Conversation about a minor's life situations that does not make the minor feel uncomfortable and that is not inappropriate</li> <li>• Prayer for a minor's request that is appropriate</li> </ul>	<p style="text-align: center;"><b>Not Appropriate</b></p> <ul style="list-style-type: none"> <li>• Compliments or questions relating to physique or body development</li> <li>• Sexual jokes, homosexual innuendoes, or bathroom humor</li> <li>• Swearing or vulgar language</li> <li>• Verbal harassment or abuse</li> <li>• Individual secrets or special gifts</li> <li>• Sexual coaching or conversation</li> <li>• Conversations about personal dating relationships and/or "match making"</li> </ul>
TERRITORY	
<p style="text-align: center;"><b>Appropriate</b></p> <ul style="list-style-type: none"> <li>• Public one-on-one interaction</li> <li>• Group or public environments</li> <li>• Outside of camp interactions with parental involvement and/or initiation</li> </ul>	<p style="text-align: center;"><b>Not Appropriate</b></p> <ul style="list-style-type: none"> <li>• Sitting or lying on a bed with a minor</li> <li>• Private one-on-one interactions</li> <li>• Minors visiting on-site resident areas</li> <li>• Minors in unauthorized personal vehicles</li> </ul>

### Statement of Agreement to Code of Conduct:

I understand that the above guidelines reflect Camp Sunshine's commitment to preserving a healthy and positive environment for people to experience the love of God.

- *By signing this form I commit that I will abide by all of Camp Sunshine's Child Protection Policies and agree to report any behavior that seems suspicious, questionable, abusive or inappropriate between campers, staff, and/or others.*
- *I understand that Camp Sunshine maintains a "zero tolerance" policy for child abuse, and that any staff member/volunteer found in opposition to or violation of this policy may be terminated.*
- *I further understand that child sexual abuse is punishable by law and that Camp Sunshine is bound by law to report allegations of sexual abuse to the proper authorities.*

I have read and understand the above guidelines and I agree to observe and abide by the policies set forth above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Staff/Volunteer Member

\_\_\_\_\_  
Date



## CAMP SONSHINE STATEMENT OF FAITH

1. We believe in the Scriptures of the Old and New Testaments as being verbally inspired by God and inerrant in their original writings, and are therefore of supreme and final authority in faith and life.  
*(II Tim. 3:16-17).*
2. We believe in one God, eternally existing in three Persons: Father, Son and Holy Spirit.  
*(Deut. 6:4; Matt. 3:16-17; John 15:26; John 17:21; I Tim. 2:5).*
3. We believe that Jesus Christ was begotten of the Holy Spirit, born of the Virgin Mary, and is fully God and fully man.  
*(Isa. 7:14; Matt. 1:23; Luke 1:35; John 1:1-5; Phil. 2:5-8).*
4. We believe that the Holy Spirit is a Person, and possesses all the distinctively divine attributes, and that He is God.  
*(Matthew 28:19; John 16:13; II Cor. 3:17-18).*
5. We believe that man was created in the image of God; that he sinned and thereby incurred, not only physical death, but also spiritual death, which is separation from God; that all human beings are born with a sinful nature, and are sinners in thought, word, and deed.  
*(Gen. 1:26; Jer. 17:10; Psa. 51:5; Matt. 12:36-37, 15:18-20; Rom. 5:12; I Cor. 4:5).*
6. We believe God created both male and female in the image of God and that God's plan for human sexuality is to be expressed solely within the context of biblical marriage to serve as a picture of Christ's relationship to the Church.  
*(Gen. 1:27, 2:24; Matt. 19:5-6; Mark 10:6-9; Rom. 1:26-27; I Cor. 6:9-11)*
7. We believe that the Lord Jesus Christ died for our sins, according to the Scriptures, as a representative and substitutionary sacrifice; and that all who believe in Him are justified on the grounds of His shed blood.  
*(John 8:24; Rom. 3:23-25, 5:9; I Cor. 15:3; II Cor. 5:21; I Pet. 2:24).*
8. We believe in our Lord's resurrection in the same body in which He was crucified; in His ascension into Heaven, in His present life there for us, as High Priest and Advocate, and in the imminence of His literal return.  
*(Acts 1:9-11; I Cor. 15:4; Titus 2:11-13; Heb. 4:14,15; I John 2:1,2; Rev. 1:7, 22:20).*
9. We believe that salvation of sinners is completely by grace through faith in the Lord Jesus Christ, in virtue of His redemptive work on the cross, and that neither baptism, the Lord's Supper, nor any other rite, ceremony nor work can add to, or result in the sinner's salvation.  
*(John 3:5, 14:6; Eph. 2:8-10; Titus 3:5-6).*
10. We believe in the bodily resurrection to eternal life for the saved, and eternal punishment for the lost.  
*(John 5: 28,29; II Cor. 5:1; II Thess. 1:7-9; Rev. 20:15).*

