

APPENDIX C

Forms

Manual Purchase Requisitions - Quick Reference

1. From the Conference website (<http://www.nwtxconf.org/ministry-forms.html>) print a copy of the Purchase Requisition form. If you do not have access to a computer, please contact the Conference Service Center and a form will be sent to you or we will help you fill out the form over the phone.
2. Select the type of document you are submitting, i.e. **Purchase Order** or **Check Request**. A Purchase Requisition is to be used for purchases where the vendor, upon approval of the purchase requisition, will be submitting an invoice when the goods or services are provided. A Check Request should be used where a separate invoice will not be submitted and where a payment is to be made directly from the Check Request. **Expense reimbursements should be submitted as a Check Request.**
3. Type or print the **Date Issued** (usually the current date).
4. Type or print the **Date Requested** (the date the purchase is to be made).
5. Type or print the **Individual Requesting the Purchase Requisition** (the person acting on behalf of the Conference). Also fill out the address, phone number and e-mail address of the requisitioner.
6. The Purchase Requisition should be signed by the person requesting the purchase requisition.
7. Print or type the **Vendor Name**. The vendor is the person or firm from which you are ordering the goods or services. Also complete the fields for address, phone number and fax number. See also policy regarding Approved **Vendors**.
8. Qty — Type the quantity of each item being purchased.
9. Enter the Description (e.g. Printer, Microphone, Supplies, etc.). If you are purchasing more than one item from the vendor, you must complete a line for each item.
10. **Unit Price** — Type the unit price for each item and the computer will do the math.
11. Type or print the **Total** (e.g. 150.55) for each item (quantity X unit price).
12. **Total** the Purchase Requisition and type or print that amount on the **Total** line at the end of the description grid.
13. Attach documentation and support for the Purchase Requisition or Check Request and submit the form to the address noted at the bottom of the form.

PURCHASE REQUISITION FORM

Northwest Texas Annual Conference of The United Methodist Church
 1401 Ave. M
 Lubbock, TX 79401-3939

Date Issued _____

Purchase Requisition

Date Requested _____

Check Request

Please Type or Print the Following Information:

Name of Individual Requesting the Purchase Requisition _____

Address _____

City, State, and Zip Code _____

Phone number () _____

Email Address _____

Signature of Person Requesting the Purchase Requisition _____

Vendor or Individual Providing the Service _____

Address _____

City, State, and Zip Code _____

Phone number () _____ FAX () _____

Quantity	Units (Each)	Description of Item or Service	Unit Price	Total
Total				

Attach documentation and support for the Purchase Requisition or Check Request and submit the form to the address noted at the bottom of the form

The Northwest Texas Annual Conference is a 501(c)(3) entity and is exempt from state sales tax. Returned the completed form by mail to:

Dave Andersen, Conference Treasurer
1401 Ave. M
Lubbock, TX 79401-3939

You can FAX the form to Dave's attention at (806)762-0205 or to his email: andersen@nwtxconf.org. If you have questions you can contact him at 806-762-0201 ext. 12

For Office Use Only:
 Authorized by: _____
 Date of Authorization: _____

PROGRAM OUTLINE REPORT

Due by November 1st

Name of Camp _____ Director _____

Camp Site _____ Date of Camp _____

Theme: _____

Goals: Q.1) What you hope to accomplish; Q. 2) Purpose of Camp; Q. 3) Elements of Camp (knowing, trusting, sharing, growing)
Please explain how each element fits the purpose of camp; Q. 4) What movement do you hope to direct?"

Biblical Foundations: _____

Curriculum: (If utilizing curriculum previously approved by the Camping Task Force, please specify. If developing new curriculum, please submit specific and detailed content. If no specific curriculum is to be used, please provide outlined directives and/or kinds of learning experiences.)

Leadership Team:

Worship or Keynote _____

Music _____

Bible Study _____

Other _____

Camp Sales: If anything will be sold at camp, please specify items and person or group. Note that you must contact the Executive Director by the first of April if you are selling any items: _____

Schedule: (Please include copy)

Please send to the Conference Service Center copies of programs, worship, discussion guides, and handbooks. This information will be available and helpful for directors in the future.

REGISTRATION INFORMATION SHEET

Name of Camp _____

Name _____

Address _____
Street or Box Number City/State Zip

Office/Church Phone () _____ ext. _____ Home phone () _____

Email Address _____ Fax () _____

I would be interested in receiving the registration printout via e-mail _____ Yes _____ No
Or standard mail _____ Yes _____ No

Are there any campers that you would not like to have return to your camp? _____ Yes _____ No

If yes, name of camper and reason why _____

Who will be in charge of camper registration at camp? _____

Who will be in charge of volunteer registration for camp? _____

Please list main email address for volunteer registrar to receive daily list updates:

Who will be responsible for turning in the End-of-Camp Reports and Evaluations to the Executive Director? _____

Who is your Safe Sanctuaries Coordinator? This person will be responsible for training all volunteers and completing all **SAFE SANCTUARIES POLICY VERIFICATION** to the Conference Camping Ministry Staff Person and each Campsite Registrar.

