

General Information

The fifteenth annual Community Changers Mission Camp will be conducted June 15th – 20th, 2025, at Mechanicsville Baptist Church. Reporting time and location for all campers will be at 3:00-5:00pm, Sunday, June 15th, at the multi-purpose building (South side of Hwy 34 across from the old church). All campers will sign in at the front entrance no later than 5:00pm. The first meal will be served at 6:00pm. The remaining time on Sunday will be directed toward settling in, getting oriented and acquainted. Lights out at 10:30pm. The schedule of daily activities is in accordance with the enclosed schedule.

Work crews will be organized to meet work requirements and provide opportunities to meet and work with new people most effectively. Considering these objectives, once assignments are made, requests for reassignment should be avoided. Crew assignments will be provided early after sign-in on June 15th.

Campers should arrive for sign-in with a five-day supply of clothing, personal hygiene items and bedding in accordance with the enclosed packing list. **Note: Individual bunks with mattresses will be provided. Campers must bring linens and blankets as needed. Sleeping bags may be substituted for linens and blankets. Pillows will not be provided if required bring your own.** Clothing selection must consider that campers are representing their church and that the work environment may be harsh. Shorts, Tee shirts (**NO Short Shorts or Tank tops**), and head cover is appropriate. Campers should have available long pants (jeans, etc.) in the event of work environment requirement.

All use of personal electronic devices (telephone, games, music) will be strictly limited to personal time as reflected on the daily schedule. **This procedure will be enforced!**

The daily schedule allows personal time each day to meet individual needs. Lights out will be at 10:30 pm each evening. Campers should be ready for bed at that time all activity should cease.

Medical concerns while at the base camp will be brought to the attention of the Camp Nurse. Medical concerns on work sites will be brought to the attention of the Team Leader. Campers bringing medication must bring them in the original prescription containers with label instructions. All medication will be cleared through the camp nurse during in-processing. Emergencies will be evacuated to the nearest emergency room.

The fee for participants, campers and support personnel, is **\$75** per person. This fee covers food cost for five days. All checks should be made payable to Mechanicsville Baptist Church (Note Community Changers on the bottom).

Applications and registration fees should be consolidated at local churches and forwarded to: Director, MBC Community Changers. All youth applicants will complete the Registration form, The Parental / Guardian Permission/ Release, and the Mission Covenant forms as enclosed and marked **“For Return With Application”**. Adult participants (anyone 18 years old and over) will complete the Adult Registration Form only. Applications will be accepted starting now and through June 8th.

Project submissions / recommendations will be accepted starting now until June 1st.

Robert Lee, Director

Brad Knight, Assistant Director

Daily Schedule 2025

Wake Up	6:00am
Personal Time & Area Security	6:00-7:00am
Breakfast	7:00-7:30am
TEAM HYPE!!	7:30-7:45am
Preparation for Departure to Worksite	7:45-8:00am
Departure for Worksite	8:00am
Arrive at Worksite	8:30am
Morning Break	10:00-10:15am
Lunch Break	12:00-12:45pm
Arrive Back at Base Camp	4:00pm (NO EARLIER than 3:00)
Personal Time	4:00-5:15 pm
Team Competitions	5:15 -6:00 pm
Evening Meal	6:00-6:45pm
Personal Time	6:45-7:00pm
Worship	7:00-9:30pm
Personal Time	9:30-10:30pm
Lights Out	10:30pm

Note: Schedule will allow for on-site recreation on Thursday Afternoon.

Parental / Guardian Permission / Release

Permission is granted for _____
(Camper's Full Name)

To participate in the Mechanicsville Baptist Church Community Changers Mission Camp during the period June 15th- 20th, 2025. The following specific releases are granted for this time period:

1. Medical emergency treatment to include hospital emergency room if necessary.
2. Release of photograph authority for ministry or publicity purposes.
3. Authority for disciplinary action for the enforcement of rules as agreed upon.
4. Travel to and from work sites with adult leaders of this camp.

