

kids camp

2010

KIDS Camp 2010 STAFF Info

Dates: **Monday, June 14—Friday, June 18, 2010**

Cost: **NO COST** Ages: 18 or older (under 18 need approval)

Location: Assembly Park Camp, Lake Nebagamon, WI

STAFF Registration Form

STAFF Personal Information

Staff Last Name: _____

Staff First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () -

Cell/Other Phone: () -

Gender: male | female Age: _____

E-mail: _____

Emergency Contact Information

Name: _____

Daytime Phone: () -

Evening Phone: () -

Pastoral Recommendation

Pastor—

Knowing this person as you do, would you recommend we accept this person for service at Kids Camp:

enthusiastically | willingly

only if no other options | not at all

Pastor's Name: _____

Pastor's Signature: _____

Phone: () -

Church: _____

STAFF Form Instructions

Mail STAFF/COUNSELOR Forms to:

Hayward Wesleyan Church
Kids Camp 2010
PO Box 507
Hayward, WI 54843

STAFF Questions?
call Jeremy Mavis @
715.634.4613 or email
jeremy@hwcyouth.org

more info can be found online @ www.hwcyouth.org/kidscamp

STAFF Medical Information

Check if you now have:

- asthma diabetes
- infection/illness/health problems _____
- dietary restrictions _____
- special needs _____

Describe any allergies: _____

Will you be bringing any medications to camp? yes | no

List all medications you are bringing to camp:

Medication	Dosage	Frequency
1. _____		
2. _____		
3. _____		

Prescription medications MUST have a pharmacy label. For the safety of the children and in an effort to control access to medications, ALL medications must be turned in to the Camp Health Care Supervisor at the time of Camp check-in.

STAFF Release Waiver

My medical history is correct to the best of my knowledge. In the event I need emergency medical treatment and am not of clear mind, I hereby give permission for the physician selected by the Camp Health Care Supervisor to hospitalize and secure proper treatment for me.

Have you ever been convicted of any offense other than a minor traffic violation?

YES | NO

(if YES, please provide details of the conviction on a separate piece of paper.)

I have read and fully understand all the requests for information in this application. I certify that all answers given by me are true, accurate, and complete. I understand that the completion and/or execution of this application does not ensure me a volunteer position, nor does it obligate me to the WI District Northern Kids Camp in any way. I fully understand that the omission and/or misrepresentation of the facts requested may be cause for immediate dismissal without notice. I authorize the organization to request and obtain information concerning any questions they may have, and contact the pastor of my church or district officials if deemed necessary. I further authorize the State Police Records Division of the State of Wisconsin to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to the WI District Northern Kids Camp representative. If accepted for service, I agree to abide by all the rules and regulations of the WI District Northern Kids Camp. I have read, understand, and agree to the above.

signature of applicant (or parent if minor)

date