NOTE: THE "END-OF-CAMP" PACKET FROM THE CONFERENCE OFFICE WILL BE AT THE CAMPSITE & EMAILED TO THE EMAILS PROVIDED ABOVE ONE-WEEK PRIOR TO YOUR CAMP. ALSO, FOR NAMES OF THE CAMPERS CHECK WITH THE CAMPSITE.

RETURN TO THE APPROPRIATE CAMPSITE

SAFE SANCTUARIES AND POLICY VERIFICATION

Please remember that as Director of a Northwest Texas Conference Camp, you are **required** to conduct a Safe Sanctuary Training for all volunteers and all campers. All volunteers must be trained and follow of The Northwest Texas Conference Safe Sanctuary Policy, The Camping Task Force Safe Sanctuary Policy and Ceta Canyon and Butman Safe Sanctuary Policies. Prior to working a Camping Task Force Camp all volunteers and paid staff, must Register online, pay at least \$90 of the Registration fee, agree to a Criminal Background Check, take the State mandated Sexual Abuse Training and Testing, and provide three references. When this has been done, please have each member of your staff read the statement listed below and sign this form. Thanks for your help.

Please list all adults in your camp, including Director, Staff Persons, Speakers and/or Musicians, and all Adult volunteers. Be sure to include their **name and address**. Return this completed form with your End-of-Camp Reports.

This will be crosschecked with the Adult Volunteer Applications received and checked.

Camp Name _____

This is to verify that I have received training and are completely aware of the Northwest Texas Camping Task Force Policies, Safe Sanctuaries Policies and Procedures for Screening Adult volunteers and Paid Staff and for Reporting Disclosures of Abuse:

Name: _____ Phone: () _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: () _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: () _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: () _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: () _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: () _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: () _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: () _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip _____

EARLY RELEASE FORM

The following form is to be completed by the camp director in the event of early release of a camper and returned to the Executive Director with the End-of-Camp Reports.

Camp Name and Dates _____ Date camper is leaving camp _____

Camper's Name _____

Reason for early departure from camp _____

Person(s) to whom camper is being released:

<i>Name</i>	<i>Address (street, city/state, zip code)</i>	<i>Relationship to camper</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am authorized to pick up the above-named camper for the reason stated above. I understand that early release from camp does NOT constitute entitlement to a refund of all or part of the camp registration fee.

I will _____ (**initial**) /will not _____ (**initial**) return the camper to camp.

If returning, I will return the camper at _____ (time) on _____ (day).

Signed _____

I released the above-named camper to the person(s) listed above.

Signed _____

Camp Director or designee

EARLY RELEASE FORM

The following form is to be completed by the camp director in the event of early release of a camper and returned to the Executive Director with the End-of-Camp Reports.

Camp Name and Dates _____ Date camper is leaving camp _____

Camper's Name _____

Reason for early departure from camp _____

Person(s) to whom camper is being released:

<i>Name</i>	<i>Address (street, city/state, zip code)</i>	<i>Relationship to camper</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am authorized to pick up the above-named camper for the reason stated above. I understand that early release from camp does NOT constitute entitlement to a refund of all or part of the camp registration fee.

I will _____ (**initial**) /will not _____ (**initial**) return the camper to camp.

If returning, I will return the camper at _____ (time) on _____ (day).

Signed _____

I released the above-named camper to the person(s) listed above.

Signed _____

Camp Director or designee

**REPORT FORM FOR SUSPECTED INSTANCES OF
SEXUAL/PHYSICAL ABUSE**

1. Volunteer staff observing/receiving disclosure of sexual abuse:

Date: _____ Time: _____

Place: _____

Brief notes: _____

2. Victim's name: _____

Victim's age/date of birth: _____

Victim's address & phone number: _____

3. Date and time of initial conversation with victim: _____

Place of initial conversation with victim: _____

Victim's statements: _____

4. Name of accused (paid staff, volunteer, other) of sexual/physical abuse:

Address & phone number of accused (if known)

If accused is staff or volunteer, date/time/place of initial conversation:

Notes of conversation: _____

Suspension date/time: _____

Notes of suspension: _____

5. Call Texas Department of Protective and Regulatory Services (TDPRS) at 1-800-252-5400:

Spoke to: _____ Date/Time: _____

Notes: _____

6. Call Conference Director of Discipleship:

Spoke to: _____ Date/Time: _____

Notes: _____

7. Call Parent(s)/Guardian(s), as per phone conversation with TDPRS:

Spoke to: _____

Relationship: _____

Date/Time: _____

Notes: _____

8. Call Pastor, to provide pastoral care, as per phone conversation with TDPRS:

Spoke To: _____ Date/Time: _____

Notes: _____

9. Other Contacts:

Name/Date/Notes: _____

Name/Date/Notes: _____

Name/Date/Notes: _____

Summer Camp 2016

Please answer as honestly as you can. Remember that it only helps us if you are honest.

