

Staff Application Youth Camp 2017

PERSONAL INFORMATION

Name _____ Male ___ Female ___

Age _____ Home Phone _____ Alt Phone _____

Street Address _____ City _____ State ___ Zip Code _____

EMERGENCY CONTACT INFORMATION

In case of emergency and the parent/guardian cannot be reached, please notify:

Name _____ Phone _____ Work _____

Relation to staff member _____

OTHER INFORMATION

Name of Local Church you attend: _____

Have you ever worked in a summer Church Camp before? Yes ___ No ___

If Yes, what Camp and in what positions did you serve? _____

Are you Saved? Yes ___ No ___ Are you Sanctified? Yes ___ No ___

Have you received the Baptism of the Holy Ghost? Yes ___ No ___

Are you a member of the Church of God of Prophecy? Yes ___ No ___

POSITION INFORMATION

In what position do you feel you are best suited, or what position(s) would you like to be considered for?

Cabin Advisor ___ Dean ___ Recreation ___

Snack Shak ___ Fun Time ___ Security ___

MEDICAL INFORMATION

I do have Health Insurance coverage.

Name of Employer _____

Employer Address _____ City _____ State ___ Zip _____

Employer Phone (____) _____ - _____ Health Insurance Company _____

Policy/ Group Numbers _____

HEALTH HISTORY

Please check the following if they apply and explain in area below:

Epilepsy___ Diabetes___ Convulsions___ Heart Trouble___ Rheumatic Fever___

Mental Disorders___ Sleep Walking or Sleep Disorders___

Explanations/ Special Instructions: _____

Allergic Reactions to the following: _____

I am taking the following medication (include reason): _____

Emergency Statement

I hereby give my permission to the physician selected by a Camp Official to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for me.

Signature _____ Date _____

Signature of Applicant (or Guardian, if Applicant is under 18 years of age) Required

Pastor's Endorsement

Pastor: Please complete this endorsement approval, and return it to the Camp Coordinator within five days after you receive the application. Please complete prayerfully and honestly. We your Region need good spiritual camp workers. Would you personally recommend this Applicant as a Youth Camp Staff Worker?

Yes ___ No ___

Any comments or suggestions.

Pastor Signature _____ Date _____

Send Application To:

905 E. 6th St.
Atlantic, IA 50022

If you have any questions contact:

Ben or Tiffany Winford
712-249-3042
bww07@yahoo.com