Signature:



Parent / Guardian: _____ Date: _____

FOR RETURN WITH APPLICATION!

Packing List

(5 Day Supply)

- | | | |
|---------------------|---|---------------------------|
| 1. Personal Hygiene | Towels & Washcloths | Soap |
| | Deodorant | Grooming items |
| | Toothbrush & Toothpaste | |
| 2. Clothes | Shorts (NO SHORT SHORTS) | Tee Shirts (NO TANK TOPS) |
| | Long Pants | Head Cover (Hats, etc.) |
| | Shoes (NO Flip Flops-Must provide foot protection) | |
| 3. Tools | Tool Belt & Hammer (If available) (Write name on tools) | |
| 4. Protection | Sun Screen | Insect Repellent |
| 5. Bedding | *Bed Rolls | Pillow |
| 6. Personal Time | Electronic Devices | WATER BOTTLE |

NOTE: Bunks with Mattress will be provided

Dress Code will be Strictly Enforced!

Bed Rolls may be linens & blanket or sleeping bag

Mission Covenant

We covenant with each other, our congregation, and God to open ourselves to learn about other people and learn more about ourselves as we work and play together, see new places, and reach out to others, use this as an opportunity to deepen our Faith and experience the face of Christ in each other and strangers, use this as an opportunity to reflect the Love of God to others.

We covenant with each other to be good representatives of our church community. In order to keep this Covenant, we agree to the following rules:

1. I will give compliments and encouraging words to others. **No Complaining!**
2. I will have a teachable spirit, come with an open mind and pleasant attitude to learn, have fun, and enjoy fellowship with others.
3. I will serve God by cleaning up after myself, leaving a place as clean or cleaner than we found it.
4. I will respect others and their things, keeping any confidence of which I learn or know.
5. I agree to share my Faith in an appropriate Christian manner.
6. I agree to participate wholeheartedly and enthusiastically in all activities planned for this group.
7. I agree to follow the guidance of the Mission Leaders and respect their decisions.
8. I will experience accountability with other Christians. (You are required to use the buddy system- You may never go off by yourself. You must always have at least one other person of the same gender with you. There will be no leaving the activities or events. You must always stay with the group.)
9. I will speak up when I have a problem, need, or concern.
10. I will dress appropriately, wearing clothing that is not too tight, too revealing, or unkept. I am portraying an image of God to others and I don't want my appearance to detract from my witness. My clothing will be conservative: no low-cut shirts, shorts, or pants.
11. I will not give money or identification information such as address or phone numbers to anyone I meet at ministry sites.
12. I agree to abstain from alcohol, drugs, bad language, and smoking. (if you break any of these rules, your team Leader is under instruction to send you home immediately. We will be strict with these infractions- count on it!)
13. I will refrain from using all electronic devices while I am on the work site.
14. I will take short showers, being mindful of others waiting (as with most of the guidelines we refer to the big rule #1-No Complaining!
15. I will resolve conflicts quickly. If I have a conflict with anyone, I must make an effort to resolve it before the day is over. I will get help from another person if necessary.
16. I will report to the camp nurse to turn in or report all medications (Epi-pens and Inhalers are exceptions) during registration.

17. I understand I represent not only my home church and my youth group, but the love of Jesus Christ in the world. Therefore, I will conduct myself in a manner which shows Christ's Love and Grace at all sites we visit.
18. I will fulfill to the best of my ability my duties at worksites and in the daily tasks of working and living together (help with meals, clean up, etc.)
19. I understand that, by participating in this mission, I am taking certain risks to my person in addition to those risks I normally face each day. I may face certain health hazards associated with disease, pests, poor sanitation, and injury.
20. I will not hold others responsible or take legal action in case of injury, illness, or destruction of property.
21. As I go, I am seeking to grow in my Faith, willing to learn, trusting God and fellow participants and looking forward to ministry with brothers and sisters in Christ.
22. I agree to attend registration from 3:00-5:00 pm on June 15, 2025. I realize this is the final meeting and it cannot be rescheduled.
23. I agree to notify the mission leaders immediately if my circumstances change and I cannot participate.
24. I will avoid any physical contact that can be viewed as sexual or anger related.

