



September 11, 2017



To: Educators, Pastors, Clerks of Session, others who work with youth
From: Susan Sharp Campbell, Associate for Educational Ministry
Re: OLDER YOUTH RETREAT, CLIMBING MOUNTAINS, November 17-19, 2017,
at Bluestone Camp and Retreat:

PLEASE READ the information here and SHARE all of the information with youth and those who work with youth in your congregation. You will find a description of the retreat's focus and presenter on the enclosed brochure.

Registration and Cost

- Registrations will be accepted by mail, fax, or on our Web Page
Fax: 304-744-7649 Web Page: www.wvpresbytery.org
Mail: Presbytery of West Virginia, 520 Second Avenue, S. Charleston, WV 25303
- **Registrations must be received in the Presbytery Office no later than Thursday, November 2.** Use the enclosed "Church Registration Form" to register youth.
- The cost per person (youth and adults) is \$70, due prior to the retreat. In the event registration fees are not received in advance, or other arrangements made, there will be a \$10 late fee per participant. Refunds are available for cancellations made prior to noon, Thursday, November 16.

Responsible Adults

- Each church must register a responsible adult with their youth.
- There must be 1 responsible adult for each 1-7 youth. If your group includes both male and female, you are asked to have at least one male and one female adult.
- If your church has two or less youth planning to attend and needs to combine with another group for a responsible adult, names of that have already registered to will to contact about pairing up; however, you must contact the other churches. If your responsible adult at the retreat is from another church, he or she should have agreed in advance to be responsible.
- Responsible adults must be at least 23 years of age.
- **Each adult attending the retreat must fill out a Reference Check form and Background Check Consent Form (a master copy is enclosed in this packet). These must be returned to the presbytery office with the church registration form no later than THURSDAY, NOVEMBER 2. This enables us to do the necessary background checks prior to the retreat. Please ask your adults to read the Presbytery's Child Protection Policy in advance of the retreat. Training will take place at the retreat.**

Mission Project

Our Mission Project this year is **Blessing Bags**. **Each participant** is asked to bring the following(all of which needs to fit in a gallon bag):

- 1 small hand sanitizer
- 1 small hand lotion
- a knit toboggan or ear muffs
- a pair of gloves – one size fits all
- 1 pair of men's socks
- 1 tube of chapstick

These will be shared with agencies that serve the homeless in our presbytery

Open Mike

On Saturday night, there will be an OPEN MIKE time for individuals and groups to share their talents and skills. Please remind those coming from your church of this event and encourage them to consider being part of it. You may want to get your group to put a skit or song together in advance. Sign-ups will be Saturday afternoon; no food will be allowed in acts.

Covenant

It is very important that your youth and their parents read and understand the covenant. The covenant enables us to live together in community. We suggest that you discuss this covenant with your group before registering and, perhaps, as you travel to the retreat. Infractions are cause for disciplinary action that may include contacting parents to pick their youth up.

Medical Forms

Medical forms for all participants should be filled out in advance and brought to the retreat, NOT mailed in. Please note that there is a separate form for youth and adults. Youth forms require the signature of a parent. Please do not assume that we have past forms on file (they are shredded after the retreat).

Special Needs

If you have youth with special needs, please contact Susan Sharp Campbell to consider ways that we might be able to accommodate and include them.

Please distribute the following to youth and those who work with youth:

- Retreat brochure
- 2 Medical Release Forms and Insurance Information (to be brought to the retreat). Please note there is a different form for youth and adults.
- **The Volunteer Information Form and Background Check Consent Form to be completed by all participating adults (to be returned by November 2)**
- Retreat flyer to post on your bulletin board
- Registration Form to register your church group (to be returned by November 2)
- Covenant form for youth and adults (to be brought to the retreat)

Questions? Need more information? Contact Susan Sharp Campbell, 304-667-9428 or susan_sharp_campbell@hotmail.com.

The Youth Council of the Presbytery of West Virginia presents:

The 2017 Older Youth Retreat

November 17-19, 2017

CLIMBING MOUNTAINS



with

Seth Lovell

at

Bluestone Camp and Retreat Center
Hinton, WV

FOCUS: To walk in faith is like climbing mountains. Our paths wander up, down and around, through times of struggle and times of ease. Often we cannot see where we're going, and only as we come through and reach the top can we see the path on which we've traveled. The good news is we don't travel alone; there are people on the path with us and who have gone before us and set blazes along the way. This weekend will be an opportunity to journey together and explore the mountains we encounter in the presence on one another and our God.

