

1588 Drake Road  
Lansing, IA 52151

vcbc@villagecreek.net  
www.villagecreek.net  
563-535-7320

Summer 2018

# Young Leaders Program

VILLAGE CREEK BIBLE CAMP

## A Bit about the Young Leaders Program...

The Young Leaders Program is intended to nurture and grow servants in the name of Jesus. It is designed for those who are 14 and 15 years old, and would like to develop leadership skills for future service in ministry. In addition to job training, the group of young adults selected for this opportunity will have intense leadership and Biblical training, team building experiences, and various activities on and off the camp grounds.

The first week of the two-week session includes camp activities, challenging teambuilding experiences, and a heavy emphasis on Spiritual Training. The second week allows the participants to serve in the camp setting, and be considered as Camp Staff in the future. Young Leaders will also participate in a service project on camp grounds, like planting trees or building benches needed around camp.

Many have asked how this is different from Youth Camp—it is very different! While there is a lot of fun during this program, there are also intense training sessions so the Leaders will be ready to join the staff team when they are old enough. We encourage campers to participate in both Youth Camps and the Young Leaders Program.



## The Details...

The cost of the two-week program is \$275, and includes evening and weekend activities, a meal out with the Team Leader, camping, challenge course, all adventure experiences, and any other extra

activities. Each session runs two consecutive weeks, and is filled with making new friends and lots of fun! Please include a \$75 deposit with your application.

# Young Leaders Program



Please prayerfully consider the area of service God would have you involved in at Village Creek. These weeks are full of hard work, fun new experiences, and requires a love for the Lord and a willingness to serve Him in any capacity He calls. We are looking for youth who will give of themselves physically, spiritually and emotionally for the glory of the Kingdom of God. Please complete this application and return it to us so that we may consider you. We will keep you informed of the process and let you know by May about your status in the program. If you are chosen for the Young Leaders Program, you will receive a confirmation letter in the mail. We need a minimum of four participants to run each session.

## APPLICATION

Camper Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone# ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Grade in fall \_\_\_\_\_ Gender \_\_\_\_\_  
 Date of Birth (mm.dd.yy) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Age as of July 1, 2015 \_\_\_\_\_  
 E- Mail \_\_\_\_\_  
 Church \_\_\_\_\_  
 Church city \_\_\_\_\_  
 Parent's Name(s) \_\_\_\_\_  
 Parent's Phone \_\_\_\_\_  
 Parent's Cell \_\_\_\_\_  
 Other Emergency Contact \_\_\_\_\_  
 Other Emergency Phone \_\_\_\_\_  
 Physician's Name \_\_\_\_\_  
 Physician's Phone \_\_\_\_\_  
 Insurance Provider \_\_\_\_\_  
 Insurance Phone \_\_\_\_\_  
 Policy Number \_\_\_\_\_

IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named above.

\_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Problems/Special Needs \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Polio Vaccine Current: (Yes) (No) \_\_\_\_\_  
 Tetanus \_\_\_\_\_  
 Regular Medication \_\_\_\_\_  
 \_\_\_\_\_  
 Activity Restriction \_\_\_\_\_  
 \_\_\_\_\_

As a YLP team member, you are required to participate for 2 consecutive weeks. Please mark the dates that you are available to serve. (Please number: 1 for the most preferred, 4 being the least preferred)

\_\_\_\_\_ Session 1 June 24-July 7  
 \_\_\_\_\_ Session 2 July 8-21  
 \_\_\_\_\_ Session 3 July 22- August 4  
 \_\_\_\_\_ Session 4 August 5-18

Please note any personal responsibilities or commitments that would affect your availability.  
 \_\_\_\_\_

Cost \$275.00  
 Less Deposit (\$75.00 min) \_\_\_\_\_  
 Payment Due at check-in: \_\_\_\_\_

Please make deposit check payable to VCBC, OR:

Charge \$ \_\_\_\_\_ to my credit card:  
 Visa  MC  Discover  Am. Exp.  
 Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CIV (3 digits on back) \_\_\_\_\_  
 Acct. # \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_