

The Presbytery of West Virginia's Youth Council presents the:

## 2017 Younger Youth Retreat

# "SUPER" Heroes: *Ordinary People Who Do Extraordinary Things*



led by the

## YOUTH COUNCIL

of

The Presbytery of WV

Friday, March 3- Sunday, March 5, 2017

Cedar Lakes Conference Center  
Ripley, WV

Focus: The Bible is full of God's superheroes; ordinary people who trusted God and were able to do extraordinary things. As we explore God's call to them, and how they responded, we will consider how God also calls us, ordinary people, to do extraordinary things.

*For Such A Time As This!*



Registration deadline is Monday, February 20, 2017



January 8, 2017

To: Educators, Youth Leaders, Youth Ministry Contacts, Pastors, CREs and Clerks of Session  
From: Susan Sharp Campbell, Associate for Educational Ministry  
Re: Younger Youth Retreat: "**SUPER**" Heroes: *Ordinary People Who Do Extraordinary Things*, March 3-5

In this mailing, you will find complete information on the Younger Youth Retreat to be held March 3-5, 2017, at Cedar Lakes Conference. This retreat will be led by the Youth Council of the Presbytery of WV. Please note the following enclosures (in bold) and share with persons mentioned:

- Please make copies of the **brochure** and share with those in your church in grades 6-8 and the adults/parents who work/live with them. This has information on cost, times, meals, mission project supplies, cell phones, packing list, theme, snacks to share, and more.
- Youth and adults at the retreat are asked to complete the **Covenant** before arriving and to bring it with them. Please note with youth and parents that infractions of the covenant may mean parents will need to pick up children at Cedar Lakes. The same is true for the **Medical/Insurance** information form; note there is a youth one of these and an adult one. Participants of all ages need to arrive at Cedar Lakes with these completed.
- Please post the **flyer** where your youth will see it.
- If you have youth who wish to participate, please register them using the **Church Registration** page, rather than having them register individually. This page should then be sent to the presbytery office, along with appropriate money, by the deadline of Monday, February 20. If you find you can't make this deadline, please contact me.
- Adult Advisors are a very important part of this retreat. Churches are asked to send at least one adult with any youth from your church, and one of each gender if you have male and female youth; this enables us to comply with our "two adult rule" in each cabin. It is **EXREMELY IMPORTANT** that the **Volunteer Information Form** and the Background Check **Release Authorization** are **completed and returned with the church registration form** at the time of registration. If you have only one or two youth, and no adult, it may be possible for an adult from another church to be responsible for your youth. However, this needs to be worked out in advance. If you need help finding that other church, let me know. Adult advisors must be at least 21 years old. Also, please share with adults that they will be emailed a copy of the presbytery's Child Protection Policy to be read in advance of the retreat.

If you, or those in your congregation, have questions, please contact me at 304-645-4568 (preferred) or 304-667-9428 or [susan\\_sharp\\_campbell@hotmail.com](mailto:susan_sharp_campbell@hotmail.com).

## **SCHEDULE** (subject to slight tweaking)

### Friday, March 7

7:30-8:30 p.m.	Registration and Gathering Activities
8:30	Energizers/music/welcome
9:00-10:00	Small Groups
10:00	Snacks; adult orientation
10:30	Worship
10:45	Cabin devotions
11:15 p.m.	Lights out and in cabins for the night

### Saturday, March 2

8:00 a.m.	Breakfast
9:00	Energizers, music
9:20	Theme Exploration
Noon	Lunch
1:00 p.m.	Energizers/Music/Special Presentations
	Mission Project
	Recreation activities
3:30	Theme Exploration
5:00	Dinner
6:00	Energizers/Music
6:15	Small Group Skit Preparation
8:00	Large Group Community Recreation
10:15	Worship
10:30	Cabin devotions
11:00	Lights out and in cabins for the night

### Sunday, March 3

8:00 a.m.	Breakfast/pack/clean cabins
9:00	Energizer/Keynote
9:15	Theme Exploration
10:15-11 am	Worship

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**Theme Presenters:** Members of the Presbytery of WV Youth Council

*For Such A Time As This!*



## **Important Registration Information FOR YOUTH AND ADULTS**

This retreat is for youth in grades 6-8 and their adult advisors.  
There must be one adult for every 7 youth registered.