Camper/Adult Volunteer Evaluation Form (Circle the one that applies to you)

Age: _____ (n.a. for adults) Sex: M or F (Circle one)

One a Scale of 1-5, 1 being you did not like it and 5 you did like it, answer the following questions

Rooms:	1	2	3	4	5
Food:	1	2	3	4	5
Small Groups:	1	2	3	4	5
Seminars:	1	2	3	4	5
Worship:	1	2	3	4	5

Circle the answer that best fits:

The Band:	Great	Good	Bad
The Messages:	Great	Good	Bad
Small Group Time:	Great	Good	Bad
Free Time:	Enough	Too Much	Not enough

Please make any suggestions that you feel would make this camp better, so we can make adjustments in planning next year.

Summer Camp 2016

Please answer as honestly as you can. Remember that it only helps us if you are honest.

Camper/Adult Volunteer Evaluation Form (Circle the one that applies to you)

Age: _____ (n.a. for adults) Sex: M or F (Circle one)

One a Scale of 1-5, 1 being you did not like it and 5 you did like it, answer the following questions

Rooms:	1	2	3	4	5
Food:	1	2	3	4	5
Small Groups:	1	2	3	4	5
Seminars:	1	2	3	4	5
Worship:	1	2	3	4	5

Circle the answer that best fits:

The Band:	Great	Good	Bad
The Messages:	Great	Good	Bad
Small Group Time:	Great	Good	Bad
Free Time:	Enough	Too Much	Not enough

Please make any suggestions that you feel would make this camp better, so we can make adjustments in planning next year.

DIRECTOR'S END-OF-CAMP REPORT

Camp Name _____ Location _____

Director _____ Date of Camp _____

1. Number of pre-registered campers _____

2. Number of pre-registered campers that did not attend _____

List names of pre-registered campers that did not attend (please refer to conference center check in list):

Please use back to list more campers if needed

3. Number of campers pre-registered in attendance. (Subtract 2 from 1) _____

4. Other Statistics:
Number of on-site registrations received: _____
Number of staff (include yourself and adult volunteers): _____
Other Participants (Anyone not included elsewhere): _____

5. **Total number of participants** (Add line 3 & 4): _____

6. Money collected as of _____
On-site and pre-registrations at camp \$ _____
Love offering \$ _____
Meals \$ _____
Camp Director/Adult volunteer fees \$ _____
Other (indicate) _____ \$ _____

GRAND TOTAL BEING SUBMITTED TO THE EXECUTIVE DIRECTOR: \$ _____

Love offering to be mailed to:

Name _____

Address _____ City _____ State _____ Zip _____

List any injuries or incidents that occurred at your camp (use back if necessary):

Name _____ Injury/Incident _____

List additional injuries or incidents on the back.

- **How many first time commitments to Christ did you have at this camp?** _____
- **How many re-commitments to Christ did you have at this camp?** _____
- **How many decisions were made to answer a call to ministry or full-time Christian Service?** _____

Director's Signature _____ Date _____

FRIDAY CHECKOUT

Bring this Form, all On-Site Registration Forms, Updated Adult volunteer Form, and money collected to the appropriate camp staff.

CAMP DIRECTOR'S EVALUATION

(To be completed after camp and returned to Camp Registrar)

Name of Camp _____ Director _____

Campsite _____ Date of Camp _____

- 1) List the most positive aspects of your camp:

- 2) List the suggestions you have for your camp, also list the opportunities you see for the future of your camp.

- 3) Did you use the Director's Manual, if so evaluate its usefulness toward your camping experience?

Suggestions and comments:

- 4) Comments (list any positive or the opportunities you see for improvement of each of the following):
 - a) Facilities (including recreational, eating, sleeping, bath, study, etc.)

 - b) Equipment (recreational, crafts, etc.)

 - c) Permanent and Summer Personnel

 - d. List positive or opportunities to improve the curriculum:

- 5) Evaluate your own effectiveness:
Where do you see your strengths?

Where do you struggle?

What are the opportunities to turn struggles into strengths?

As a Director Team, what are your strengths?

As a Director Team, what are the struggles you face?

What are the opportunities to turn the struggles into strengths?

Comments:

6) If invited next year, would you consider serving as the director of this specific camp? ____ Yes ____ No

Another camp? ____ Yes ____ No

Please specify:

7) What other types of help would you like to receive from the Camping Task Force and/or the Conference Center Staff?

a. Our number one goal is to make sure children and youth leave camp with a better understanding of who Christ is! You were given Commitment Cards for campers to fill out so that you can contact the camper's pastor and make sure they are being followed up on. A letter, along with a copy of your Commitment Cards, need to be sent to Bishop Bledsoe at the end of your camp, also.

- How many first time commitments to Christ did you have at this camp?
- How many re-commitments to Christ did you have at this camp?
- How many decisions were made to answer a call to ministry or full-time Christian Service?

b. Any additional Comments:

Thank you for your Service to Christ and to our Camping Ministry!