KEYNOTE LEADER: Seth Lovell is the Associate Pastor for Youth and Family Ministry at Olivet Presbyterian Church in Charlottesville, VA. He has traveled the world with the church and the army, in which he served for six years, including a year in Afghanistan and a year Iraq. He is an avid UVA sports fan, and has coached high school basketball and tennis. Seth has led a number of presbytery retreats and been involved in camp and conference ministry for over a decade. Seth and his wife have three children and love to travel, hike and root for their favorite sports teams together.

For more information or a registration form, or if you have questions, please contact Susan Sharp Campbell, susan_sharp_campbell@hotmail.com or 304-645-4568.

SCHEDULE

Friday, November 18

7:00 pm.	Registration; settle into cabins; gathering activities
9:00 pm	Beginnings: Energizers, music, introductions
9:30 pm	Small Group Beginnings.
10:30 pm	Snacks in lodge; adult orientation
11:00 pm	Worship
11:30 pm	Cabin devotions; all in cabins for the night
midnight	Lights Out

Saturday, November 17

8:00 am	Breakfast
9:00 am	Energizers, Music
9:30 am	Keynote and Small Groups
noon	Lunch
1:00 pm	Energizers, music, announcements/commercials
1:15 pm	Small Group Mission Experience and Scavenger Hunt Recreation Options
4:30	Free Time
5:30 pm	Dinner
6:30 pm	Energizers
6:45 pm	Keynote and Small Groups
8:30 pm	Open Mike Round Robin Board and Card Games Smores
11:00 pm	Worship, then to cabins
11:30 pm	Cabin Devotions; all in cabins for the night
midnight	Lights Out

Sunday, November 15

8:00 am	Breakfast, clean cabins and pack cars
9:15 am	Energizers, Music
9:30 am	Keynote and Small Groups
11:15 am	Worship with Communion

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Important Registration Information FOR YOUTH AND ADULTS

This retreat is for youth in grades 9-12 and their adult advisors. There must be one adult for every 7 youth registered.

The retreat will begin with registration from 7-9 pm on Friday, November 17 and end with worship around noon on Sunday morning. The first meal served will be Saturday breakfast; the last meal will be Sunday breakfast.

The cost for each participants, youth or adult, is \$70. Registrations will not be accepted without the name of the adult who will be responsible for youth at the retreat.

Registrations can be made online, by mail or by fax (304-744-7649); no phone registrations will be taken. The final registration deadline for registrations to be received in the Presbytery Office is Thursday, November 2. If you have questions about registering youth with special needs or potential conflicts with athletics/band, please contact Susan Sharp Campbell at 304-645-4568 prior to the 3rdst.

Cabin assignments are made as registrations are received. If someone needs to register someone late and there is room, late registrations will be accepted; contact Susan Sharp Campbell.

ADULT ADVISORS – PLEASE NOTE

Each adult attending the retreat must return a completed Volunteer and Information Form and a Background Check Authorization no later than **Thursday, November 2**, or have completed and returned one in the last 24 months. Adults are asked to read the Presbytery's Child Protection Policy that can be found at <http://www.wvpresbytery.org/wp-content/uploads/2013/08/PPP-revision-approved-08-19-2017.pdf> prior to arrival; there will be an adult orientation for training on this policy.

WHAT TO BRING – Each participant

- ✓ A Bible
- ✓ Warm clothes
- ✓ Sleeping bag, or twin bed sheets, and a pillow
- ✓ Towels
- ✓ Flashlight
- ✓ Completed Covenant Form and Medical Release Form
- ✓ mission project supplies

Mission Project:

Our Mission Project this year is Blessing Bags. **Each participant** is asked to bring the following(all of which needs to fit in a gallon bag):

- 1 small hand sanitizer
- 1 small hand lotion
- a knit toboggan or ear muffs
- a pair of gloves – one size fits all
- 1 pair of men's socks
- 1 tube of chapstick

These will be shared with agencies that serve the homeless in our presbytery.

Each group is asked to bring – **SNACKS TO SHARE**

CELL PHONE POLICY

Retreats are an opportunity to get away from the normal routines of life. Therefore, you are encouraged to leave your cell phone at home in order to facilitate building a new community in a limited amount of time. Cell phones shall not be used during scheduled activities (including but not limited to: keynote, small groups, recreation, meals, energizers, music and worship). This includes all cell phone use – calls, texts, games, listening to messages, etc. Misused cell phones are subject to confiscation. If someone needs to reach a retreat participant during the Older Youth Retreat at Bluestone, and a cell phone does not work, please call the Bluestone office at 304-466-0660.

Please **DO NOT BRING** electronic items and/or valuable jewelry. We cannot be responsible for lost items.