Devotions: make Devotions a part of your Obedience to the Lord!

****Please sign and return the next page!**

In signing this covenant, I state my intentions to faithfully abide by it. I understand that changes or problems can be discussed with the leaders or in a meeting of the group. I also understand that if I break this covenant, I may be sent home.



Date: _____

Signature of the Camper

In signing this covenant, I indicate my support of it and for the spirit in which it has been drawn up. I further indicate my support for the minister and / or adult leaders in upholding it. I understand that if my child breaks the covenant, he/ she may be sent home.



Date: _____

Signature of Parent / Guardian

Cell phones may be carried to sites but will NOT be used except in case of an emergency! Youth will be allowed use of electronic devices only during scheduled personal time.

FOR RETURN WITH APPLICATION!

Youth Form

T-Shirt Size

Paid Fee-\$75

Name: _____
First Middle Last

Age: _____ Gender: M F (Circle One)

Address: _____

Church Affiliation: _____ Youth Director/Pastor: _____

Camper's Cell # _____

Emergency Contact Person: _____

Address: _____


Phone #: _____

Medical Information: Allergies: _____

*Prescription Medication(s): _____

Initial here if Tetanus vaccination is current: _____

Special Related Skills or Experience: _____

 CAMPER Signature: _____

 Parent / Guardian Signature: _____

*Note: Medication must be in the original prescription container with label instructions.

Please provide evidence of Medical Insurance coverage. (If available)

The fee of \$75 per person covers food cost for three meals per day for five days.

2025 Camper Packet

Complete and return the following by June 1st

- Registration Form
- Parental / Guardian Permission - Must be signed by Parent / Guardian
- Mission Covenant -Camper & Parent / Guardian must sign
Only return the sheet with signatures
- Registration Fee \$75

Parents / Guardians,

Please make sure you go over the Mission Covenant with your child. These guidelines will be enforced by ALL Staff members. Make sure all medication is brought in the original container. Every camper must see the nurse. You may give her any medication at that time. (Prescription & OTC) It is important that all campers stay the entire scheduled time. Please make every effort NOT to schedule any appointments or outings during the week of camp. We ask that all campers stay until sign out time. Each camper will have assigned duties all the way through Thursday afternoon. If there is an emergency and your child must leave early or for a few hours, please make sure you sign them out and speak with a Team Leader. We take the safety and wellbeing of each of the campers very seriously. We invite you to make plans to join us for Family Night on Thursday (June 19th). We will have a meal and a short recap of the week. We look forward to sharing this wonderful ministry with you and your child.

Administrative Team

Adult Form- ONLY FOR ADULT VOLUNTEERS

Name: _____
First Middle Last

Age: _____ Gender: M F (Circle One)

Address: _____

Church Affiliation: _____

Camper's Cell # _____

Emergency Contact Person: _____

Address: _____

Phone #: _____

Medical Information: Allergies: _____

*Prescription Medication(s): _____

Initial here if Tetanus vaccination is current: _____

Special Related Skills or Experience: _____



CAMPER Signature: _____

*Note: Medication must be in the original prescription container with label instructions.

Please provide evidence of Medical Insurance coverage. (If available)

The fee of \$75 per person covers food cost for three meals per day for five days.

T-Shirt Size

Paid Fee-\$75

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Historical Record

Camps-14

Participants -1332 (Adults & Youth)

Projects-532 (During Annual Camp)

Salvations – 317

Churches Involved -124

2025 Theme- "Saved to Serve"

***Ephesians 4:12 "...for the equipping of the saints for the work of ministry,
for the edifying of the body of Christ."***