By signing below, I am indicating that I believe and hold firm to the core doctrines of the Christian faith as list above. I understand that my personal background/beliefs/denomination may have additional secondary doctrines that may vary from person to person, but I am willing to serve alongside of others recognizing the unity we share through the core essentials listed here, and further agree to hold to these truths in my leadership and discipleship of others.

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Printed Name

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Date



# CAMP SONSHINE STAFF HEALTH HISTORY FORM

NOTE: Information on this form is gathered to assist the camp in identifying appropriate care, to ensure safe participation in camp activities, and to confirm the employee's ability to perform the essential functions of the job. A staff member's employment is not complete until Camp Sonshine receives a signed Health History form.

First Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Emergency contact # 1

### Emergency contact #2

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_

Physician:  None \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Dentist:  None \_\_\_\_\_ Office Phone: \_\_\_\_\_

### INSURANCE:

**Camp Sonshine staff members are required to have personal health insurance.**

Medical/Hospital Insurance Carrier	_____
Policy #	_____

### EXCEPTION:

I do not have personal health insurance. My signature below confirms that I will have sufficient funds to cover any medical bills incurred during my time at Camp Sonshine.  
 \* \_\_\_\_\_ Date \_\_\_\_\_

Health History: (If you have had any of the following in the past, check or give approximate dates if possible. "Star" if presently under treatment for any of the following.)

_____ Chicken Pox	_____ Hypertension	_____ Frequent Ear Infections
_____ Measles	_____ Psychiatric Treatment	_____ Heart Disease/Defect
_____ German Measles	_____ Seizures	_____ Chronic Fatigue Syndrome
_____ Mumps	_____ Diabetes	_____ Bleeding/Clotting Disorder
_____ Convulsions	_____ Malaria	_____ Mononucleosis

Allergies: (If "yes," please check. No dates are necessary.)

\_\_\_\_\_ Hay Fever      \_\_\_\_\_ Poison Ivy      \_\_\_\_\_ Insect Stings      \_\_\_\_\_ Penicillin  
 \_\_\_\_\_ Asthma      \_\_\_\_\_ Peanuts      \_\_\_\_\_ Other: \_\_\_\_\_

Have you received all immunizations required by law?  Yes  No  
 Have you received a COVID-19 vaccination?  Yes  No Date of last dose: \_\_\_\_\_  
 Have you had a verified infection of COVID-19?  Yes  No Date of infection: \_\_\_\_\_

**NOTE: YOU MUST COMPLETE THIS BOX. IT IS HIGHLY ENCOURAGED THAT YOU HAVE HAD A TETANUS SHOT WITHIN THE LAST 10 YEARS TO WORK AT CAMP SONSHINE.**

**Date or best estimate of your last Tetanus shot:** \_\_\_\_\_

List any physical/mental health condition that may hinder your ability to fully participate specific camp activities.

\_\_\_\_\_

Current or expected medication (prescribed or over the counter) or other health aid that is in present use; Note any treatment to be continued while at camp: \_\_\_\_\_

\_\_\_\_\_

Any other special medical problems and past medical treatment we need to be aware of:

\_\_\_\_\_

Explain any (past or present) physical, mental and psychological / psychiatric counseling or treatment.

\_\_\_\_\_

Note any serious operations or injuries (with dates): \_\_\_\_\_

\_\_\_\_\_

Note any disability, chronic or recurring illness, dietary restrictions, or other conditions: \_\_\_\_\_

\_\_\_\_\_

Note activities/situations encouraged or limited by physician: \_\_\_\_\_

\_\_\_\_\_

By signing below, I affirm that this health history is correct, so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

**Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director, or the camp health supervisor, to order X-rays, routine tests, treatments, and necessary transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or the camp supervisor, to secure and administer treatment including hospitalization, for the person named above. This and other health related forms may be photocopied for trips out of camp.

Signature of adult staff member or parent / guardian of minor:

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

MINOR

I also understand and agree to abide with the restrictions, if any, placed on my activities at camp.

Signature of minor staff member: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM.**