Registration for FALL 2017 OLDER YOUTH RETREAT

Church _____ Phone _____

Contact Person _____

Contact Person's email _____

Email of Adult who will be attending _____

Name	Grade (for youth)/A (for adult)	M/F
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		
6 _____		
7 _____		
8 _____		

Additional names may be placed on the back of this form.

Responsible Adult(s): (You must have at least 1 adult for each 1-7 youth.) If your group has both male and female youth, you are requested to have at least one male and one female adult.

Special Needs: If you have participants with special needs, please note below. These should also be noted on the medical forms participants (youth and adults bring with them.

Mail this form with a registration fee of \$70 per person to:
Fall Retreat
Presbytery of West Virginia
520 Second Avenue
South Charleston WV 25303

Forms should be received by noon on Thursday, November 2, 2017.
Please make check payable to Presbytery of West Virginia

Volunteer Information Forms and Release Authorizations for all registered adults must be returned with registration so that they can be completed BEFORE the retreat.

Questions? Susan Sharp Campbell, Associate for Educational Ministry, (304) 645-4568 or
susan_sharp_campbell@hotmail.com

9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

YOUTH

MEDICAL RELEASE FORM and INSURANCE INFORMATION

Youth Events – Presbytery of West Virginia

To be signed by parent or guardian for each young person participating in the Presbytery of West Virginia OLDER YOUTH RETREAT, NOVEMBER 17-19, 2017. Please send it with your youth to the retreat.

I give permission for my child, _____,
to participate in the Older Younger Retreat, November 17-19,2017, at Bluestone Camp and
Retreat Center. In case of emergency, I give my permission for medical treatment. Please reach
me at one of the following telephone number:

Day _____ Night _____. In the event I cannot be reached in the case of
an emergency, please contact: _____

who is _____ (relationship to youth)
at phone number: day _____ night _____.

Signature of Parent _____

Print Name _____

Address: _____

**INSURANCE INFORMATION: This needs to be completed each time. Please do not
assume the presbytery has this on file. This form will be shredded after the retreat.**

Company: _____

Address: _____

Policy Number: _____ Name of insured _____

Address: _____

Current Medications: _____

Allergies _____

Surgeries: _____

Special Needs, dietary or otherwise _____

Please circle if your child has a history with any of these medical problems:

Hay Fever

Convulsions

Lung Problems

Bee stings

Blood Pressure Problems

Ulcers

Fainting

Cancer

Kidney Problems

Asthma

Heart Disease

Diabetes

Sulfa Drug Allergic Reaction

Poison Ivy or Oak

Penicillin Allergic Reaction

Anything else the leaders of this retreat should know about your youth?

Name _____

ADULTS

MEDICAL RELEASE FORM and INSURANCE INFORMATION
Youth Events – Presbytery of West Virginia

To be completed by each Adult participant at the Presbytery of West Virginia OLDER YOUTH RETREAT, NOVEMBER 17-19, 2017. PLEASE BRING WITH YOU.

While we hope to never have to use this information, in the event that something happens such that you are unable to provide this, you are asked to complete the following.

INSURANCE INFORMATION: This needs to be completed each time. Please do not assume the presbytery has this on file anywhere. This will be shredded after the retreat.

Company: _____

Address: _____

Policy Number: _____ Name of insured _____

Address: _____

Current Medications: _____

Allergies _____

Surgeries: _____

Special Dietary Needs _____

Please circle if you have a history with any of these medical problems:

Hay Fever

Convulsions

Lung Problems

Bee stings

Blood Pressure Problems

Ulcers

Fainting

Cancer

Kidney Problems

Asthma

Heart Disease

Diabetes

Sulfa Drug Allergic Reaction

Poison Ivy or Oak

Penicillin Allergic Reaction

Other Illnesses or Conditions: _____

In case of emergency, please contact _____ who is

_____ in relationship to me at phone number

Day _____ Night _____ . In the event I am in

need of immediate medical care, I give permission for those in charge of the retreat to seek appropriate medical care for me, if I am unable to do so for myself.