The retreat will begin with registration from 7:30-8:30 pm on Friday, March 3 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 participant, youth or adult, is \$70. The name of the adult who will be responsible for youth on site is needed at the time of registration.

Registrations can be made online, by mail or by fax (304-744-7649); no phone registrations will be taken. The final deadline for registrations to be received in the Presbytery Office is Monday, February 20. If you have questions about registering youth with special needs or potential conflicts, please contact Susan Sharp Campbell at 304-645-4568 prior to the 20<sup>th</sup>.

Cabin assignments are made as registrations are received. Late registrations will be accepted if there is room available; contact Susan.

## **ADULT ADVISORS - PLEASE NOTE**

Each adult planning to attend the retreat must return a **completed Volunteer and Information Form** and a **Release Authorization** no later than **Monday, February 20**, or have completed and returned one in the last 12 months. Once registered, adults will be emailed the Presbytery's Child Protection Policy; these should be read prior to arrival. There will be an adult orientation on Friday evening at which time adult participants will be asked to sign that they have read this.

## **WHAT TO BRING - Each participant**

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

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

## **EACH GROUP IS ALSO ASKED TO BRING SNACKS TO SHARE.**

### **Mission Project:**

Our Mission Project this year is **making BIRTHDAY BAGS for local food pantries**. **Each participant** is asked to bring 1 cake mix, 1 can of frosting, birthday cake candles, and a package of birthday napkins. These will be given to food pantries in our presbytery to distribute.

(If you know of a food pantry in your area that could use some of these, and you are willing to take them, please let Susan Sharp Campbell know.)

## **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.

**In the event of an emergency, Susan Sharp Campbell's phone is 304-667-9428.**

## Registration for 2017 Younger Youth Retreat, March 3-5, 2017

Church \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone and email of contact person \_\_\_\_\_

Name	Grade	M/F
------	-------	-----

1	_____	_____
---	-------	-------

2	_____	_____
---	-------	-------

3	_____	_____
---	-------	-------

4	_____	_____
---	-------	-------

5	_____	_____
---	-------	-------

6	_____	_____
---	-------	-------

7	_____	_____
---	-------	-------

8	_____	_____
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Additional names may be placed on the back.

Responsible Adult(s) (you need 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. Emails are very important here!!!!

1	_____	email _____
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2	_____	email _____
---	-------	-------------

3	_____	email _____
---	-------	-------------

4	_____	email _____
---	-------	-------------

Mail this form with a registration fee of \$70 per person to:

Younger Youth Retreat  
Presbytery of West Virginia  
520 Second Avenue  
South Charleston WV 25303

**REGISTRATION DEADLINE IS 2 PM, MONDAY, FEBRUARY 20, 2017**

Please make check payable to Presbytery of West Virginia

**Volunteer Information Forms and Release Authorizations (included in information mailing) for all registered adults must be returned with registration form.**

Questions?

Susan Sharp Campbell, Associate for Educational Ministry, (304) 645-4568

or [susan\\_sharp\\_campbell@hotmail.com](mailto:susan_sharp_campbell@hotmail.com)

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

Name of Youth Participant \_\_\_\_\_

**MEDICAL RELEASE FORM and INSURANCE INFORMATION**

**YOUTH**

**Youth Events – Presbytery of West Virginia**

**To be signed by parent or guardian for each young person participating in the Presbytery of West Virginia YOUNGER YOUTH RETREAT, March 3-5, 2017.**

I give permission for my child, \_\_\_\_\_, to participate in the Younger Youth Retreat, March 3-5, 2017, at Cedar Lakes Conference Center. In case of an 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 will be shredded following the retreat.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of insured \_\_\_\_\_

Address: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies \_\_\_\_\_

Surgeries: \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

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

Other Conditions of Illnesses \_\_\_\_\_

Name of Adult Participant \_\_\_\_\_

Name of Adult \_\_\_\_\_

MEDICAL RELEASE FORM and INSURANCE INFORMATION

**ADULTS**

Youth Events – Presbytery of West Virginia

**To be completed by each Adult participant at the Presbytery of West Virginia YOUNGER YOUTH RETREAT, March 3-5, 2017.**

**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 already has this on file. This will be shredded following 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.



## 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 (including one relative) 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.

## Background Check Consent Form

***Applicant should complete all relevant information and 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:

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(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