

Team Leaders

The most important adults at Super Summer!

Each church bringing students to Super Summer is asked to provide adult team leaders. For every 1-7 students your church brings, you are asked to bring one team leader. If you bring 8-14 students, you'll need two team leaders, 15-21 students require three team leaders, etc. It is recommended that you send women team leaders for your girl students and men team leaders for your boys. A team leader does not have to be a member of your church, but must meet the qualifications listed below.

Team leaders are required to be on campus at Samford two days earlier than the students for Team Leader Training Weekend. **T.L.'s must check in on Saturday, July 10th between 2– 3 p.m.** For this reason, please enlist people other than your team leaders to bring your students to Samford on Monday.

Why do team leaders need to arrive on Saturday?

This time is perhaps what makes Super Summer so unique. Team leaders, along with Super Summer executive staff, our Camp pastor, and our worship leader spend this essential time together preparing for the week. This is also a time of spiritual preparation giving adult leadership the opportunity to personally look inward and upward before the students arrive on Monday.

How can I serve as an adult volunteer at Super Summer if I can't arrive on Saturday for Team Leader's training?

We would love for you to consider serving in one of several areas! We need help with concessions, security, recreation, and administration. Simply fill out the Adult Registration Form.

Qualifications of a Team Leader:

1. **ALL TEAM LEADERS MUST ATTEND TEAM LEADERS TRAINING** and be prepared to remain on campus from check-in between 2 and 3 PM on Saturday until the end of their week at Super Summer on Friday. Team Leader Training is essential to prepare Team Leaders and the school's Executive Staff leaders to work together in a successful Super Summer week.
2. Must submit registration form and completed Team Leader Application/Recommendation form. His/her pastor or youth minister should complete the recommendation form.
3. Must be an emotionally and spiritually mature person. Can be single, married, a housewife, a college student, church staff member, or a layperson. Needs to have unquestionable Christian dedication and character.
4. Must have graduated from high school in 2009 or before, and be no younger than 19 years of age.
5. Will be "on duty" virtually around the clock, and may be called upon to assist in the recreation.
6. Needs to have a positive, happy, motivated personality, with an ability to relate well to others.
7. Needs to be able to lead a small group in a devotional time, group discussion, Bible study, prayer etc.
8. Must observe ALL of the rules of Super Summer, just like students.
9. Team Leader MUST attend all training sessions and fulfill all Super Summer responsibilities assigned to them.
10. Registration fee for a Team Leader is \$75.00. Many churches assist in paying Team Leaders' registration fees since this is a service to the church's youth group.

If YOU are having difficulty enlisting enough qualified Team Leaders, here are some helpful suggestions and options:

1. You may try to locate qualified Team Leaders in the college or adult departments of your church.
2. If you are bringing only a few students, you may want to "share" a Team Leader with another small group in your area. Together, you and the other group may be able to locate enough Team Leaders to meet the ratio for your combined groups. Arrangements for "sharing" Team Leaders are the responsibility of the churches involved. If you choose this option, be sure to complete your arrangements BEFORE sending in your registration packets, and notify the Super Summer office IN WRITING about your plan when you send in your registration information.
3. **MAYBE WE CAN HELP!** If you still cannot locate enough qualified Team Leaders, we ask that your church provide an additional \$75 and we will provide a Team Leader. **NOTE: WE MUST KNOW BY MAY 1st** if you are planning to use this option for obtaining Team Leaders so that we will have time to recruit and enlist needed Team Leaders.

Note: If you have more qualified adults in your church than you need to meet the required ratio, please contact us about the possibility of your extra Team Leaders "filling in the gap" for churches who cannot find enough.

Super Summer Team Leader Registration Form

TEAM LEADER JOB DESCRIPTION –TEAM LEADERS (TL’S) SERVE AS A SUBSTITUTE “MOM” OR “DAD” FOR YOUR FAMILY GROUP, FACILITATE SMALL GROUP DISCUSSIONS, MAINTAIN ORDER & DISCIPLINE, PROMOTE SCHOOL SPIRIT & SPORTSMANSHIP, AND PROVIDE ENCOURAGEMENT TO THE FAMILY GROUP. THIS POSITION IS THE MOST IMPORTANT JOB AT SUPER SUMMER! HOWEVER, IF SOMETHING ARISES, THERE ARE TEAM LEADER COORDINATORS (TLC’S) WHO CAN BE OF HELP WITH PROBLEMS, NEEDS, AND REQUESTS RELATING TO THE FAMILY GROUP.

Section 1: To be completed by the Team Leader Applicant – Please fill in all blanks in this section.

Name _____ Age _____
Address _____ City _____ State/ Zip _____
Occupation _____ Day Phone () _____ Mobile () _____
Email _____
Church where you are a member _____ How Long? _____

T-Shirt Size: XS SM MD LG XL XXL XXXL

Number of Years you have attended Super Summer: 1 2 3 4 5 other: ____

Be Aware that the Super Summer Office will be running a background check on every Adult Leader at Super Summer Alabama.

Are you currently charged or have you ever been charged with a felony or misdemeanor? Yes No

Are you addicted to any substance that would be illegal for a minor to use? Yes No

Have you ever been arrested for a crime involving the alleged abuse of a child? Yes No

If you answered yes to any of the above questions, please explain: _____

We ask all Super Summer Attendees to sign a statement of commitment.