Covenant Form
For All Participants
Do Not Mail
Bring to Retreat

Name _____

Address _____

Age _____ School Grade _____ M ___ F _____

Church _____

I agree to abide by the following Retreat Covenant:

In coming to this retreat, it is important to remember that I am participating in a Presbytery-sponsored event, and am in a Christian setting. I promise to follow the Retreat Covenant and I will:

- ◆ Not bring or use tobacco;
- ◆ Not bring or use illegal drugs, alcohol, or weapons;
- ◆ Abide by the scheduled curfew;
- ◆ Follow the schedule, try to be prompt, and participate in all activities;
- ◆ Not visit a cabin assigned to the opposite sex;
- ◆ Respect the environment by caring for all buildings, putting trash and materials for recycling in proper containers, not wasting food, taking a brief shower, etc;
- ◆ See the designated person for medical care;
- ◆ Help clean my cabin on Sunday morning.
- ◆ Abide by the retreat cell phone policy (see below)

Signature _____

Retreat Cell Phone Policy (developed by Youth Council)

Retreats are an opportunity to get away from the normal routines of life. Therefore, you are encouraged to leave your cell phone at home in order to facilitate building a new community in a limited amount of time. Cell phones shall not be used during scheduled activities (including but not limited to: keynote, small groups, recreation, meals, energizers, music and worship). This includes all cell phone use – calls, texts, games, etc. Misused cell phones are subject to confiscation. Adult leaders at the retreat will have cell phones available for emergency calls. Bluestone's number in the event of an emergency is 304-466-0660.

APPENDIX A

**PRESBYTERY OF WEST VIRGINIA
INFORMATION FORM FOR WORKERS WITH
CHILDREN, YOUTH AND PERSONS WITH DISABILITIES**

1. Name (last, first, middle, maiden name)

If you have ever used another name, please indicate the name and the time period(s) used: _____

Current Address: _____

How long have you lived at this address: _____

How long have you lived in West Virginia: _____

Gender: M ___ F ___ Birth date: _____

Home Phone: _____

Place of Employment: _____

Work Phone: _____

2. *(skip number 2 if your position does not include driving)*

Drivers License Number: _____

Have you ever had your driver's license suspended or restricted for any reason? _____ If yes, please describe the dates and reasons for each such occurrence on the back.

3. Please answer the following questions:

Name of church in which you participate _____

How long have you been regularly participating _____

Are you a member? _____ Date you became a member? _____

4. Have you served as a volunteer at any church in the past ten years? If so, please state the name and address of the church, the pastor of the church, the time period(s) of your volunteer work and describe generally the nature of your volunteer work:

5. Have you served as a volunteer for any civic organization in the past ten years? If so, please state the name and address of that organization, the person overseeing the volunteer work the time period(s) of your volunteer work and describe generally the nature of your volunteer work. Please indicate which organizations involved working with children and youth.

6. Have you ever been arrested, charged, indicted or convicted for any criminal offense (misdemeanor or felony) other than a traffic violation? _____ (If yes, please explain on the back.)
7. Have you ever been subject to any disciplinary action, complaint or allegations that you violated any employer's or any organization's policy concerning sexual misconduct? _____ (If yes, please explain on the back.)
8. References: Please list the names, addresses, occupations, and telephone numbers of three people who are not related to you who are familiar with your character and abilities. References will be contacted.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Work Phone</u>	<u>Home Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. I understand and agree that:
 - a. All Information that I have provided may be verified. I agree to release from liability any person or organization that provides information concerning me, including these persons I have listed as references. I understand and agree that any information received will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.
 - b. By signing this form, I certify and affirm that the information I have given is true, complete, and correct in all respects.
 - c. I have read, understood and agree to abide by the Statement of Policies and Procedures for the Protection of Children, Youth and Persons with Disabilities of the Presbytery of West Virginia.
 - d. [Only applicable to persons eighteen years of age and older] I have completed the release of information form.

Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____
(If under age eighteen)

This form is confidential and will be kept in a locked file.

APPENDIX B

Background Check Consent Form

Applicant should complete all relevant information sign and date the form.

Applicant's Full Name (Printed): _____

Other Names Used: _____

Social Security Number: _____ Date of Birth: ____/____/____

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Presbytery of West Virginia abides by all applicable state and federal employment laws.

ADDRESSES (for the past 10 Years)

Present Address _____

City _____ County _____ State _____ Zip _____ Country _____

How Long at Present Address? _____

Former Address _____

City _____ County _____ State _____ Zip _____ Country _____

How Long at Former Address? _____

Former Address _____

City _____ County _____ State _____ Zip _____ Country _____

How Long at Former Address? _____

Please list all states and counties of residence since turning age 18: _____

(Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY)

MOTOR VEHICLE RECORDS

Names as it appears on License: _____

Driver's License Number: _____ State of License: _____

I, _____, hereby authorize Presbytery of West Virginia, and/or their agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with Presbytery of West Virginia.

I release Presbytery of West Virginia and their agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used. The name above is my true and complete legal name and all information provided above is true and correct to the best of my knowledge:

Signature of Applicant

Date