I am a dedicated Christian and sign this contract with Jesus Christ and Super Summer Alabama, committing myself to learn and help others learn. I promise to be positive and model the behavior and conduct that glorifies the Lord. I commit to pray every day of camp that God will speak to me and others during Super Summer.

Signature: _____



Faith Journey Information

1. Briefly describe when and how you accepted Jesus Christ as your personal Lord and Savior *(use back if needed)*:

2. How often do you do the following? *(Indicate **D** for Daily, **W** for Weekly, **S** for Seldom, and **N** for Never.)*
Read the Bible_____Pray_____Have a Quiet Time_____Memorize Scripture_____

3. Have you served as a Team Leader before? Yes No
If yes, what did you walk away from the week with?

4. Why do you want to be a Team Leader at Super Summer?

5. Is there an area where you exhibit weakness? *(bad temper, difficult attitude, etc.)*

6. Is there an area where you exhibit strength? *(outgoing personality, organizational skills, etc)*

7. What is your spiritual gift?

8. Briefly, list your experience leading small groups.

9. Briefly, tell us what God has been teaching you in your daily walk with Him.

Super Summer Team Leader RECOMMENDATION Form

Section 2: To be completed by your Pastor/ Youth Minister – please attach this form to the Team Leader’s Individual Registration Form. Team Leaders without the Team Leader Recommendation Form will not be accepted.

Name of Applicant: _____
Recommended by: _____ Relationship to applicant _____
Church Name _____ Your Office Phone () _____
Church Address _____ Home Phone () _____
City, State, Zip Code _____
E-mail _____

Please answer each question honestly and briefly. If you would like to comment further on this person, please feel free to do so on the back of this page. We thank you for taking the time to fill out this Recommendation.

1. One of the most important qualifications of a Team Leader is that he or she is an excellent Christian role model for teenagers. To your knowledge, is there any question about this applicant meeting this qualification? Yes No *If yes, please explain:*

2. How long have you known this person?
3. Is this person experienced in leading small group discussions? Yes No Don't Know
4. What do you see their spiritual gift to be?

5. Would you feel comfortable with this person in a small group situation with your child?
Yes No *If no, please explain:*

6. Is this person attending church regularly? Yes No
7. Does the applicant relate well to their peers? Yes No
If no, please explain:

8. Is there anything about the applicant that you feel the Super Summer office should know?

Recommender's Signature: _____ Date: _____

Please attach any additional comments you feel necessary to include.



Super Summer Alabama Adult Leadership Waiver

PERSONAL INFORMATION (Please Print)

Last Name _____ First Name _____ Middle Name _____

Home Address: Street _____

City _____

State _____ Zip _____

Phone #'s: Home (____) _____

Work (____) _____

Cell (____) _____

Employment: Employer: _____

Length at current place of Employment: _____

Driver's License Number _____ State Issued _____

Social Security # _____ - _____ - _____

Date of Birth (month/day/year) _____

Leadership Position Holding: Executive Staff Team Leader Adult Leader

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW.

I expressly authorize Super Summer Alabama to make such investigations as it deems necessary in its sole discretion regarding any criminal charges which may have been brought against me, any charges which may have been brought against me for child abuse or attempted sexual molestation of a minor, and any information concerning my personal lifestyle, and I hereby release any person or agency furnishing such information from any and all liability. I also understand that by signing this application I am authorizing Super Summer Alabama to conduct a background check.

SIGNATURE: _____ DATE: _____

Super Summer Alabama Release Form



Participant Name _____ Age _____ Date of Birth ____/____/____
Address _____ City _____ St _____ Zip _____
Name of Church _____ City _____
In case of an emergency notify: _____ Phone #'s – Home: (____) _____
Work: (____) _____ Mobile: (____) _____ Other: (____) _____

Medical Profile

Generally, Participant's Health is: (check one) Excellent ___ Good ___ Fair ___ Poor ___
If Fair or Poor, please explain condition: _____

List any medical difficulties for which you are currently being treated: _____
Check any of the following that cause you problems: Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble ___
Heart Trouble ___ Diabetes ___ Dizziness ___ Stomach Trouble ___ Hay Fever ___ Other: _____
List any medicine to which participant is allergic: _____
List any Food or Insects participant is allergic: _____
List any previous operations or serious illness: _____
List any medications participant is currently taking & will be bringing _____

Date of last Tetanus Shot: ____/____/____ Are Immunizations up to date? Yes No
Family Physician: _____ Phone: (____) _____

Permission for Medical Treatment, Photograph/Video Notice, and Release and Idemnity

My permission is granted for the Super Summer Alabama Executive Staff, Church official, or adult leader present to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Super Summer Alabama Executive Staff, the Alabama Baptist State Board of Missions, Samford University, and all sponsors from any and all claims, demands, costs, actions or causes of action, past, present or future arising out of any damage or injury in connection with my child's participation in Super Summer Alabama. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature).

Participant's Signature _____ Date ____/____/____
Parent/Guardian Signature _____ Phone (____) _____ Date: ____/____/____

Notary Acknowledgement

STATE OF _____ COUNTY OF _____

I, the undersigned authority, a Notary Public in and for said County in said State, hereby certify that the above named person who is known to me, acknowledged before me on this day that, being informed of the contents of the medical release form has executed the same voluntarily for permission to the sponsors of Super Summer Alabama to authorize any needed medical aid in case of emergency.

Given under my hand and official seal, this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____